REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2002 MAR -1 A 10:40

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

ADDRESS (number and street) ☐ Check if different than previously reported
1930 Bishop Ln
Suite 14B

CITY, STATE, and ZIP CODE
Louisville KY 40218

2. FEC IDENTIFICATION NUMBER
C00340628

3. [X] This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

[X] 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 _____ (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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/2001 through 12/31/2001		
6. (a) Cash on Hand, January 1, 2001		10425.48
(b) Cash on Hand at Beginning of Reporting Period	13882.58	
(c) Total Receipts (from line 19)	2440.00	9950.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16322.58	20375.59
7. Total Disbursements (from line 30)	1000.00	5053.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15322.58	15322.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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
Filed by Douglas R. Sharps

Signature of Treasurer D R Sharps

Date 1/21/02

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 1/1/81)

NAME OF COMMITTEE
Healthcare Recoveries Political Action Committee

REPORT COVERING PERIOD
FROM 10/01/2001 TO: 12/31/2001

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)	1738.00	6002.11	11.a.i.
ii. Unitemized	702.00	3948.00	11.a.ii.
iii. Total (add i and ii)»	2440.00	9950.11	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	2440.00	9950.11	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	2440.00	9950.11	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	2440.00	9950.11	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	5000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	53.01	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	1000.00	5053.01	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	1000.00	5053.01	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	2440.00	9950.11	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	2440.00	9950.11	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5 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)
Healthcare Recoveries Political Action Committee

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Wasielewski 1012 Milton Road Castle Shannon PA 15234 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HRI Occupation Aggregate Year-to-Date > $ 360.00	12/31/2001 6 deductions of $20 each	120.00
Debra Murphy 548 Barberry Lane Louisville KY 40206 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > $ 722.00	12/31/2001 6 deductions at $38 each	228.00
Robert Jefferson 11000 Buckeye Trace Goshen KY 40026 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > $ 865.00	12/31/2001 6 deductions at $45 each	270.00
Tamala Hodges 5508 Maco Ln Louisville KY 40219 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Healthcare Recoveries Inc. Occupation Aggregate Year-to-Date > $ 500.00	12/31/2001 5 deductions of $20 each	100.00
Lisa Freeze 2008 Eastern Parkway Louisville KY 40204 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HRI Occupation Aggregate Year-to-Date > $ 475.00	12/31/2001 6 payments of $25 each	150.00
Timothy Cahill 5103 Olde Creek Way Prospect KY 40059 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HRI Occupation Aggregate Year-to-Date > $ 500.00	12/31/2001 6 deductions at $25 each	150.00
Mary Ann Blake 3922 Massie Ave. Unit 5 Louisville KY 40207 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date > $ 475.00	12/31/2001 6 deductions at $25 each	150.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 5 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Healthcare Recoveries Political Action Committee

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Bales 12108 Wayside Lane Goshen KY 40026 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date $ 1140.00	12/31/2001	360.00 6 deductions at $60 each
Full Name, Mailing Address, and ZIP Code Thomas Armstrong Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date $ 210.00	Date (month, day, year) 12/31/2001	Amount of Each Receipt this Period 60.00 6 deductions at $10 each
Full Name, Mailing Address, and ZIP Code Nickolas Allerl 2016 Barringer Avenue Louisville KY 40204 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer Healthcare Recoveries, Inc. Occupation Aggregate Year-to-Date $ 475.00	Date (month, day, year) 12/31/2001	Amount of Each Receipt this Period 150.00 6 deductions at $25 each

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1738.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5 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)
Healthcare Recoveries Political Action Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anne Northup for Congress PO Box 7313 Louisville KY 40257	Donation (House - KY - 3) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/07/2001	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 1717 Dixie Highway, Suite 180 Ft. Wright KY 41011-3869	Campaign Contribution (Senate - KY -) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/13/2001	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00

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.

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[signature] PREPARER

3-1-02 DATE PREPARED

(6/2000)