DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: HEALTH CARE & RETIREMENT CORP. EMPLOYEES GOOD CITIZENSHIP FUND

REPORT COVERING PERIOD FROM 5/1/94 TO 5/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1937.20	2391.50
ii. Unitemized	1419.30	6277.35
iii. Total (add i and ii) ➤	3356.50	8668.85
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	3356.50	8668.85
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	159.79
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3356.50	8828.64
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3356.50	8828.64
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	12500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0	12500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	12500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3356.50	8668.85
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	3356.50	8668.85
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 11ai

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HEALTH CARE & RETIREMENT CORPORATION-EMPLOYEE GOOD CITIZENSHIP FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL A. ORMOND 2618 WESTCHESTER TOLEDO, OH 43615	HCR	5/31/94	1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: PRESIDENT/CEO		
	Aggregate Year-to-Date > $ 1000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEOFFREY G. MEYERS 2603 FALMOUTH RD. TOLEDO, OH 43615	HCR	5/31/94	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: CFO		
	Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT W. POSSANZA 2934 JOELLE DRIVE TOLEDO, OH 43617	HCR	5/31/94	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: VP/MIDWEST OPS		
	Aggregate Year-to-Date > $ 400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. JEFFREY BIXLER 4617 HOMERDALE TOLEDO, OH 43623	HCR	5/31/94	45.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: VP/GENERAL COUNCEL		
	Aggregate Year-to-Date > $ 265.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SPENCER C. MOLER 5519 GINGER TREE TOLEDO, OH 43623	HCR	5/31/94	40.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: VP/CONTROLLER		
	Aggregate Year-to-Date > $ 260.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WADE B. O'BRIAN 2570 BROOKSIDE TOLEDO, OH 43615	HCR	5/31/94	46.20
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: VP/HR & LABOR RESOURCES		
	Aggregate Year-to-Date > $ 300.30		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL G. SIEBEN 4569 FORESTVIEW TOLEDO, OH 43615	HCR	5/31/94	40.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: VP/CONSTRUCTION		
	Aggregate Year-to-Date > $ 260.00		

SUBTOTAL of Receipts This Page (optional)	1871.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11aj

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NAME OF COMMITTEE (in Full)

HEALTH CARE & RETIREMENT CORPORATION-EMPLOYEE GOOD CITIZENSHIP FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. KEITH WEIKEL 4934 CARTAGENA DRIVE TOLEDO, OH 43623	HCR	5/31/94	60.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: SR. EXECUTIVE VP		
	Aggregate Year-to-Date $ 429.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	66.00
TOTAL This Period (last page this line number only)	1937.20

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 9-27-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR — PREPARER

9-30-94 — DATE PREPARED

FEC FORM 70-2 (12/93)