Health Care & Retirement Corporation

One SeaGate
Toledo, Ohio 43604-2616
(419) 252-5500

HCR

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 8 8 58 AM '99

February 5, 1999

Federal Election Commission
999 East Street, N.W.
Washington, D.C. 20463

RE: HCR MANOR CARE, INC. PAC

Dear Sir or Madam:

Enclosed is an executed Amended Statement of Organization (FEC Form 1) ("Amendment") for HCR Manor Care, Inc. PAC to replace the incorrect Amended Statement dated February 3, 1999 which was previously sent. Please file the enclosed Amendment with your office and return a file stamped copy in the enclosed self-addressed stamped envelope.

Please call me at (419) 252-5953 if you have any questions or if you require additional information regarding this filing. Thank you.

Sincerely,

Robert W. Horner III

Robert W. Horner, III
Associate General Counsel
and Assistant Secretary

RWH/lmd

Enclosures

cc: Ann McDermott
Frank Jannazo

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE (in full)
HCR Manor Care PAC
[X] (Check if name is changed)

(b) Number and Street Address
333 North Summit Street, 16th Floor
[ ] (Check if address is changed)

(c) City, State and Zip Code
Toledo, Ohio 43699-0086

FEB 8 8 58 AM '99

2. DATE
February 5, 1999

3. IDENTIFICATION NUMBER
C00260141

4. IS THIS STATEMENT AN AMENDMENT?
[X] YES [ ] NO

5. TYPE OF COMMITTEE (Check one)

[ ] (a) This committee is a principal campaign committee. (Complete the candidate information below.)

[ ] (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

[ ] (c) This committee supports/opposes only one candidate _____ (name of candidate) AND is NOT an authorized committee.

[ ] (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

[X] (e) This committee is a separate segregated fund.

[ ] (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
HCR Manor Care, Inc.	333 North Summit Street 16th Floor Toledo, Ohio 43699-0086	Connected

Type of Connected Organization
[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ] Membership Organization [ ] Trade Association [ ] Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Kevin Jackson	HCR Manor Care, Inc. 333 North Summit Street Toledo, Ohio 43699-0086	Regional Accountant

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Frank Jannazo	HCR Manor Care, Inc. 333 North Summit Street Toledo, Ohio 43699-0086	Senior Manager Accounts Receivable

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Huntington Bank	300 Madison Avenue, Suite 900 Toledo, Ohio 43604

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Frank Jannazo	Frank Jannazo	February 5, 1999

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/97)

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.

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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jmp
PREPARER

2-8-99
DATE PREPARED

(4/98)