

| Schedule A: Direct Contributions Over \$100<br><br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| HCR Manor Care<br>333 N Summit St<br>Toledo, OH 43604-1531                                                    | 1.<br>2.Healthcare Provider<br>3.Toledo, OH                                                                                                                        | 10/29/2013       | \$25,000.00                 | \$26,000.00          |

No Schedule B results to display.

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| No Schedule E-1 results to display. |  |
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