Rob:
Please — ① send me a copy of our response for my file
② call if I can help.
Thanks
Jeff Shaw
8/24

RECEIVED
FEDERAL ELECTION COMMISSION
AUG 30 3 52 PM '99

RQ-2

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

Douglas Sharps, Treasurer
Healthcare Recoveries Inc.
Political Action Committee
1400 Watterson Tower
Louisville, KY 40218

AUG 18 1999

Identification Number: C00340828

Reference: 30 Day Post-General Report (10/22/98-11/23/98)

Dear Mr. Sharps:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 23 of the Detailed Summary Page of your report discloses a total of $0 in contributions to federal candidates/committees. The sum of the entries itemized on Schedule B, however, indicates the total to be $3,000. Please amend your report to clarify the discrepancy.

-Please provide the totals for Lines 19, 30, and 31, Column B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Line 11(a)(i) of the Detailed Summary Page of your report discloses a total of $3,648.47 in contributions from individuals. The sum of the entries itemized on Schedule A, however, indicates the total to be $3,673.47. Please amend your report to clarify the discrepancy.

-For your information, all contributions received that aggregate $200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over $200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A. L. Kitchen

Antoinette Kitchen
Reports Analyst
Reports Analysis Division

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 30 3 52 PM '99

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 Recoveries Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1930 Bishop Ln. Ste. 19B

CITY, STATE and ZIP CODE
Louisville, KY 40218

2. FEC IDENTIFICATION NUMBER
C00340828

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 11/3/98 in the State of Kentucky

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/23/98 through 11/23/98		
6. (a)	Cash on Hand January 1, 19__		$ -0-
(b)	Cash on Hand at Beginning of Reporting Period	$ 5,000	
(c)	Total Receipts (from Line 19)	$ 3,673.47	$ 8,673.47
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,673.47	$ 8,673.47
7.	Total Disbursements (from Line 30)	$ 3,031.87	$ 3,031.87
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,641.60	$ 5,641.60
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 202-694-1100

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
8/25/99

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 9/93)

FE8W1:21

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

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)	3673.47	8673.47	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	3673.47	8,673.47	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) ➤	3,673.47	8,673.47	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) ➤	3673.47	8673.47	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,673.47	8,673.47	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	3000 —	3000 —	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 Bank Charge for Checks	31.87	31.87	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3031.87	3031.87	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3031.87	3031.87	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

FE5AN 21

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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. Mark Bates 12108 Wayside Lane Goshen, KY 40026 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Healthcare Recoveries Inc Occupation: Executive VP Systems Aggregate Year-to-Date > $ 1500.00	11/3	1500.00
B. Jill Force 1732 Spring Drive Louisville KY 40205 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Yuncor, Inc Occupation: Executive Aggregate Year-to-Date > $ 1000.00	11/3	1000.00
C. Elaine Robinson 5855 Buttany Woods Cr. Louisville, KY 40223 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: N/A Board Member Healthcare Recoveries Occupation: Aggregate Year-to-Date > $ 1000.00	11/3	1000.00
D. 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 > $ 10.00	11/13	10.00
E. Donna Walker 3508 Sample Way Louisville KY 40245 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Financial Analyst Aggregate Year-to-Date > $ 2.00	11/13	2.00
F. Steve Bradford 207 Hoffman Lane Lagrange KY 40031 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Accounting Mgr. Aggregate Year-to-Date > $ 2.00	11/13	2.00
G. Yanetta Ledesma 7402 Jonathan Way Louisville KY 40228 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Healthcare Recoveries Inc Occupation: Corp Attorney Aggregate Year-to-Date > $	11/13	10.00

SUBTOTAL of Receipts This Page (optional) > 3524.00

TOTAL This Period (last page this line number only) > 3,673.47

FBI-AN121

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 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. Larry W Simpson 1112 Cedar Springs Parkway Lagrange, KY 40031 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: Ops. Analyst. Aggregate Year-to-Date > $ 2.00	11/13	2.00
B. Lynn Batman 8328 Ashfield Way Louisville, KY 40241 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc. Occupation: Manager Operations Aggregate Year-to-Date > $ 10.00	11/13	10.00
C. Shannon Whelan Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: Director HR Aggregate Year-to-Date > $ 3.00	11/13	3.00
D. Vicki Hendricks Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: Ops Division VP Aggregate Year-to-Date > $	11/13	2.00
E. Kelly Schreckar Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: Client Svc Mgrs Aggregate Year-to-Date > $ 2.00	11/13	2.00
F. Terry Hayes Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: Aggregate Year-to-Date > $	11/13	10.00
G. Robert Baker 1117 Cardinal Drive Louisville KY 40213 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Healthcare Recoveries Inc Occupation: VP Corp Development Aggregate Year-to-Date > $ 57.00	11/13	57.00

SUBTOTAL of Receipts This Page (optional) > 86.00

TOTAL This Period (last page this line number only) > 3673.47

FE8AN121

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 committees.

NAME OF COMMITTEE (in Full)

Healthcare Recoveries Inc Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Sharps 4043 Ormond Road Louisville KY 40207	Healthcare Recoveries Inc	11/13	38.47
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: CFO, Exec VP Aggregate Year-to-Date > $538.47		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vicki Litton	Healthcare Recoveries Inc	11/23	25.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 25.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 63.47

TOTAL This Period (last page this line number only) > 3,673.47

FE6AN124

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code Anne Northup Northup for Congress 125 Chinoweth Lane Louisville, KY	Purpose of Disbursement Support 1998 Election Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/22	Amount of Each Disbursement This Period 1,000
B. Full Name, Mailing Address and ZIP Code Citizens for Bunning	Purpose of Disbursement Support 1998 Election Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/23	Amount of Each Disbursement This Period 1,000
C. Full Name, Mailing Address and ZIP Code Baesler for US Senate	Purpose of Disbursement Support 1998 Election Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/23	Amount of Each Disbursement This Period 1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

TOTAL of Disbursements This Page (optional)	3,000
TOTAL This Period (last page this line number only)	3,000

ESAN121

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 8-26-99
☐	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	
	PREPARER	DATE PREPARED 8-30-99

(4/98)