RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

AUG 23 9 06 AM '95

August 22, 1995

**SENT VIA DHL**

Federal Election Commission
ATTN: Debbie Manzano
999 E Street NW
Washington, DC 20463

Identification Number: C00217216

1995 Mid-Year Report (1/1/95 - 6/30/95)

Dear Ms. Manzano:

As we discussed on the phone today, we had not received the necessary forms to file our FEC Form 3X and, because of that, did not file our report on time. I apologize for the oversight and realize that the responsibility is ours and in the future will request the necessary documents if we do not receive them in a timely manner. Thank you for sending the forms to us via Fax today.

If you have any questions, please call me at 708-241-7511.

Please date stamp the enclosed copy of this letter and return it to the undersigned in the enclosed self-addressed stamped envelope.

Very truly yours,

Patricia M. Eisenhart

Patricia M. Eisenhart
Secretary to Joseph E. Whitters

JEW:pme

Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

AUG 23 9 08 AM '95

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. ☒ 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 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 | ☐ 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 1/1/95 through 6/30/95 | | |
| 6. (a) Cash on Hand January 1, 1995 | | $129,829.52 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 129,829.52 | |
| (c) Total Receipts (from Line 18) | $ 5,950.00 | $ 5,950.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 135,779.52 | $135,779.52 |
| 7. Total Disbursements (from Line 30) | $ 18,693.84 | $ 18,693.84 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 117,085.68 | $117,085.68 |
| 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: 8/21/95

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)

4-00173

# 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 1/1/95 TO: 6/30/95

| | 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) | 5,950.00 | 5,950.00 | 11(a)(i) |
| ii. Unitemized | - | - | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 5,950.00 | 5,950.00 | 11(a)(ii) |
| b. Political Party Committees | - | - | 11(b) |
| c. Other Political Committees (such as PACs) | - | - | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 5,950.00 | 5,950.00 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | - | - | 12 |
| 13. All Loans Received | - | - | 13 |
| 14. Loan Repayments Received | - | - | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | - | - | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | - | - | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | - | - | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | - | - | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 5,950.00 | 5,950.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 5,950.00 | 5,950.00 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | - | - | 21(a)(i) |
| ii. Non-Federal Share | - | - | 21(a)(ii) |
| b. Other Federal Operating Expenditures | - | - | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | - | - | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 18,693.84 | 18,693.84 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | - | - | 23 |
| 24. Independent Expenditures (use Schedule E) | - | - | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | - | - | 25 |
| 26. Loan Repayments Made | - | - | 26 |
| 27. Loans Made | - | - | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | - | - | 28(a) |
| b. Political Party Committees | - | - | 28(b) |
| c. Other Political Committees (such as PACs) | - | - | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | - | - | 28(d) |
| 29. Other Disbursements | - | - | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 18,693.84 | 18,693.84 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 18,693.84 | 18,693.84 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 5,950.00 | 5,950.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | - | - | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 5,950.00 | 5,950.00 | 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 |

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE OF

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 / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Karen Lopez<br>2841 Ketchikan Drive<br>Rocklin, CA 95765<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation: Manager<br>Aggregate Year-to-Date > $50.00 | 1/26/95 | $50.00 |
| B. Susan T. Ford<br>1001 N. Osprey Court<br>Gilbert, AZ 85234<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation: Manager<br>Aggregate Year-to-Date > $200.00 | 1/26/95 | $200.00 |
| C. Mary Anne Carpenter<br>734 Franklin Avenue<br>River Forext, IL 60305<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation: Exec. Vice President<br>Aggregate Year-to-Date > $500.00 | 1/6/95 | $500.00 |
| D. Maureen L. Sample<br>3041 Forni Road<br>Placerville, CA 95667<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation: Manager<br>Aggregate Year-to-Date > $200.00 | 1/6/95 | $200.00 |
| E. James C. Smith<br>P. O. Box 469<br>Western Springs, IL 60558<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Name of Employer: HealthCare COMPARE Corp.<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $5,000.00 | 2/20/95 | $5000.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |

**SUBTOTAL** of Receipts This Page (optional) ..... $5,950.00

**TOTAL** This Period (last page this line number only) ..... $5,950.00

4 00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

HealthCare COMPARE Corporation (Political Action Committee)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Cohen For Senate<br>P.O. Box 1379<br>Portland, ME 04104 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 1/29/95 | 1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Jim Ramstad<br>8100 Pennsylvania Ave. South Ste. 104<br>Bloomington, MN 55431 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 2/17/95 | 500.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Bilbray For Congress<br>4451 Brookfield Corp. Drive, Ste.200<br>Chantilly, VA 22021 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 2/17/95 | 500.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Mica For Congress<br>P.O. Box 181546<br>Casselberry, FL 32718-1546 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 2/17/95 | 500.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Shelby for U.S. Senate<br>P.O. Box 1091<br>Tuscaloosa, AL 35403 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 3/21/95 | 1,000.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Zimmer For Congress<br>P.O. Box 688<br>Lawrenceville, NJ 08648 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 3/21/95 | 1,000.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| John Shadegg For Congress<br>2300 M Street, NW, Ste. 800<br>Washington, DC 20037 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 3/23/95 | 350.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| DCCC<br>430 S. Capitol Street<br>Washington, DC 20003 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 3/23/95 | 500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Cong. Harris Fawell<br>Fawell For Congress Committee<br>P. . Box 3896<br>Naperville, IL 60657 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 4/12/95 | 500.00 |

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

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

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**
HealthCare COMPARE Corporation (Political Action Committee)

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Cong. Jim Chapman<br>Chapman for Congress<br>P.O. Box 2884<br>Washington, D.C. 20013 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 4/12/95 | 500.00 |
| B. Richard Gephardt in Congress<br>507 Capitol Court, NE Ste. 100<br>Washington, D.C. 20002 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/9/95 | 1,000.00 |
| C. Cong. Bill Thomas<br>Bill Thomas Campaign Committee<br>P.O. Box 23175<br>Washington, D.C. 20026 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/9/95 | 1,000.00 |
| D. Dan Burton For Congress<br>4451 Brookfield Corp. Drive, Ste. 200<br>Chantilly, VA 22021 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/9/95 | 500.00 |
| E. Friends of Newt Gingrich<br>1085 Holcomb Bridge Road, Ste. 190A<br>Roswell, GA 30076 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/9/95 | 1,000.00 |
| F. Ensign For Congress<br>4012 S. Rainbow, Ste. K-560<br>Las Vegas, NV 89103 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/9/95 | 1,000.00 |
| G. Hastert For Congress<br>P.O. Box 625<br>Batavia, IL 60510 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/18/95 | 1,000.00 |
| H. Coyne For Congress<br>555 NJ Ave., NW, Ste. 201<br>Washington, D.C. 20001 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 500.00 |
| I. People for English<br>208 C Street, NE<br>Washington, D.C. 20002 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 1,000.00 |

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

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

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

HealthCare COMPARE Corporation (Political Action Committee)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Hoyer For Congress<br>7905 Malcolm Road, Ste. 102<br>Clinton, MD 20735 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Dave Camp For Congress<br>P.O. Box 423<br>Midland, MI 48640 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 500.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Ramstad Volunteer Committee<br>8100 Penn Ave., South, Ste. 104<br>Bloomington, MN 55431 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 500.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Klug For Congress<br>16 N. Carroll Street, Rm. 600<br>Madison, WI 53703 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 500.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Earl Pomeroy for Congress<br>555 NJ Ave., NW, Ste.201<br>Washington, D.C. 20001 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 1,000.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Frisa For Congress<br>23 Canyon Lane<br>Westbury, NY 11590 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 1,000.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Brian Bilbray For Congress<br>P.O. Box 84946<br>San Diego, CA 92128 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 500.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Hastert For Congress<br>P.O. Box 625<br>Batavia, IL 60510 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/23/95 | 343.84 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **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) ..... 18,693.84

4-00175

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 8-23-95 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | 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<br>and/or DATE OF RECEIPT |

SLH.
PREPARER

8-24-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039548.4