

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (In full) Trover Solutions Political Action Committee		2. FEC IDENTIFICATION NUMBER C00340828
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1930 Bishop Ln Suite 148	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Louisville KY 40218		

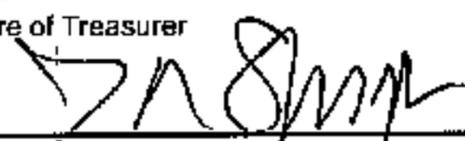
4. TYPE OF REPORT

- (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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (election type) 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 <u>01/01/2005</u> through <u>03/31/2005</u>		
6. (a) Cash on Hand, January 1, <u>2005</u>		30506.57
(b) Cash on Hand at Beginning of Reporting Period	30506.57	
(c) Total Receipts (from line 19)	7318.20	7318.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37824.77	37824.77
7. Total Disbursements (from line 30)	5000.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32824.77	32824.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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: 

Date: **4/8/05**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

(revised 1/1/91)

NAME OF COMMITTEE Trover Solutions Political Action Committee		REPORT COVERING PERIOD FROM 01/01/2005 TO: 03/31/2005	
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)		2560.20	2560.20
ii. Unitemized		4758.00	4758.00
iii. Total		7318.20	7318.20
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions		7318.20	7318.20
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts		7318.20	7318.20
20. Total Federal Receipts		7318.20	7318.20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		5000.00	5000.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions Refunds		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements		5000.00	5000.00
31. Total Federal Disbursements		5000.00	5000.00
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		7318.20	7318.20
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		7318.20	7318.20
35. Total Federal Operating Expenditures		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures		0.00	0.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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)
Trover Solutions Political Action Committee

Full Name, Mailing Address, and ZIP Code Robert Bader 1117 Cardinal Dr. Louisville KY 40213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries Inc. Occupation Aggregate Year-to-Date > \$ 342.00	Date (month, day, year) 03/31/2005 6 Donations @ \$57 Each	Amount of Each Receipt this Period 342.00
Full Name, Mailing Address, and ZIP Code Mark Bates 12108 Wayside Lane Goshen KY 40026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 03/31/2005 6 Donations @ \$60 Each	Amount of Each Receipt this Period 360.00
Full Name, Mailing Address, and ZIP Code John Combs 6308 Rockingham Ct. Prospect KY 40059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries Inc. Occupation Aggregate Year-to-Date > \$ 214.20	Date (month, day, year) 03/31/2005 6 Donations of \$35.70 Each	Amount of Each Receipt this Period 214.20
Full Name, Mailing Address, and ZIP Code Robert Jefferson 11000 Buckeye Trace Goshen KY 40026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 03/31/2005 6 Donations @ \$45 each	Amount of Each Receipt this Period 270.00
Full Name, Mailing Address, and ZIP Code Patrick McGinnis 3906 Eagle Way Prospect KY 40059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries Inc. Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 03/31/2005 6 Donations of \$100 each	Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code Debra Murphy 548 Barberry Lane Louisville KY 40206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > \$ 264.00	Date (month, day, year) 03/31/2005 6 deductions at \$44 each	Amount of Each Receipt this Period 264.00
Full Name, Mailing Address, and ZIP Code Douglas R. Sharps 4043 Ormond Rd. Louisville KY 40207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Healthcare Recoveries Inc. Occupation Aggregate Year-to-Date > \$ 378.00	Date (month, day, year) 03/31/2005 6 Donations of \$63 each	Amount of Each Receipt this Period 378.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS 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

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FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (in Full)
Trover Solutions Political Action Committee

Full Name, Mailing Address, and ZIP Code

Charlene Zoeller

207 Sequoya Road

Louisville KY 40207

Name of Employer

HRI

**Date (month,
day, year)**

03/31/2005

**Amount of Each
Receipt this Period**

132.00

8 Donations @ \$22 each

Occupation

Receipt For: Primary General

Other (specify):

Aggregate Year-to-Date > \$ 132.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

2560.20

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
23

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)
Trover Solutions Political Action Committee

Full Name, Mailing Address, and ZIP Code

VOLUNTEER PAC

4205 HILLSBORO ROAD SUITE 306

PO Box 158552

NASHVILLE

TN 37215

Purpose of Disbursement

Contribution Check #1049

**Date (month,
day, year)**

02/25/2005

**Amount of Each
Disbursement This
Period**

5000.00

Disbursement for: Primary General

Other (specify):

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

5000.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
4/13/05

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JK
 PREPARER
 (3/2005)

4/21/05
 DATE PREPARED

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