REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

APR 12 3 04 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Healthcare Recoveries Inc
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1930 Bishop Lane Ste 1413

CITY, STATE and ZIP CODE
Louisville KY 40218

TIN 61-1532167

2. FEC IDENTIFICATION NUMBER
C00348828 101998

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1/1/99 through 3/31/99		
6. (a) Cash on Hand January 1, 1999		$ 6828.36
(b) Cash on Hand at Beginning of Reporting Period	$ 6828.36	
(c) Total Receipts (from Line 18)	$ 1465.82	$ 1465.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8294.18	$ 8294.18
7. Total Disbursements (from Line 30)	$ Ø	$ Ø
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8294.18	$ 8294.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Douglas R. Sharps

Signature of Treasurer: D R Sharps

Date: 4/5/99

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 5/93)

FE5ANF21

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 1/1/99 TO 3/31/99

	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)	1465.82	1465.82	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	1465.82	1465.82	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) ➤	1465.82	1465.82	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) ➤			19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1465.82	1465.82	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			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) ➤			30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	0	0	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			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

FE6AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 6C

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 Recoveries Inc 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. Full Name, Mailing Address and ZIP Code Rob Bader 1117 Cardinal Drive Louisville KY 40213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: VP Development Aggregate Year-to-Date: $ 342.00	1/8 3/5 1/22 3/19 2/5 2/19	57.00
B. Full Name, Mailing Address and ZIP Code Steve Bradford 205 Hoffman Lane Lagrange, KY 40031 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc. Occupation: Asst. Controller Aggregate Year-to-Date: $ 12.00	1/8 3/5 1/22 3/19 2/5 2/19	2.00
C. Full Name, Mailing Address and ZIP Code Lynn Bynum 8628 Glenfield Way Louisville KY 40241 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Operations Mgr Aggregate Year-to-Date: $ 60.00	1/8 3/5 1/22 3/19 2/5 2/19	$10.00
D. Full Name, Mailing Address and ZIP Code Cindy Clifton 1500 Goshen Lane Goshen KY 40026 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc. Occupation: VP Corp Control Aggregate Year-to-Date: $ 60.00	1/8 3/5 1/22 3/19 2/5 2/19	10.00
E. Full Name, Mailing Address and ZIP Code Berry Hayes 9123 Pine Springs Rd. Louisville KY 40291 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Sr Systems Analyst Aggregate Year-to-Date: $ 60.00	1/8 3/5 1/22 3/19 2/5 2/19	10.00
F. Full Name, Mailing Address and ZIP Code Diki Hendricks Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: VP Ops Aggregate Year-to-Date: $ 12.00	1/8 3/5 1/22 3/19 2/5 2/19	2.00
G. Full Name, Mailing Address and ZIP Code Vanetta Ledesma 7402 Jonathan Way Louisville KY 40228 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Director HR Aggregate Year-to-Date: $ 60.00	1/8 3/5 1/22 3/19 2/5 2/19	10.00

SUBTOTAL of Receipts This Page (optional)	606.00
TOTAL This Period (last page this line number only)	

FEBA/NI 21

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 6C

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NAME OF COMMITTEE (In Full): Healthcare Recoveries Inc 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. Kelly Schrecker Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc Client Svc Mgr Aggregate Year-to-Date $ 12.00	1/8 3/5 1/22 3/19 2/5 2/19	2.00
B. Doug Sharps 4043 Ormond Rd. Louisville KY 40207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc CFO Aggregate Year-to-Date $ 230.82	1/8 3/5 1/22 3/19 2/5 2/19	38.47
C. Larry Simpson Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc Sr Ops Analyst Aggregate Year-to-Date $ 12.00	1/8 2/19 1/22 3/5 2/5 3/19	2.00
D. Donna Walker Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc Accounting Mgr Aggregate Year-to-Date $ 12.00	1/8 3/5 1/22 3/19 2/5 2/19	2.00
E. Shannon Whelan Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc Training Mgr Aggregate Year-to-Date $ 18.00	1/8 3/5 1/22 3/19 2/5 2/19	3.00
F. Pat McGinnis 3906 Eagle Way Prospect, KY 40059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc CEO Aggregate Year-to-Date $ 360.00	1/8 3/5 1/22 3/19 2/5 2/19	60.00
G. Gary Liter Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Recoveries Inc Division Ops VP Aggregate Year-to-Date $ 12.00	1/8 2/19 1/22 3/5 2/5 3/19	2.00

SUBTOTAL of Receipts This Page (optional) 656.82

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

FE6AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 6C

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NAME OF COMMITTEE (In Full): Healthcare Recoveries 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. John Combs, 6306 Rockingham Ct., Prospect KY 40059	Healthcare Recoveries Inc / VP HRI	1/8 2/19, 1/22 3/5, 2/5 3/19	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 120.00		
B. Kevin Scarborough, 1917 Camargo Road, Louisville KY 40207	Healthcare Recoveries Inc / Director Process Mgmt	1/8 2/19, 1/22 3/5, 2/5 3/19	$10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		
C. Margaret McCuffey	Healthcare Recoveries Inc / Supervisor Unit	1/8 2/19, 1/22 3/5, 2/5 3/19	$3.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 18.00		
D. Tammy Hodges	Healthcare Recoveries Inc / Director Ops-SAI Div.	3/19	$5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5.00		
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)	203.00
TOTAL This Period (last page this line number only)	1465.82

PEBANI 21

National Band 45-506 Eye-Ease® 45-506 S - Pack Made in USA

	Initials	Date
Processed By		
Authorized By		

		1	2	3	4	5	6
		Jan 8	Jan 22	Feb 5	Feb 19	March 5	March 19
1	Boder	57.00	57.00	57.00	57.00	57.00	57.00
2	Bradford	2.00	2.00	2.00	2.00	2.00	2.00
3	Byrum	10.00	10.00	10.00	10.00	10.00	10.00
4	Clayton	10.00	10.00	10.00	10.00	10.00	10.00
5	Ellis	10.00	10.00	10.00	10.00	10.00	10.00
6	Hendricks	2.00	2.00	2.00	2.00	2.00	2.00
7	Ledesma	10.00	10.00	10.00	10.00	10.00	10.00
8	Schuler	2.00	2.00	2.00	2.00	2.00	2.00
9	Sharpe	38.47	38.47	38.47	38.47	38.47	38.47
10	Simpson	2.00	2.00	2.00	2.00	2.00	2.00
11	Walker	2.00	2.00	2.00	2.00	2.00	2.00
12	Wilson	3.00	3.00	3.00	3.00	3.00	3.00
13							
14	McCurry	60.00	60.00	60.00	60.00	60.00	60.00
15	Ritter	2.00	2.00	2.00	2.00	2.00	2.00
16	Conroe	20.00	20.00	20.00	20.00	20.00	20.00
17	Sanborn	10.00	10.00	10.00	10.00	10.00	10.00
18	McGuffey	3.00	3.00	3.00	3.00	3.00	3.00
19	Hodgson Mary						5.00
20							
21		243.47	243.47	243.47	243.47	243.47	248.47
22							
23	Deposit March 20		$1465.82				
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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 4-9-99
☐	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
☐	Electronic Filing	

JEP	4-12-99
PREPARER	DATE PREPARED

(4/98)