REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

OCT 23 11 22 AM '95

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 Plaza

CITY, STATE and ZIP CODE
Toledo Oh 43604-2616

2. FEC IDENTIFICATION NUMBER
Coo260141

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 16 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 9-1-95 through 9-30-95		
6. (a) Cash on Hand January 1, 19 95		$ 14941.23
(b) Cash on Hand at Beginning of Reporting Period	$ 22163.44	
(c) Total Receipts (from Line 19)	$ 1400.46	$ 22722.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23563.90	$ 37663.90
7. Total Disbursements (from Line 30)	$ 1000.00	$ 15100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 22563.90	$ 22563.90
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 202-219-3420

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 Jannazo

Signature of Treasurer
Frank Jannazo

Date
10-18-95

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)

FE5AN0HH

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 9-1-95 TO: 9-30-95

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)	918.30	8598.30	11(a)(i)
ii. Unitemized	436.15	7726.90	11(a)(ii)
iii. Total (add i and ii) ➤	1354.45	16325.20	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) ➤	1354.45	16325.20	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	6050.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	46.01	347.47	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) ➤	1400.46	22722.67	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1400.46	22722.67	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	6050.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	3000.00	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	0	6050.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1000.00	15100.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1000.00	15100.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1354.45	16325.20	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1354.45	16325.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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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 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
A. M. Keith Weikel 4923 Cartagena Toledo OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: Senior Executive VP Aggregate Year-to-Date > $ 660.00	9-30-95	99.00
B. R. Jeffrey Bixler 4617 Homerdale Toledo OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: VP/ General Councel Aggregate Year-to-Date > $ 500.00	9-30-95	75.00
C. Wade B. O'Brian 2570 Olde Brookside Toledo OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: VP/ Human & Labor Resources Aggregate Year-to-Date > $ 462.00	9-30-95	69.30
D. Rosemary Grissom 290 Woodland Pt Belton TX 76513 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: Administrator Aggregate Year-to-Date > $ 380.00	9-30-95	40.00
E. Spencer C. Moler 5519 Ginger Tree Toledo OH 43623 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: VP/Controller Aggregate Year-to-Date > $ 400.00	9-30-95	60.00
F. Gordon C. Ochs 101 Burning Bush Lane Greenville SC 29607 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: Reg. Mgr Southern TX Aggregate Year-to-Date > $ 400.00	9-30-95	60.00
G. Paul G. Sieben 4569 Forestview Dr Toledo OH 43615 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: HCR Occupation: VP/Construction Aggregate Year-to-Date > $ 400.00	9-30-95	60.00

SUBTOTAL of Receipts This Page (optional) > 463.30

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J. Susan Hines 7430 Country Commons Lane Sylvania OH 43560 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Speciality Programs VP/Clinical Services Aggregate Year-to-Date: $ 300.00	9-30-95	45.00
B. Sherriann Wood 1052 Woods View Miamisburg OH 45342 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Reg Mgr-Central II Aggregate Year-to-Date: $ 200.00	9-30-95	30.00
C. F. Joseph Schmitt 38 Asbury Pk Ct Sugarland TX 77479 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Gen Mgr Southern Division Aggregate Year-to-Date: $ 200.00	9-30-95	30.00
D. Sybil C. Schwartz 3663 Forbes Trail Dr Murrysville PA 15668 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Reg Mrtg Manager Aggregate Year-to-Date: $ 200.00	9-30-95	30.00
E. David R. Roth 9613 St. Andrews Rd Perrysburg OH 43551 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Mgr Planning Aggregate Year-to-Date: $ 200.00	9-30-95	30.00
F. James M. Reese 975 Coniff Rd Columbus OH 43221 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Administrator Aggregate Year-to-Date: $ 200.00	9-30-95	20.00
G. Nancy F. Raines 6910 Madisonville Rd #2 Cincinnati OH 45227 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Occupation: Administrator Aggregate Year-to-Date: $ 200.00	9-30-95	30.00

SUBTOTAL of Receipts This Page (optional)	215.00
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 3 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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Max A. Luber 2906 Joelle Dr Toledo OH 43617 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR VP/Purchasing Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
B. Dorothy L. Kuhl 28635 Cedar Lane Millbury OH 43447 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Corp Acctg Mgr Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
C. Frank A. Jannazo 4223 Templar Rd Toledo OH 43613-3932 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Fac Ops Acctg Mgr Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
D. Charles T. George 111 Pepperbush Bellefontaine OH 43311 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg Mgr Ohio I Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
E. Karen Forrest 72 Greenleaf St Galesburg IL 61401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Reg Mgr Illinois Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
F. Jeffrey W. Ferguson 26281 Carrington Perrysburg OH 43551 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Gen Mgr Midwest Division Aggregate Year-to-Date > $ 200.00	9-30-95	30.00
G. Nancy A. Edwards 5726 Rothesay Dr Dublin OH 43017 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HCR Gen Mgr-Central Division Aggregate Year-to-Date > $ 200.00	9-30-95	30.00

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 4 OF 4

FOR LINE NUMBER 11AI

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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 William J. Chenevert 620 Asbury Dr Perrysburg OH 43551 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer HCR Occupation Reg Mgr Central IV Aggregate Year-to-Date $ 200.00	Date (month, day, year) 9-30-95	Amount of Each Receipt this Period 30.00
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)	30.00
TOTAL This Period (last page this line number only)	918.30

FE5AN066

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Majority Fund 10750 Columbia Pike Silver Spring MD 20901	Support Election Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-13-95	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

FE5AN066

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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 10/19/95
☐	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

E.S.
PREPARER

10/23/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9503049910