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Washington, DC 20510

SECRETARY OF THE SENATE
04 AUG -9 PM

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name HCR Manor Care			
2. Address <input type="checkbox"/> Check if different than previously reported 333 North Summit Street, P.O. Box 10086			
3. Principal Place of Business (if different from line 2) City: Toledo State/Zip (or Country) Ohio 43699 - 0086			
4. Contact Name M. Keith Weikel	Telephone 419 - 252 - 5502	E-mail (optional)	5. Senate ID # 30906 - 140
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31917069

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇒ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>80,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name HCR Manor Care Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement; Retain Medicare Rugs "add-ons"
Labor / HHS Appropriations Legislation
Medicare Modernization Act Regulations
Nurse Reinvestment Act
Avoid cuts to Medicaid and Medicare Funding

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

U.S. House of Representatives
U.S. Senate
White House
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Keith Welkel</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☐ Check if None

Signature _____ Date _____

Registrant Name HCR Manor Care Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement; Retain Medicare Rugs "add-ons"
Labor / HHS Appropriations Legislation
Medicare Modernization Act Regulations
Avoid cuts to Medicaid and Medicare Funding

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

U.S. House of Representatives
U.S. Senate
White House
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Keith Weikel</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☐ Check if None

Signature _____ Date _____

Printed Name and Title

Registrant Name HCR Manor Care Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code TOR (one per page)

16. Specific lobbying issues

HR 4280 Health Act: \$ 250,000 Cap on Non-economic Damages

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. House of Representatives

U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Keith Weikel</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature _____ Date _____

Printed Name and Title

Registrant Name HCR Manor Care Client Name self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature

Dr. Kent W. Wahl

Date

8/3/04

Printed Name and Title ***M. Keith Weikel, Senior Executive Vice President***

Form LD-2 (Rev. 6/98)

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