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 Corp.
Employees Good 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	October 20
March 20	July 20	November 20
April 20	August 20	December 20
May 20	September 20	XX 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 12/1/94 through 12/31/94		
6. (a)	Cash on Hand January 1, 19____		$ 18566.61
(b)	Cash on Hand at Beginning of Reporting Period	$ 13661.83	
(c)	Total Receipts (from Line 19)	$ 1279.40	$ 18049.62
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 14941.23	$ 36616.23
7.	Total Disbursements (from Line 30)	$	$ 21675.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14941.23	$ 14941.23
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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
FRANK A. JANNAZO

Signature of Treasurer
Frank A. Jannazo

Date
Jan. 30, 1995

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)

9503946151

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

(revised 1/1/91)

NAME OF COMMITTEE: Health Care & Retirement Corp. Employee Good Citizenship Fund

REPORT COVERING PERIOD FROM 12/1/94 TO 12/31/94

	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)	726.20	6103.00
ii. Unitemized	526.60	11556.65
iii. Total (add i and ii) ➤	1252.80	17659.65
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	1252.80	17659.65
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.)	26.60	389.97
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1279.40	18049.62
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1279.40	18049.62
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	21675.00
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	21675.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	21675.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1252.80	17659.65
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1252.80	17659.65
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 4

FOR LINE NUMBER 11 AT

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--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. R. JEFFREY BIXLER 4617 HOMERDALE TOLEDO, OH 43623 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR VP/GENERAL COUNCEL Aggregate Year-to-Date > $	12/31/94 640.00	50.00
B. J. SUSAN HINES 7430 COUNTRY COMMONS LANE SYLVANIA, OH 43560 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR VP/CLINICAL SERVICES & SPECIALTY PROGRAMS Aggregate Year-to-Date > $	12/31/94 360.00	30.00
C. KENT R. HUGHILL 9 PRINCETON RD. WAYNE, PA 19087 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR MGR. NEW PRODUCT DEVELOPMENT Aggregate Year-to-Date > $	12/31/94 272.00	16.00
D. MARVENA L. JONES 653 VAKY CORPUS CHRISTI, TX 78404 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR ADMINISTRATOR Aggregate Year-to-Date > $	12/31/94 290.00	30.00
E. SPENCER C. MOLER 5519 GINGER TREE TOLEDO, OH 43623 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR VP/ CONTROLLER Aggregate Year-to-Date > $	12/31/94 560.00	40.00
F. WADE B. O'BRIAN 2570 OLDE BROOKSIDE TOLEDO, OH 43615 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR VP/HR & LABOR RESOURCES Aggregate Year-to-Date > $	12/31/94 646.80	46.20
G. PAUL G. SIEBEN 4569 FORESTVIEW DRIVE TOLEDO, OH 43615 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR VP/CONSTRUCTION Aggregate Year-to-Date > $	12/31/94 560.00	40.00

SUBTOTAL of Receipts This Page (optional) 252.20

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

9 5 0 3 9 4 6 1 5 7 3

SCHEDULE A ITEMIZED RECEIPTS

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

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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
A. M. KEITH WEIKEL 4934 CARTAGENA DRIVE TOLEDO, OH 43623 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR SR. EXECUTIVE VP Aggregate Year-to-Date > $	12/31/94 924.00	66.00
B. NANCY A. EDWARDS 5726 ROTHESAY DRIVE DUBLIN, OH 43017 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR VP/CENTRAL DIV. OPS Aggregate Year-to-Date > $	12/31/94 280.00	20.00
C. JEFFREY W. FERGUSON 26281 CARRINGTON PERRYSBURG, OH 43551 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR VP/MIDWEST DIV. OPS Aggregate Year-to-Date > $	12/31/94 280.00	20.00
D. KAREN L. FORREST 72 GREENLEAF ST. GALESBURG, IL 61401 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR REG. MGR-ILLINOIS Aggregate Year-to-Date > $	12/31/94 280.00	20.00
E. CHARLES T. GEORGE 111 PEPPERBUSH BELLEFONTAINE, OH 43311 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR REG. MGR. OHIO I Aggregate Year-to-Date > $	12/31/94 280.00	20.00
F. ROSEMARY GRISSOM 290 WOODLAND PT. BELTON, TX 76513 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR ADMINISTRATOR Aggregate Year-to-Date > $	12/31/94 340.00	60.00
G. DOROTHY L. KUHL 28635 CEDAR LANE MILLBURY, OH 43447 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR CORP. ACCTG. MGR. Aggregate Year-to-Date > $	12/31/94 280.00	20.00

SUBTOTAL of Receipts This Page (optional) 226.00

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

9 5 0 3 9 4 6 1 5 7 4

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11AI

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NAME OF COMMITTEE (in Full)

HEALTH CARE & RETIREMENT CORPORATION--EMPLOYER 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. GORDON C. OCHS 101 BURNING BUSH LANE GREENVILLE, SC 29607 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: REG. MGR. SOUTHERN IV Aggregate Year-to-Date > $ 320.00	12/31/94	40.00
B. NANCY F. RAINES 6910 MADISONVILLE RD. #2 CINCINNATI, OH 45227 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 280.00	12/31/94	20.00
C. JAMES M. REESE 975 CANIFF RD. COLUMBUS, OH 43221 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 280.00	12/31/94	20.00
D. DAVID R. ROTH 9613 ST. ANDREWS RD. PERRYSBURG, OH 43551 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: MGR. PLANNING Aggregate Year-to-Date > $ 280.00	12/31/94	20.00
E. F. JOSEPH SCHMITT 38 ASBURY PK. CT. SUGARLAND, TX 77479 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: VP/SOUTHERN DIV. OPS Aggregate Year-to-Date > $ 280.00	12/31/94	20.00
F. SYBIL C. SCHWARTZ 3662 FORBES TRAIL DR. MURRYSVILLE, PA 15668 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: REG. MKTG. MGR. Aggregate Year-to-Date > $ 280.00	12/31/94	20.00
G. TAMMY PAINTER 1504 HARPER RD BECKLEY, WV 25801 Receipt For: [ ] Primary [XX] General [ ] Other (specify)	HCR Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 217.50	12/31/94	22.50

SUBTOTAL of Receipts This Page (optional) 162.50

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
HEALTH CARE & RETIREMENT CORP-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
A. DEBORAH J. KOCH 6078 GREATDANE DRIVE BETHEL PARK, PA 15102 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR ADMINISTRATOR Aggregate Year-to-Date > $	12/31/94 246.50	25.50
B. SHERRIANN WOOD 1052 WOODS VIEW MIAMISBURG, OHIO 45342 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	HCR REGIONAL MGR. CENTRAL II Aggregate Year-to-Date > $	12/31/94 250.00	20.00
C. MAX A. LUBER 2906 JOELLE DRIVE TOLEDO OH. 43617 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	HCR VP/ PURCHASING Aggregate Year-to-Date > $	12/31/94 220.00	20.00
D. FRANK JANNAZO 4223 TEMPLAR RD. TOLEDO OH. 43613 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	HCR ACCT. MGR. FAC OPS Aggregate Year-to-Date > $	12/31/94 215.00	20.00
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) . . . . . > 85.50

TOTAL This Period (last page this line number only) . . . . . > 726.20

9 5 0 3 9 4 6 1 5 7 6

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 2-13-95
☐	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

JMH
PREPARER

2-16-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039461577