REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Health Care & Retirement Corporation
Employees Good Citizenship Fund

ADDRESS (number and street) ☐ Check if different than previously reported
One Seagate Plaza

CITY, STATE and ZIP CODE
Toledo, OH 43604-2616

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Oct 10 12 50 PM '97

2. FEC IDENTIFICATION NUMBER
C00260141

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☒ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 09/01/97 through 09/30/97		
6.	(a) Cash on Hand January 1, 19 97		$ 28659.90
	(b) Cash on Hand at Beginning of Reporting Period	$ 29861.29	
	(c) Total Receipts (from Line 19)	$ 1028.57	$ 10359.96
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 30889.86	$ 39019.86
7.	Total Disbursements (from Line 30)	$ 1233.14	$ 9363.14
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29656.72	$ 29656.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Frank A. Jannazo

Signature of Treasurer Frank A Jannazo

Date 10/01/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE3AN006

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

(revised 1/1/91)

NAME OF COMMITTEE: Health Care & Retirement Corporation Employees Good Citizenship Fund

REPORT COVERING PERIOD FROM 09/01/97 TO: 09/30/97

	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)	630.20	2368.30	11(a)(i)
ii. Unitemized	336.10	7481.65	11(a)(ii)
iii. Total (add i and ii) ➤	966.30	9849.95	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	966.30	9849.95	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	62.27	510.01	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1028.57	10359.96	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1028.57	10359.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	8570.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	233.14	793.14	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1233.14	9363.14	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1233.14	9363.14	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	966.30	9849.95	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	966.30	9849.95	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE3AN066

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M. Keith Weikel 3 River Hills Lane Toledo, OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Chief Operating Officer Aggregate Year-to-Date $ 660.00	9/30/97	66.00
R. Jeffrey Bixler 9 River Hills Lane Toledo Ohio 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Chief Legal Counsel Aggregate Year-to-Date $ 500.00	9/30/97	50.00
Wade B. O'Brian 2570 Olde Brookside Toledo, Ohio 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR VP-HR & Labor Relations Aggregate Year-to-Date $ 462.00	9/30/97	46.20
Gordon C. Ochs 9226 66th Ave. Dr. E. Bradenton, FL 34202-9629 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mgr.-Southern IX Aggregate Year-to-Date $ 500.00	9/30/97	50.00
Paul G. Sieben 4569 Forestview Dr. Toledo, Ohio 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR VP/Construction&Design Aggregate Year-to-Date $ 400.00	9/30/97	40.00
J. Susan Hines 7430 Country Commons Lane Sylvania, Ohio 43560 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR VP/Specialty Programs Aggregate Year-to-Date $ 400.00	9/30/97	40.00
Cyndi K. Taplin 3415 Bald Mountain Lake Orion, MI 48360 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mgr. - Mich. III Aggregate Year-to-Date $ 280.00	9/30/97	28.00

SUBTOTAL of Receipts This Page (optional) 320.20

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

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	Receipt For	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nancy A. Edwards 5726 Rothesay Dr. Dublin, OH 43017	[ ] Primary [X] General [ ] Other (specify):	HCR VP/Central Ops Aggregate Year-to-Date $ 300.00	9/30/97	30.00
B. William Chenevert 620 Asbury Dr. Perrysburg, OH 43551	[ ] Primary [X] General [ ] Other (specify):	HCR Director-Ops Support Aggregate Year-to-Date $ 200.00	9/30/97	20.00
C. William Eason 6754 Gaines Mill Dr. Sylvania, OH 43560	[ ] Primary [X] General [ ] Other (specify):	HCR Director-Mktg Services Aggregate Year-to-Date $ 200.00	9/30/97	20.00
D. Jeffrey W. Ferguson 26281 Carrington Perrysburg, OH 43551	[ ] Primary [X] General [ ] Other (specify):	HCR VP-Midwest Ops Aggregate Year-to-Date $ 200.00	9/30/97	20.00
E. Karen L. Forrest 725 Greenleaf St. Galesburg, IL 61401	[ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mgr.- Illinois Aggregate Year-to-Date $ 200.00	9/30/97	20.00
F. Alan Isaacson 11602 Buttonwood Dr. Austin, TX 78759	[ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mgr. - Texas Aggregate Year-to-Date $ 200.00	9/30/97	20.00
G. Frank A. Jannazo 4223 Templar Rd. Toledo, OH 43613	[ ] Primary [X] General [ ] Other (specify):	HCR Dir. of Ops. - ASM Aggregate Year-to-Date $ 200.00	9/30/97	20.00

SUBTOTAL of Receipts This Page (optional) 150.00

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

FE844066

SCHEDULE A **ITEMIZED RECEIPTS**

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

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
Susan Oginsky 2364 Meadowdown Dr. Owosso, MI 48867 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mgr. - Michigan 2 Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
Nancy F. Raines-Harmon 766 Regent Rd. Cincinnati, OH 45245 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Administrator Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
James M. Reese 975 Coniff Rd. Columbus, OH 43221 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Administrator Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
David R. Roth 9613 St. Andrews Rd. Perrysburg OH 43551 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Director-Planning Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
F. Joseph Schmitt 28 Asbury Pk. Ct. Sugarland, TX 77479 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR VP-Southern OPS Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
Sybil C. Schwartz 3663 Forbes Trail Dr. Murrysville, PA 15668 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg. Mktg. Mgr. Aggregate Year-to-Date > $ 200.00	9/30/97	20.00
Nancy Walker 9088 Rivard Rd. Millington, MI 48746 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Administrator Aggregate Year-to-Date > $ 200.00	9/30/97	20.00

SUBTOTAL of Receipts This Page (optional) 140.00

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

FEC4A/06/

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

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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 Sherriann Wood 1052 Woods View Miamisburg, OH 45342 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer HCR Occupation Reg. Mgr. Central II Aggregate Year-to-Date $ 200.00	Date (month, day, year) 9/30/97	Amount of Each Receipt this Period 20.00
B. 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
C. 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
D. 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
E. 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
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)	20.00
TOTAL This Period (last page this line number only)	630.20

FE5AN065

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Health Care & Retirement Corporation Employee Good Citizenship Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taft for Ohio 16 E. Broad St., Suite 1214 Columbus, OH 43215	General Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/15/97	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

FEDA0066

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 recived.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10-7-97
☐	Registerd/Certified Mail	POSTMARKED
☐	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
☐	Electronic Filing	

JKS — PREPARER

10-14-97 — DATE PREPARED

(7/97)