HealthCare COMPARE AFFORDABLE CARE

2001 Highland Avenue Downers Grove, IL 60515 (708) 241-7900

April 12, 1994

CERTIFIED MAIL

Federal Election Commission
999 E Street NW
Washington, DC 20463

Identification Number: C00217216

1/1/94 - 3/31/94 Quarterly Report

To Whom it May Concern:

Please find enclosed the March 31, 1994 Quarterly 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

9 4 0 3 8 9 2 0 9 9 8

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 1/1/94 through 3/31/94		
6. (a) Cash on Hand January 1, 1994		$81,712.87
(b) Cash on Hand at Beginning of Reporting Period	$ 81,712.87	
(c) Total Receipts (from Line 19)	$ 5,195.00	$ 5,195.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 86,907.87	$86,907.87
7. Total Disbursements (from Line 30)	$ 4,500.00	$ 4,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 82,407.87	$82,407.87
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. Whittere

Signature of Treasurer: Joseph E. Whittere

Date: 4/12/94

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)

FE4AN101

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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 01/01/94 TO 03/31/94

	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)	$5,195.00	$5,195.00	11(a)(i)
ii. Unitemized	-	-	11(a)(ii)
iii. Total (add i and ii) ➤	5,195.00	5,195.00	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a III, b and c) ➤	5,195.00	5,195.00	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) ➤	5,195.00	5,195.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,195.00	5,195.00	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	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	4,500.00	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) ➤	4,500.00	4,500.00	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	4,500.00	4,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,195.00	5,195.00	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,195.00	5,195.00	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

FE4AN101

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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. Steve Bailey 2BW685 Rogers Avenue Warrenville, IL 60555 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $50.00	1/7/94	$50.00
B. Leslie Mulert 912 Oxford Road Deerfield, IL 60015 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $25.00	1/7/94	$25.00
C. Kelly Fitzpatrick 32 Pebblewood Trail Naperville, IL 60563 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $100.00	1/7/94	$100.00
D. Richard A. Ossler 35 Plymouth Court #202B Naperville, IL 60565 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $200.00	1/7/94	$200.00
E. Thomas E. Powers 16140 East Troon Circle Miami Lakes, FL 33014 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $500.00	1/7/94	$500.00
F. Donna J. Lobdell 4317 "F" Street Sacramento, CA 95819 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Asst. Vice President Aggregate Year-to-Date > $ $1,000.00	1/7/94	$1,000.00
G. Paul Gilbertson 5307 Tall Oak Lane Fair Oaks, CA 95628 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $500.00	1/7/94	$500.00

SUBTOTAL of Receipts This Page (optional) $2,375.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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 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. J. Patrick Foley 333 Twin Dolphin Drive Redwood City, CA 94065 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: DHL Worldwide Express Occupation: Board of Directors Aggregate Year-to-Date > $ 1,000.00	1/4/94	$1,000
B. Pat DeCarlo 5 S. 733 Steeple Run Drive Naperville, IL 60540 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $35.00	1/13/94	$35.00
C. Suzanne C. Sakaniwa 3704 French Avenue Sacramento, CA 95816 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $175.00	1/28/94	$175.00
D. Martha Prince DuBois 8431 S. 84th Avenue Hickory Hills, IL 60457 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $200.00	1/7/94	$200.00
E. Barbara Bagdon 2107 Scarlet Oak Lane Lisle, IL 60532 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ 50.00	1/7/94	$50.00
F. Michael W. Moran 1089 Devonshire Avenue Naperville, IL 60540 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Occupation: Vice President Aggregate Year-to-Date > $ 1,000.00	1/7/94	$1,000.00
G. Betty Moody 3913 Saratoga #214 Downers Grove, IL 60515 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $10.00	1/7/94	$10.00

SUBTOTAL of Receipts This Page (optional) $2,470.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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 committees.

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
Dan Rippeteau 405 S. Greenwood Avenue Park Ridge, IL 60068 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $300.00	1/7/94	$300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael J. Weight 7004 Halesworth Court Citrus Heights, CA 95610 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HealthCare COMPARE Corp. Occupation: Manager Aggregate Year-to-Date > $ $50.00	3/4/94	$50.00
C. 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 > $		
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) ..... $ 350.00

TOTAL This Period (last page this line number only) $5,195.00

FE-A/H101

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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)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Senator Chafee Committee P. O. Box 623 Providence, RI 02901	Luncheon/Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/3/94	$1,000.00
B. Brewster for Congress P. O. Box 10 Madill, OK 73446	Luncheon/Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/21/94	$500.00
C. Roth Senate Committee P. O. Box 105 Wilmington, DE 19899	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	$1,000.00
D. Meek for Congress 216 7th Street, SE Washington, DC 20003	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	$500.00
E. Bill Thomas Campaign Committee P. O. Box 23175 Washington, DC 20026	Reception/Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	$500.00
F. Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	$500.00
G. Boucher for Congress P. O. Box 2474 Washington, DC 20013	Breakfast/Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/94	$500.00
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $4,500.00

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FE4AN101

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 4-13-94
☐	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

SMH
PREPARER

4-16-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 2 1 0 0 5