

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

ADDRESS (number and street) 4965 US Hwy 42
Suite 2000
Check if different than previously reported. (ACC) Louisville KY 46220 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00016444

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☒ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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 Doctor Nancy Swikert MD

Signature of Treasurer Doctor Nancy Swikert MD [Electronically Filed] Date

01 / 31 / 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		54789.79
(b) Cash on Hand at Beginning of Reporting Period.....	63343.54	
(c) Total Receipts (from Line 19)	32416.38	57186.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95759.92	111976.65
7. Total Disbursements (from Line 31)	26532.95	42749.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69226.97	69226.97
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	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y
12 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

23085.81

39235.81

(ii) Unitemized

8325.00

15440.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

31410.81

54675.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1000.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

32410.81

55675.81

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.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.57

11.05

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

32416.38

57186.86

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

32416.38

57186.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	9282.95	21999.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9282.95	21999.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17250.00	17250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule 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 Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26532.95	42749.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26532.95	42749.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32410.81	55675.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32410.81	55675.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	9282.95	21999.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	9282.95	21999.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 16 / 2013

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 16 / 2013

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 16 / 2013

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2013

Transaction ID : SA11AI.5258

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 16 / 2013

Transaction ID : SA11AI.5271

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5278

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor James Baker MD

Mailing Address 3080 Prestwicke Drive

City State Zip Code
Fort Mitchell KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedic Centers, PSC

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2013

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Donald Barton MD

Mailing Address 1014 Circle Drive

City State Zip Code
Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1237.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2013

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

C. Doctor James F. Beattie Jr, MD

Mailing Address 796 Grider Pond Rd

City State Zip Code
Bowling Green KY 42104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bowling Green Associated Pathologists

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2013

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor David J. Bensema MD

Mailing Address 2108 Woodmont Drive

City	State	Zip Code
Lexington	KY	40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2013

Transaction ID : SA11AI.5225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Cheryl Broster

Mailing Address 3629 Winding Woods Ln.

City	State	Zip Code
Lexington	KY	40515

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.27

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2013

Transaction ID : SA11AI.5281

Amount of Each Receipt this Period

310.27

Full Name (Last, First, Middle Initial)

c. Mrs. Cheryl Broster

Mailing Address 3629 Winding Woods Ln.

City	State	Zip Code
Lexington	KY	40515

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2013

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period

189.73

In-kind - Food, Ice, Decorations, Invitations, postage for KPPAC Fundraiser

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Douglas Crutcher MD

Mailing Address 1210 KY Hwy 36E

City State Zip Code
 Cynthiana KY 41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Memorial Hospital

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doctor Emily Cunningham MD

Mailing Address 3651 Parkers Mill Road

City State Zip Code
 Lexington KY 40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Womens Care Center

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Doctor Emily Cunningham MD

Mailing Address 3651 Parkers Mill Road

City State Zip Code
 Lexington KY 40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Womens Care Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.91

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period

412.91

In-kind - Food and supplies for KPPAC Fundraiser

SUBTOTAL of Receipts This Page (optional)..... ►

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

912.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Larry Cunningham MD

Mailing Address 3651 Parkers Mill Road

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doctor Larry Cunningham MD

Mailing Address 3651 Parkers Mill Road

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.90

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period

412.90

In-kind - Food and Supplies for KPPAC Fundraiser

Full Name (Last, First, Middle Initial)

C. Doctor James Donley MD

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Services

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1662.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor James Michael Francis MD

Mailing Address 3824 Wyse Square

City Lexington State KY Zip Code 40510

FEC ID number of contributing federal political committee.

C

Name of Employer Lexington Nephrology Associates

Occupation Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.5242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Tracy L. Francis

Mailing Address 3824 Wyse Square

City Lexington State KY Zip Code 40510

FEC ID number of contributing federal political committee.

C

Name of Employer Self

Occupation Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.5244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Gregory Gleis MD

Mailing Address 531 Primrose Way

City Louisville State KY Zip Code 40206

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Linda Gleis MD

Mailing Address VAMC PM & R (117)
800 Zorn Ave

City State Zip Code
Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5189

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Robert Granacher Jr, MD

Mailing Address 1401 Harrodsburg Road

City State Zip Code
Lexington KY 40504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Mark Gutowski MD

Mailing Address 5 Mount Pleasant Lane

City State Zip Code
Fort Thomas KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Head & Neck Surgery Assoc PSC

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : SA11AI.5145

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Bill H. Harris MD

Mailing Address 107 Primrose Ln

City State Zip Code
Pikeville KY 41501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.5269

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor William C. Harrison MD

Mailing Address 4045 Foxtail Place

City State Zip Code
Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RIC

Radiologist

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2013

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

City State Zip Code
Richmond KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2013

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1325.00

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

City State Zip Code
Richmond KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : SA11AI.5257

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

City State Zip Code
Richmond KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : SA11AI.5272

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

City State Zip Code
Richmond KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor David E. Jones MD

Mailing Address 1236 Woodbridge Trail

City State Zip Code
 Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Eye Center

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doctor Evelyn M. Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellSprings Institute, PLLC

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 07 / 2013

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

c. Doctor Shawn C. Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Purchase ENT

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 07 / 2013

Transaction ID : SA11AI.5139

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Rice Leach MD

Mailing Address PO Box 1497

City State Zip Code
 Frankfort KY 40602

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lexington-Fayette Co Health Dept

Occupation
 Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City State Zip Code
 Paducah KY 42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.5176

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

c. Doctor Wally Montgomery MD

Mailing Address 117 N 2nd St Ste 2202

City State Zip Code
 Paducah KY 42001-0741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Physician

Information Requested

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

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

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Preston Nunnelley Jr, MD

Mailing Address 1740 Nicholasville Road

City

Lexington

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 03 / 2013

Transaction ID : SA11AI.5135

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor H. Michael Oghia MD

Mailing Address 4538 Hwy 15 S.

City

Jackson

State

KY

Zip Code

41339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Urology

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 08 / 2013

Transaction ID : SA11AI.5265

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Doctor H. Michael Oghia MD

Mailing Address 4538 Hwy 15 S.

City

Jackson

State

KY

Zip Code

41339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Urology

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Charles L. Papp MD

Mailing Address 2620 Wilhite Drive

City Lexington State KY Zip Code 40503

FEC ID number of contributing federal political committee.

C

Name of Employer

Colorectal Surgical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.5245

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Karen S. Papp

Mailing Address 2630 Brannon Rd

City Nicholasville State KY Zip Code 40356

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.5247

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Andrew R. Pulito MD

Mailing Address 809 Westchester Drive

City Lexington State KY Zip Code 40502

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Kentucky

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Tracy Ragland MD

Mailing Address 7101 W Hwy 22

City State Zip Code
 Crestwood KY 40014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Brad T. Rankin MD

Mailing Address 12 Margaret Court

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Allergy & Asthma

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Mrs. Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City State Zip Code
 Louisville KY 40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : SA11AI.5276

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor John L. Roberts MD

Mailing Address 6007 Two Springs Lane

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neonatal Associates PSC

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Sosnin MD

Mailing Address 364 Circle Valley Drive

City State Zip Code
Louisville KY 40229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Doctor Gordon Tobin II, MD

Mailing Address 1505 Northwind Rd

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates PSC

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Dale E. Toney MD

Mailing Address 744 Andover Village Drive

City Lexington State KY Zip Code 40509

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Kentucky

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Doctor John White MD

Mailing Address 712 Tamarack Ct

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Pulmonary Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11AI.5155

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Doctor John White MD

Mailing Address 712 Tamarack Ct

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Pulmonary Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 16 / 2013

Transaction ID : SA11AI.5280

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Fred A. Williams Jr, MD

Mailing Address 430 Twinbrook Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endocrine & Diabetes Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2013

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Sally Williams

Mailing Address 100 E Liberty St Ste 400

City

Louisville

State

KY

Zip Code

40202-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 24 / 2013

Transaction ID : SA11AI.5115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert Zaring MD

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisville Pathology Associates PSC

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

23085.81

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FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Citizens for Affordable Healthcare

Mailing Address 523 Centre View Blvd

City State Zip Code
 Crestview Hills KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2013

Transaction ID : SA11C.5344

Amount of Each Receipt this Period

1000.00

State PAC Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

412.91

412.90

604.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				1	5						2	0	1	3

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Postage, Printing, Labels

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5291**

Amount of Each Disbursement this Period

2596.31

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8				1	5						2	0	1	3

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Administrative Fee

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5294**

Amount of Each Disbursement this Period

604.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8				1	5						2	0	1	3

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Postage, Website Hosting

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5295**

Amount of Each Disbursement this Period

230.87

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3431.18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

A. Kentucky Medical Association (KMA)

Three 10-pin D-sub connectors are shown. The first connector is labeled '11' and has two pins labeled 'M'. The second connector is labeled '22' and has two pins labeled 'D'. The third connector is labeled '2013' and has four pins labeled 'Y'.

Mailing Address 4965 US Hwy 42
Suite 2000

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB21B.5306

Purpose of Disbursement	
Newsletter Printing, Postage, Copies	

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

138.99

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M / D D / Y Y Y Y
12 15 2013

Mailing Address 4965 US Hwy 42
Suite 2000

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB21B.5308

Purpose of Disbursement	Administrative Fee

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

604.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last

C. PNC Bank

Date of Disbursement

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB21B.5293

Purpose of Disbursement
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

27.50

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

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

770.49

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Alvarado for Sate Senate

Mailing Address 3250 McClure Road

City	State	Zip Code
Winchester	KY	40391

Purpose of Disbursement
Candidate Support for State Candidate Ralph Alvarado

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : SB23.5336

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dan Seum for State Senate

Mailing Address 1107 Holly Ave

City	State	Zip Code
Fairdale	KY	40118

Purpose of Disbursement
Candidate Support for State Candidate Dan Seum

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : SB23.5317

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dennis Keene for State Representative

Mailing Address 1040 Johns hills road

City	State	Zip Code
Wilder	KY	41076

Purpose of Disbursement
Candidate Support for State Candidate Dennis Keene

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SB23.5319

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Friends of Ryan Quarles

Mailing Address PO Box 1001

City	State	Zip Code
Georgetown	KY	40324

Purpose of Disbursement
Candidate Support for State Candidate Ryan Quarles

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SB23.5321

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. House Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40502

Purpose of Disbursement
Contribution to KEntucky House Republican Caucus

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SB23.5325

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joe Bowen for State Senate

Mailing Address 2031 Fieldcrest Drive

City	State	Zip Code
Owensboro	KY	42301

Purpose of Disbursement
Candidate Support for State Candidate Joe Bowen

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SB23.5323

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Democratic Party

Mailing Address PO Box 694

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
Contribution to Kentucky Democratic Party

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

Transaction ID : SB23.5331

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kentucky House Democratic Caucus Campaign Committee

Mailing Address PO Box 4204

City	State	Zip Code
Frankfort	KY	40604

Purpose of Disbursement
Contribution to Kentucky House Democratic Caucus

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2013
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : SB23.5312

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kentucky Senate Democratic Caucus Campaign Committee

Mailing Address PO Box 4582

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement
Contribution to Kentucky Senate Democratic Caucus

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2013
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

Transaction ID : SB23.5334

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement
Candidate Support for Federal Candidate Mitch McConnell

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 2013

☐ Primary
☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SB23.5326

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Senate Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
Contribution to the

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : SB23.5332

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Susan Westrom Campaign Fund

Mailing Address P.O. Box 22778

City	State	Zip Code
Lexington	KY	40522

Purpose of Disbursement
Candidate Support for State Candidate Susan Westrom

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 2013

☐ Primary
☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : SB23.5328

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Suzanne Miles for State Representative

Mailing Address PO Box 21592

City	State	Zip Code
Owensboro	KY	21592

Purpose of Disbursement
Candidate Support for State Candidate Suzanne Miles

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2013

Transaction ID : SB23.5329

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

250.00

17250.00
