REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
MAIL ROOM

MAY 9 10 51 AM '97

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 11/15/96 in the State of Illinois

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/96 through 11/25/96		
6. (a) Cash on Hand January 1, 19__		$175,952.81
(b) Cash on Hand at Beginning of Reporting Period	$122,568.61	
(c) Total Receipts (from Line 19)	$ 28,975.00	$ 29,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$151,543.61	$205,452.81
7. Total Disbursements (from Line 30)	$ 14,500.00	$ 68,409.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$137,043.61	$137,043.61
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
5/07/97

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)

FE9AN130

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 10/1/96 TO: 11/25/96

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)	28,975.00	29,500.00	11(a)
ii. Unitemized	-	-	11(a)
iii. Total (add i and ii) ➤	28,975.00	29,500.00	11(a)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a iii, b and c) ➤	28,975.00	29,500.00	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) ➤	28,975.00	29,500.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	28,975.00	29,500.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)
ii. Non-Federal Share	-	-	21(a)
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	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	68,409.20	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) ➤	14,500.00	68,409.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,500.00	68,409.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,500.00	68,409.20	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,500.00	68,409.20	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

FE6AN068

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	Date (month, day, year)	Amount of Each Receipt this Period
A. James C. Smith P.O. Box 469 Western Springs, IL 60558 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Executive Aggregate Year-to-Date > $ 5000.00	10/18/96	$5000.00
B. Thomas M. Mastri 1211 Millet Street Naperville, IL 60563 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 200.00	10/18/96	$200.00
C. J. Keith Berger 4840 C Street Sacramento, CA 95819 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 100.00	10/18/96	$100.00
D. John Dronfield-Watton 10017 Brentwood Circle Auburn, CA 95603 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 500.00	11/13/96	$500.00
E. Lottie A. Kurcz 100 E. Huron No. 1702 Chicago, IL 60611-2933 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Executive Aggregate Year-to-Date > $ 5000.00	11/13/96	$5000.00
F. Kevin P. Tremblay 23W650 Bobson Road Naperville, IL 60540 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 100.00	11/13/96	$100.00
G. Lois M. Davis 10400 Ambassador Drive Rancho Cordova, CA 95670 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 50.00	11/13/96	$50.00

SUBTOTAL of Receipts This Page (optional) 10,950.00

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

FE6AN138

SCHEDULE A

ITEMIZED RECEIPTS

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)

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. Tom von Greup 2419 Camino Corso Rio San Clemente, CA 92673 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 500.00	11/13/96	$500.00
B. Michael S. Taitel 105 Cornell Court Glenview, IL 60025 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 100.00	11/13/96	$100.00
C. Scott P. Smith, M.D. 1219 North East Avenue Oak Park, IL 60302 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Executive Aggregate Year-to-Date > $ 1000.00	11/13/96	$1000.00
D. Jerome A. Logan, M.D. 15750 Route 53 Glen Ellyn, IL 60137 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 100.00	11/13/96	$100.00
E. Mary Satterfield 6033 North Sheridan 16-B Chicago, IL 60660 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $ 25.00	11/13/96	$25.00
F. David E. Simon Simon Property Group, Inc. 115 West Washington Street Indianapolis, IN 46204 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Board of Director Aggregate Year-to-Date > $ 5000.00	11/22/96	$5000.00
G. Thomas J. Pritzker Hyatt Corporation 200 West Madison, 38th Floor Chicago, IL 60606 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HealthCare COMPARE Corp Occupation: Board of Director Aggregate Year-to-Date > $ 5000.00	11/22/96	$5000.00

SUBTOTAL of Receipts This Page (optional) 11,725.00

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

FEC-AN135

SCHEDULE A

ITEMIZED RECEIPTS

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hank Handelsman Pritzker & Pritzker 200 W. Madison - Suite 3800 Chicago, IL 60606 Receipt For: Primary [x] General [ ] Other (specify):	Employer: HealthCare COMPARE Corp Occupation: Board of Director Aggregate Year-to-Date > $5000.00	11/22/96	$5000.00
B. Patricia A. Quealy Two Lafayette Center Suite 450 1133 21st Street NW Washington, D.C. 20036 Receipt For: Primary [x] General [ ] Other (specify):	Employer: HealthCare COMPARE Corp Occupation: Executive Aggregate Year-to-Date > $1000.00	11/22/96	$1000.00
C. Dorothy Johnson 132 Ingleside Avenue Aurora, IL 60506 Receipt For: Primary [x] General [ ] Other (specify):	Employer: HealthCare COMPARE Corp Occupation: Manager Aggregate Year-to-Date > $300.00	11/22/96	$300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 6,300.00

TOTAL This Period (last page this line number only) > $28,975.00

FEDAN135

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	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Farr Committee 635B Pennsylvania Ave SE Washington DC 20003	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/18/96	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weld for Senate 507 Capitol Court NE - Ste 100 Washington, DC 20002	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/18/96	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 S. Capitol Street SE Washington, DC 20003	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/22/96	2000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fazio for Congress P. O. Box 990 Washington, DC 20044	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/22/96	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strickland for Senate P. O. Box 300279 Denver, CO 80208	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/22/96	1000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dick Durbin P. O. Box 1949 Springfield, IL 62705	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/22/96	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Natl Republican Senatorial Committee 425 Second St NE Washington, DC 20002	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/22/96	5000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Cmte 4100 Troxtun Avenue Ste 210 Bakersfield, CA 93309	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/96	3000.00
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) $14,500.00

FE6A/069

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 5-9-97
☐	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 and/or DATE OF RECEIPT

SLS — PREPARER

5-9-97 — DATE PREPARED

FEC FORM 70-2 (12/92)