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 and Retirement Corporation - HCR Employees Goot Citizenship Fund

ADDRESS (number and street) Check if different than previously reported

One SeaGate

CITY, STATE and ZIP CODE

Toledo, OH 43604-2616

2. FEC IDENTIFICATION NUMBER
C00260141

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date)

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	X 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 X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period January 1, 93 through September 30, 1993 (Sept. Activity)		
6 (a)	Cash on Hand January 1, 19____		$ 13,235.79
(b)	Cash on Hand at Beginning of Reporting Period	$ 14,961.01	
(c)	Total Receipts (from Line 19)	$ 1,040.50	$ 12,315.72
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,001.51	$ 25,551.51
7	Total Disbursements (from Line 30)	$ 500.00	$ 10,050.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,501.51	$ 15,501.51
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 202-376-3120

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
David R. Roth

Signature of Treasurer

Date
October 26, 1993

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 1-1-91)

93038655331

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

(revised 1/1/9-)

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

REPORT COVERING PERIOD FROM 1/1/93 TO: 9/30/93

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)	424.30	6,490.10
ii. Unitemized	616.20	5,515.20
iii. Total (add i and ii) ➤	1,040.50	12,005.30
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	1,040.50	12,005.30
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-	310.42
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,040.50	12,315.72
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,040.50	12,315.72
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-	9,050.00
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 State/Local Contributions	500.00	1,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	500.00	10,050.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	500.00	10,050.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,040.50	12,005.30
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,040.50	12,005.30
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-

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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 and Retirement Corporation (HCR) Employees Good Citizenship Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pete Start Reelection Committee Congressman House of Representatives from California	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/30/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad Senator House Senate from North Dakota	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/30/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Michigan Republican State Committee 2121 E. Grand River Lansing, MI 48912	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/31/93	2,000.00
D. Full Name, Mailing Address and ZIP Code Riffe Election Committee 422 Center Street New Boston, OH 45662	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/30/93	5,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Dan Miller Congressman House of Representatives from Florida	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	7/31/93	50.00
F. Full Name, Mailing Address and ZIP Code Bob Bullock Campaign Texas Health Care Association P.O. Box 4554 Austin, TX 78765	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8/31/93	500.00
G. Full Name, Mailing Address and ZIP Code Paul H. Jones State Senator, Ohio Columbus, OH	Disbursement for: [ ] Primary [x] General [ ] Other (specify)	9/30/93	500.00
H. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	10,050.00
TOTAL This Period (last page this line number only)	500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11-a-1

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NAME OF COMMITTEE (In Full): Health Care and Retirement Corporation (HCR) Employees Good Citizenship Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kent R. Hugill 9 Princeton Wayne, PA 19087 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Occupation: Regional Manager Aggregate Year-to-Date > $	9/30/93 $252.00	$24.00
B. David R. Roth 9613 St. Andrews Road Perrysburg, OH 43551 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Occupation: Manager, Planning Aggregate Year-to-Date > $	9/30/93 210.00	20.00
C. Paul A. Sleben 456 Forestview Toledo, OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Occupation: V.P. Development Aggregate Year-to-Date > $	9/30/93 420.00	40.00
D. Erl D. Benson 7 Ida Road Worcester, MA 01604 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Occupation: Regional Manager Aggregate Year-to-Date > $	9/30/93 210.00	20.00
E. Nancy A. Edwards 8977 Isleworth Ct. Orlando, FL 32819 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Regional Manager Aggregate Year-to-Date > $	9/30/93 210.00	20.00
F. Jeffrey W. Ferguson 26281 Carrington Woods Perrysburg, OH 43551 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: V.P. Marketing Aggregate Year-to-Date > $	9/30/93 210.00	20.00
G. M. Keith Weikel 3934 Cartegena Drive Toledo, OH 43612 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: V.P. Operations Aggregate Year-to-Date > $	9/30/93 693.00	66.00

SUBTOTAL of Receipts This Page (optional) 210.00

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 11-a-i

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NAME OF COMMITTEE (in Full) Health Care and Retirement Corporation (HCR) Employees 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 V.P. General Counsel Aggregate Year-to-Date > $	9/30/93 $420.00	$40.00
Dorothy L. Kuhl 28635 Cedar Millbury, OH 43447 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Accounting Manager Aggregate Year-to-Date > $	9/30/93 210.00	20.00
Spencer C. Moler 5519 Ginger Tree Toledo, OH Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR V. P. Controller Aggregate Year-to-Date > $	9/30/93 420.00	40.00
Wade B. O'Brian 2570 Olde Brookside Road Toledo, OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR V. P. Human Resources Aggregate Year-to-Date > $	9/30/93 485.10	46.20
Robert W. Possanza 2934 Joelle Drive Toledo, OH 43617 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR V. P. Midwest Div. Aggregate Year-to-Date > $	9/30/93 420.00	40.00
Karen Forrest 725 Greenleaf Street Galesburg, IL 61401 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Regional Manager Aggregate Year-to-Date > $	9/30/93 210.00	20.00
Dan Hutson 181 East Schreyer Place. Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify)	HCR Administrator Aggregate Year-to-Date > $	9/30/93 220.00	20.00

SUBTOTAL of Receipts This Page (optional) 226.20

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 3 OF 4

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (in Full): Health Care and Retirement Corporation (HCR) Employees Good Citizenship Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Arthur C. Johnson, 337 Fleming Forest Lane, Orange Park, FL 32073 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Administrator; Aggregate Year-to-Date > $ $210.00	9/30/93	$20.00
B. Nancy Raines, 6910 Madisonville Road, #2, Cincinnati, OH 45227 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Administrator; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00
C. J. Reese, 975 Caniff Rd., Columbus, OH 43221 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Administrator; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00
D. Sybil C. Schwartz, 3662 Forbes Trail Drive, Murrysville, PA 15668 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Marketing Manager; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00
E. William Shannon, 118 W. Church, Bradford, OH 45308 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Administrator; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00
F. Joseph Schmitt, 38 Asbury Park Ct., Sugarland, TX 77479 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Assistant V. P.; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00
G. J. Susan Hines, 7430 Country Common Lane, Sylvania, OH 43560 — Receipt For: Primary [ ] General [X] Other (specify):	Employer: HCR; Occupation: Assistant V.P.; Aggregate Year-to-Date > $ 210.00	9/30/93	20.00

SUBTOTAL of Receipts This Page (optional) 140.00

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 4 OF 4

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (in Full)
Health Care and Retirement Corporation (HCR)
Employees Good Citizenship Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles T. George 111 Pepperbush Bellefontaine, OH Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Regional Manager Aggregate Year-to-Date > $ $210.00	9/30/93	20.00
B. Marvena L. Jones 3338 Lynnwood Corpus Christi, TX 78415 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Administrator Aggregate Year-to-Date > $ 220.00	9/30/93	20.00
C. 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. 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. 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. 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. Receipt For: [ ] Primary [X] 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) > 40.00

TOTAL This Period (last page this line number only) > 40.00

9 3 0 3 8 6 5 5 3 3 7 7

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 10/27/93
☐	Registered/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

Eric Smith — PREPARER

11/2/93 — DATE PREPARED

FEC FORM 70-2 (12/92)

23038655393