



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

September 14, 1995

David Roth, Treasurer
Health Care And Retirement
Corporation (HCR) Employees
Good Citizenship Fund
One Seagate
Toledo, OH 43604

Identification Number: C00260141

Reference: June Monthly Report (5/1/95-5/31/95)

Dear Mr. Roth:

This letter is to inform you that as of September 13, 1995, the Commission has not received your response to our request for additional information, dated August 23, 1994. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Neil Evans on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

AUG 23 1995

David Roth, Treasurer
Health Care And Retirement
Corporation (HCR) Employees
Good Citizenship Fund
One Seagate
Toledo, OH 43604

Identification Number: C00260141

Reference: June Monthly Report (5/1/95-5/31/95)

Dear Mr. Roth:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion attached) discloses a contribution to AHCA-PAC which appears to exceed the limits set forth in the Act. 2 U.S.C. § 441a(a) precludes a committee from making contributions to another political committee in excess of \$5,000 per calendar year. Records at the Commission, however, indicate that your committee may actually be affiliated with AHCA-PAC. As provided for in 11 CFR §100.5(g)(2), affiliated committees are those political committees established, financed, maintained, or controlled by the same group of persons including any parent, subsidiary, branch, division, department, or local unit thereof. Affiliated political committees may make and receive unlimited transfers amongst themselves which are not considered to be contributions. 11 CFR §102.6(a)

If you have made an excessive contribution, the Commission recommends that you notify the recipient and request a refund of the amount in excess of \$5,000. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution. Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your refund request sent to the recipient. In addition, any refund should be disclosed on Schedule A supporting Line 16 of the report covering the period during which the refund occurs.

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If, on the other hand, AHCA-PAC is affiliated with your committee, please clarify this relationship in writing and amend Line 6 of your Statement of Organization to identify it as an affiliated committee. 11 CFR §102.2 For future reporting, be aware that transfers made to affiliated committees should properly be disclosed on Schedule B supporting Line 22 of the Detailed Summary Page.

Although the Commission may take further legal action concerning the excessive contribution, your prompt action in obtaining a refund of the excessive amount, or further clarification of your relationship, if any, with AHCA-PAC will be taken into consideration.

-Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d) If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter to reflect this change.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Corp-Employees Good Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARCA - PAC 1201 L Street NW Washington DC 20005-4014	General Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-95	6050.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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