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 6/1/94 TO: 6/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	242.20	2633.70
ii. Unitemized	938.80	7216.15
iii. Total (add i and ii) ➤	1181.00	9849.85
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	1181.00	9849.85
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.)	49.60	209.39
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1230.60	10059.24
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1230.60	10059.24
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H):		
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	500.00	13000.00
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) ➤	500.00	13000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	500.00	13000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1181.00	9849.85
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1181.00	9849.85
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 1

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
HEALTH CARE & RETIREMENT CORPORATION-EMPLOYEE GOOD CITIZENSHIP FUND

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. JEFFREY BIXLER 4617 HOMERDALE TOLEDO, OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR VP/GENERAL COUNCEL Aggregate Year-to-Date $ 315.00	6/30/94	50.00
SPENCER C. MOLER 5519 GINGER TREE TOLEDO, OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR VP/CONTROLLER Aggregate Year-to-Date $ 300.00	6/30/94	40.00
WADE B. O'BRIAN 2570 OLDE BROOKSIDE TOLEDO, OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR VP/HR & Labor Resources Aggregate Year-to-Date $ 346.50	6/30/94	46.20
PAUL G. SIEBEN 4569 FORESTVIEW DRIVE TOLEDO, OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR VP/CONSTRUCTION Aggregate Year-to-Date $ 300.00	6/30/94	40.00
M. KEITH WEIKEL 4934 CARTAGENA DRIVE TOLEDO, OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR SR. EXECUTIVE VP Aggregate Year-to-Date $ 495.00	6/30/94	66.00
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 242.20

TOTAL This Period (last page this line number only) 242.20

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 (12/92)