HealthCare COMPARE
3200 Highland Avenue Downers Grove, IL 60515-1223 (708) 241-7900

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 20 9 09 AM '93

July 8, 1993

CERTIFIED MAIL

Federal Election Commission
999 E Street NW
Washington, DC 20463

Identification Number: C00217216

June 30 Semi-Annual Report

To Whom it May Concern:

Please find enclosed the June 30, 1993 Semi-Annual Report on FEC Form 3X for HealthCare COMPARE Corp. Political Action Committee.

If you have any questions, please call me or my assistant Pat Eisenhart at 708-241-7900.

Very truly yours,

Joseph E. Whitters
Treasurer

JEW:pme

Attachments

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

JUL 20 9 09 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

HealthCare COMPARE Corp.(Political Action Committee)

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

3200 Highland Avenue

CITY, STATE and ZIP CODE

Downers Grove, IL 60515

2. FEC IDENTIFICATION NUMBER

C00217216

3. [X] This committee qualified as a multicandidate committee DURING THIS Reporting Period on 3/22/93 _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

[X] 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 [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1/1/93 through 6/30/93		
6.	(a) Cash on Hand January 1, 19___		$ 33,987.87
	(b) Cash on Hand at Beginning of Reporting Period	$ 33,987.87	
	(c) Total Receipts (from Line 19)	$ 4,725.00	$ 4,725.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 38,712.87	$ 38,712.87
7.	Total Disbursements (from Line 30)	$ 3,500.00	$ 3,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 35,212.87	$ 35,212.87
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 202-219-3420

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: Joseph E. Whitters

Signature of Treasurer: Joseph E. Whitters

Date: 7/9/93

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: HealthCare COMPARE Corp. (Political Action Committee)

REPORT COVERING PERIOD FROM 1/1/93 TO: 6/30/93

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)	$4,725.00	$4,725.00
ii. Unitemized	-	-
iii. Total (add i and ii) ➤	4,725.00	4,725.00
b. Political Party Committees	-	-
c. Other Political Committees (such as PACs)	-	-
d. Total Contributions (add a iii, b and c) ➤	4,725.00	4,725.00
12. Transfers From Affiliated/Other Party Committees	-	-
13. All Loans Received	-	-
14. Loan Repayments Received	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-
18. Transfers from Nonfederal Account for Joint Activity	-	-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,725.00	4,725.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,725.00	4,725.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-	-
ii. Non-Federal Share	-	-
b. Other Federal Operating Expenditures	-	-
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-	-
22. Transfers to Affiliated/Other Party Committees	-	-
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	3,500.00
24. Independent Expenditures (use Schedule E)	-	-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-
26. Loan Repayments Made	-	-
27. Loans Made	-	-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-	-
b. Political Party Committees	-	-
c. Other Political Committees (such as PACs)	-	-
d. Total Contribution Refunds (add a, b and c) ➤	-	-
29. Other Disbursements	-	-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,500.00	3,500.00
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	3,500.00	3,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,725.00	4,725.00
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,725.00	4,725.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-	-
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-	-

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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)
HealthCare COMPARE Corp. (Political Action Committee)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Susan M. Fleming 3S059 Arboretum Road Glen Ellyn, IL 60137 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager, Natl Accts Aggregate Year-to-Date: $ $150.00	3/13/93	$150.00
B. Joseph E. Whitters 140 South Summit Street Wheaton, IL 60187 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Chief Financial Officer Aggregate Year-to-Date: $ 1,000.00	3/11/93	$1,000.00
C. Patrick G. Dills 11644 Briarwood Lane Burr Ridge, IL 60525 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Vice President Sales Aggregate Year-to-Date: $ 1,000.00	2/17/93	$1,000.00
D. JoEllyn Toniolo 128DShoop Drive Geneva, IL 60134 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Comm. Outreach Supv Aggregate Year-to-Date: $ 50.00	1/18/93	$50.00
E. Rae M. Blackwood 7220 Starflower Drive Citrus Heights, CA 95621 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Asst. Vice President Aggregate Year-to-Date: $ 250.00	1/7/93	$250.00
F. Susan Glass De Padron 421 Bel Air Drive Glenview, IL 60025 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Mgr, National Accounts Aggregate Year-to-Date: $25.00	2/11/93	$25.00
G. Kelly Fitzpatrick 600 Woodside Sierra #5 Sacramento, CA 95825 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Mgr, National Accounts Aggregate Year-to-Date: $50.00	3/7/93	$50.00

SUBTOTAL of Receipts This Page (optional)	$2,525.00
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

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
HealthCare COMPARE Corp. (Political Action Committee)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward L. Wristen 1137 Peregrine Court Palatine, IL 60067 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Exec VP, COO Aggregate Year-to-Date > $1,000.00	3/8/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sarah M. Doelling 682 Claridge Circle Hoffman Estates, IL 60194 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Mgr, National Accounts Aggregate Year-to-Date > $ 200.00	2/28/93	$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James C. Smith P. O. Box 469 Western Springs, IL 60558 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: President & CEO Aggregate Year-to-Date > $ 1,000.00	3/18/93	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,200.00
TOTAL This Period (last page this line number only)	$4,725.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
HealthCare COMPARE Corp. (Political Action Committee)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
John H. Chafee SD567 Dirksen Senate Office Bldg Washington, DC 20510-3902	Contribution Committee for Re-election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Representative Gary Ackerman Ackerman for Congress 7424 Miller Fall Road Dearwood, MD 20855	Ackerman for Congress Dell Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/93	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Campaign America 900 2nd Street, NE Suite 114 Washington, DC 20002	To assist Republican candidates Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	5/5/93	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman William L. Clay D. C. Friends of "Bill" Clay P. O. Box 1830 Washington, DC 20013	Jazz in June Reception Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/12/93	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill Thomas for Congress P. O. Box 395 Bakersfield, CA 93302	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/18/93	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $3,500.00

1993 1 3 3 1 7 1

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 7/9/93
☐	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

D.A.Q.
PREPARER

7/20/93
DATE PREPARED

FEC FORM 70-2 (12/92)