

ManorCare Health Services, Inc.
11555 Darnestown Road
Gaithersburg, MD 20878-3200
(301) 979-3000

FEDERAL ELECTION
COMMISSION
COMMISSION MAIL ROOM



DEC 23 1 11 PM '98

December 18, 1998

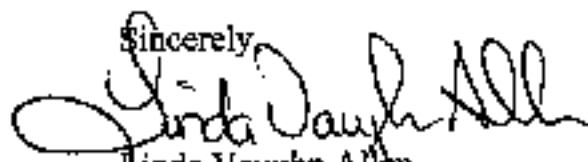
Mr. Neil Evans
Federal Election Commission
999 E Street NW
Washington, DC 20463

FEC ID C00156851

Dear Mr. Evans:

Attached herewith is FEC form 1, advising you of the affiliated status of the Manor Healthcare Corp. Federal Political Action Committee with the Health Care and Retirement Good Citizenship Fund. Also, please note that there has been a change of Treasurer.

Sincerely,


Linda Vaughn Allen
Treasury Department

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
Manor Healthcare Corp. Federal Political Action Committee

2. DATE **12/14/98**

(b) Number and Street Address (Check if address is changed)
11555 Darnestown Road Gaithersburg MD 20878-3200

(c) City, State and ZIP Code
Gaithersburg MD 20878-3200

3. FEE IDENTIFICATION NUMBER
0015685

4. IS THIS STATEMENT AN AMENDMENT?
 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 _____ and is NOT an authorized committee. (name of candidate)

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

(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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Health Care and Retirement Corporation Good Citizenship Fund	One Seagate Toledo OH 43604-2616	Connected

Type of Connected Organization
 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	One Seagate, Toledo OH 43604	Assistant Treasurer

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	One Seagate, Toledo OH 43604-2616	Treasurer
Kevin Jackson	One Seagate, Toledo OH 43604-2616	Assistant Treasurer

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
National City Bank, Northwest	P.O. Box 1688, Toledo OH 43603-1688

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	<i>Frank Jannazo</i>	12/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/22/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/23/98 DATE PREPARED