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Image# 14960345001

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

ronw 3X	For Other Than An A	uthorized Committe	e		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	g, type	100000	James Goo Gray	
COMMITTEE (in full)		over the lines.	37 71	12FE4M5		
Kentucky Medical	Association PAC(Kentu	ıcky Physicians P	AC Feder	al-KPPAC	C Federal)	
ADDRESS (number and str	eet) 4965 US Hwy 42 Suite 2000					
Check if different than previously reported. (ACC)	Louisville			KY	46220	
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY A	S	STATE 🛦	ZIP COI	DE 🛦
C C00016444	3.	IS THIS REPORT X (N	EW I) OR	AM (A)	ENDED	
4. TYPE OF REPOR (Choose One)	(b) Monthly Feport Due On:	eb 20 (M2) N	lay 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports	: N		un 20 (M6)	-	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Re	port (Q1)		ul 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Re	port (Q2) (c) 12-Day PRE-Election	Primary (12P)	20)	General (Runoff (12R)
October 15 Quarterly Re	Report for the:	Convention (1	20)	Special (125)	
X January 31 Year-End Re	port (YE) Elec	etion on	D D /	Y	in the State of	f
July 31 Mid- Report (Non- Year Only) (I	election (d) 30-Day	General (30G		Runoff (3	0R)	Special (30S)
Termination F (TER)	Report	etion on	D D /	Y	in the State of	f ,
5. Covering Period	07 01 2013		M M 12	/ 31 /	2013	
I certify that I have exami	ned this Report and to the best	of my knowledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Tre		_				
Signature of Treasurer	Doctor Nancy Swikert MD	[Electronically	Filed] Da	ate 01	31 /	2014
NOTE: Submission of false,	erroneous, or incomplete informa	tion may subject the pers	on signing thi	s Report to th	ne penalties of 2 U	J.S.C. §437g.
Office Use					FEC FOR Rev. 12/20	
Only						<u></u>

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2013 2013 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 54789.79 January 1. 2013 (b) Cash on Hand at 63343.54 Beginning of Reporting Period..... 57186.86 32416.38 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 95759.92 111976.65 6(a) and 6(c) for Column B)..... 26532.95 42749.68 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 69226.97 69226.97 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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)

Write or Type Committee Name

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

Re	eport Covering the Period: From: 07	01 / 2013	To: 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(iii) TOTAL (add	8325.00	15440.00
	Lines 11(a)(i) and (ii)	31410.81	54675.81
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	1000.00	1000.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	32410.81	55675.81
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	1500.00
	(Dividends, Interest, etc.)	5.57	11.05
	(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. Disbursen	nents	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/No Activity (from Sched	on-Federal lule H4)		
		0.00	0.00
(ii) Non-Federal Sh	nare	0.00	0.00
(b) Other Federal Operation			
Expenditures		9282.95	21999.68
(c) Total Operating Exp (add 21(a)(i), (a)(ii),		9282.95	21999.68
22. Transfers to Affiliated/Oth	1.11		
Committees3. Contributions to		0.00	0.00
Federal Candidates/Com and Other Political Com	mittees	17250.00	17250.00
 Independent Expenditure (use Schedule E) 		0.00	0.00
25. Coordinated Party Exper (2 U.S.C. §441a(d))	nditures		
(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 (a) Individuals/Persons	To:		
Than Political Comm	nittees	0.00	0.00
(b) Political Party Comr	mittees	0.00	0.00
(c) Other Political Com			
(such as PACs)		0.00	0.00
(d) Total Contribution R	efunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
29. Other Disbursements		0.00	3500.00
O Fodoval Floation Activity	(/00)\100, \$401(00)\		
 Federal Election Activity (a) Allocated Federal E 	• • • • • • • • • • • • • • • • • • • •		
(from Schedule H6)			222
(i) Federal Share	<u>L</u>	0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Act	tivity Paid Entirely		
()	unds	0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a	,	0.00	0.00
1. Total Disbursements (add	d Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d)		26532.95	42749.68
22. Total Federal Disbursem			
(subtract Line 21(a)(ii) a		26532 05	42749.68
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	32410.81	55675.81
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32410.81	55675.81
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	9282.95	21999.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	9282.95	21999.68

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

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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.

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) Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD Mailing Address 3520 McClure Road		Date of Receipt
City Winchester	State Zip Code KY 40391	07 16 2013 Transaction ID : SA11AI.5117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00
Winchester Medical Associates Receipt For: 2013 Primary General	Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) 3. Doctor Ralph Alvarado MD Mailing Address 3520 McClure Road		Date of Receipt 08 16 2013
City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.5150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Winchester Medical Associates	Occupation Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD	•	Date of Receipt
Mailing Address 3520 McClure Road	7.0	09 16 7 2013
City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.5216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Winchester Medical Associates	Occupation Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line numb	er only)	

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

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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 2013 10 16 City Zip Code State Transaction ID: SA11AI.5258 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 11 16 2013 City State Zip Code Transaction ID: SA11AI.5271 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road M M / 16 2013 City Zip Code State Transaction ID: SA11AI.5278 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1200.00 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

	R LINE			:	PAGE	=	8	OF	36
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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor James Baker MD Date of Receipt Mailing Address 3080 Prestwicke Drive 2013 26 City Zip Code State Transaction ID: SA11AI.5288 Fort Mitchell KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Commonwealth Orthopaedic Centers, PSC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ **General** Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Donald Barton MD Date of Receipt Mailing Address 1014 Circle Drive 11 06 2013 City State Zip Code Transaction ID: SA11AI.5262 KY Corbin 40701 Amount of Each Receipt this Period FEC ID number of contributing 900.00 federal political committee. Name of Employer Occupation Retired Retired Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 1237.50 Other (specify) Full Name (Last, First, Middle Initial)

c. Doctor James F. Beattie Jr, MD Date of Receipt Mailing Address 796 Grider Pond Rd 09 12 2013 City Zip Code State Transaction ID: SA11AI.5192 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician **Bowling Green Associated Pathologists** Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00

SUBTOTAL of Receipts This Page (optional)	_	_	7	_	_	7	_	240	0.00)
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	Ξ	_	

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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor David J. Bensema MD Date of Receipt Mailing Address 2108 Woodmont Drive 04 2013 10 City Zip Code State Transaction ID: SA11AI.5225 Lexington KY 40502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Central Baptist Hospital Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Cheryl Broster Date of Receipt Mailing Address 3629 Winding Woods Ln. 12 16 2013 City State Zip Code Transaction ID: SA11AI.5281 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 310.27 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 310.27 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mrs. Cheryl Broster Date of Receipt Mailing Address 3629 Winding Woods Ln. 12 16 2013 City Zip Code State Transaction ID: SA11AI.5338 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing С 189.73 federal political committee. In-kind - Food, Ice, Decorations, Invitations, postage for Name of Employer Occupation **KPPAC** Fundraiser Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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

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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Douglas Crutcher MD Date of Receipt Mailing Address 1210 KY Hwy 36E 2013 City Zip Code State Transaction ID: SA11AI.5196 Cynthiana KY 41031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Harrison Memorial Hospital Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Emily Cunningham MD Date of Receipt Mailing Address 3651 Parkers Mill Road 12 16 2013 City State Zip Code Transaction ID: SA11AI.5285 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Womens Care Center Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Emily Cunningham MD Date of Receipt Mailing Address 3651 Parkers Mill Road 16 2013 City Zip Code State Transaction ID: SA11AI.5340 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 412.91 С federal political committee. In-kind - Food and supplies for KPPAC Fundraiser Name of Employer Occupation Womens Care Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 662.91 Other (specify) 912.91 SUBTOTAL of Receipts This Page (optional).....

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

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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Larry Cunningham MD Date of Receipt Mailing Address 3651 Parkers Mill Road 2013 16 City Zip Code State Transaction ID: SA11AI.5283 Lexington KY 40513 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Larry Cunningham MD Date of Receipt Mailing Address 3651 Parkers Mill Road 12 16 2013 City State Zip Code Transaction ID: SA11AI.5339 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 412.90 federal political committee. In-kind - Food and Supplies for KPPAC Fundraiser Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 662.90 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor James Donley MD Date of Receipt

	, , , , , , , , , , , , , , , , , , , ,										
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1000.00

Zip Code

42431-9435

State

KY

С

Occupation

Aggregate Year-to-Date ▼

Physician

2013

1000.00

09

12

Transaction ID: SA11AI.5197

Amount of Each Receipt this Period

City

Madisonville

Mailing Address 5002 Lago Dr

FEC ID number of contributing

Center for Orthopaedic Services

Other (specify)

X General

federal political committee.

Name of Employer

Receipt For: 2013

Primary

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

FOF	LINE	NU	MBER	:	PAGE	1	12	OF	36
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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor James Michael Francis MD Date of Receipt Mailing Address 3824 Wyse Square 04 2013 10 City State Zip Code Transaction ID: SA11AI.5242 Lexington KY 40510 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Lexington Nephrology Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Tracy L. Francis Date of Receipt Mailing Address 3824 Wyse Square 10 04 2013 City State Zip Code Transaction ID: SA11AI.5244 KY Lexington 40510 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Homemaker Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Gregory Gleis MD Date of Receipt Mailing Address 531 Primrose Way 09 12 2013 City Zip Code State Transaction ID: SA11AI.5190 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)			7		7	100	00.00	
TOTAL This Period (last page this line number only)		Ξ	7	_	7		_	

500.00

Physician

Aggregate Year-to-Date ▼

Information Requested Receipt For: 2013

Other (specify)

General

Primary

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

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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Linda Gleis MD Date of Receipt Mailing Address VAMC PM & R (117) 800 Zorn Ave 2013 City State Zip Code Transaction ID: SA11AI.5189 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Robert Granacher Jr, MD Date of Receipt Mailing Address 1401 Harrodsburg Road 09 12 2013 City State Zip Code Transaction ID: SA11AI.5180 KY Lexington 40504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Mark Gutowski MD Date of Receipt Mailing Address 5 Mount Pleasant Lane 80 07 2013 City Zip Code State Transaction ID: SA11AI.5145 KY Fort Thomas 41075 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Head & Neck Surgery Assoc PSC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 1250.00 SUBTOTAL of Receipts This Page (optional).....

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

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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Bill H. Harris MD Date of Receipt Mailing Address 107 Primrose Ln 08 2013 City Zip Code State Transaction ID: SA11AI.5269 41501 Pikeville KY Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor William C. Harrison MD Date of Receipt Mailing Address 4045 Foxtail Place 09 12 2013 City State Zip Code Transaction ID: SA11AI.5191 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation RIC Radiologist Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John Johnstone MD Date of Receipt Mailing Address 793 Eastern Byp Ste 201 09 16 2013 City Zip Code State Transaction ID: SA11AI.5215 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General 225.00 Other (specify) 1325.00 SUBTOTAL of Receipts This Page (optional).....

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

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal)

/ Remucky Medical Association	on PAC(Rentucky Physicians PAC Fe	ederal-NEFAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor John Johnstone MD		Date of Receipt
Mailing Address 793 Eastern Byp Ste 20		10 16 2013
City	State Zip Code	Transaction ID : SA11AI.5257
Richmond	KY 40475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Information Requested	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	1
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Doctor John Johnstone MD		Date of Receipt
Mailing Address 793 Eastern Byp Ste 201		11 16 2013
City	State Zip Code	Transaction ID : SA11AI.5272
Richmond	KY 40475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	-
Information Requested	Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Doctor John Johnstone MD		Date of Receipt
Mailing Address 793 Eastern Byp Ste 20	1	12 16 2013
City	State Zip Code	Transaction ID : SA11AI.5279
Richmond	KY 40475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Information Requested	Physician	
Receipt For: 2013 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (options	al)	75.00
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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor David E. Jones MD Date of Receipt Mailing Address 1236 Woodbridge Trail 2013 City Zip Code State Transaction ID: SA11AI.5200 Owensboro KY 42303 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Physician Eye Center Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Evelyn M. Jones MD Date of Receipt Mailing Address 8 West Vale 08 07 2013 City State Zip Code Transaction ID: SA11AI.5141 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Name of Employer Occupation WellSprings Institute, PLLC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Shawn C. Jones MD Date of Receipt Mailing Address 8 West Vale 07 80 2013 City Zip Code State Transaction ID: SA11AI.5139 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing 875.00 С federal political committee. Name of Employer Occupation Purchase ENT Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 875.00 2750.00 SUBTOTAL of Receipts This Page (optional).....

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Full Name (Last, First, Middle Initial) Doctor Rice Leach MD Mailing Address PO Box 1497		Date of Receipt
		10 04 2013
City	State Zip Code	Transaction ID : SA11AI.5223
Frankfort	KY 40602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lexington-Fayette Co Health Dept	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
Mrs. Geraldine Montgomery		Date of Receipt
Mailing Address 6414 Stinespring Dr		09 12 2013
City	State Zip Code	Transaction ID : SA11AI.5176
Paducah	KY 42001-8674	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	
	Homemaker	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary	875.00	
Full Name (Last, First, Middle Initial) Doctor Wally Montgomery MD	I	Date of Receipt
Mailing Address 117 N 2nd St Ste 2202		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2013 Transaction ID : SA11AI.5175
Paducah	KY 42001-0741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary General	975 00	
Other (specify) ▼	875.00	

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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Preston Nunnelley Jr, MD Date of Receipt Mailing Address 1740 Nicholasville Road 03 2013 City Zip Code State Transaction ID: SA11AI.5135 Lexington KY 40503 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Central Baptist Hospital Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor H. Michael Oghia MD Date of Receipt Mailing Address 4538 Hwy 15 S. 11 80 2013 City State Zip Code Transaction ID: SA11AI.5265 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Jackson Urology Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor H. Michael Oghia MD Date of Receipt Mailing Address 4538 Hwy 15 S. 09 12 2013 City Zip Code State Transaction ID: SA11AI.5275 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Jackson Urology Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 360.00 SUBTOTAL of Receipts This Page (optional).....

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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	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor Charles L. Papp MD		Date of Receipt
Mailing Address 2620 Wilhite Drive		10 04 2013
City	State Zip Code	Transaction ID : SA11AI.5245
Lexington	KY 40503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Colorectal Surgical Associates	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary	350.00	
Full Name (Last, First, Middle Initial) Mrs. Karen S. Papp		Date of Receipt
Mailing Address 2630 Brannon Rd		10 04 2013
City	State Zip Code	Transaction ID : SA11AI.5247
Nicholasville	KY 40356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Homemaker	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Doctor Andrew R. Pulito MD		Date of Receipt
Mailing Address 809 Westchester Drive		12 16 2013
City	State Zip Code	Transaction ID : SA11AI.5286
Lexington	KY 40502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of Kentucky	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary	1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Doctor Tracy Ragland MD Mailing Address 7101 W Hwy 22		Date of Receipt
	7.0	09 04 2013
City Crestwood	State Zip Code KY 40014	Transaction ID : SA11AI.5154
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Doctor Brad T. Rankin MD		Date of Receipt
Mailing Address 12 Margaret Court		09 12 _ 2013 _
City	State Zip Code KY 42001	Transaction ID : SA11AI.5199
Paducah	KY 42001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Family Allergy & Asthma	Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mrs. Mary-Stuart Reichard	'	Data of Receipt
Mailing Address 2425 Cherokee Pkwy		Date of Receipt 12 13 _ 2013 _
City Louisville	State Zip Code KY 40204-2216	Transaction ID : SA11AI.5276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation Homemaker	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	500.00	
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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor John L. Roberts MD Date of Receipt Mailing Address 6007 Two Springs Lane 2013 City Zip Code State Transaction ID: SA11AI.5185 Louisville KY 40207 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Neonatal Associates PSC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Sosnin MD Date of Receipt Mailing Address 364 Circle Valley Drive 09 12 2013 City State Zip Code Transaction ID: SA11AI.5184 KY Louisville 40229 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Gordon Tobin II, MD Date of Receipt Mailing Address 1505 Northwind Rd 09 12 2013 City Zip Code State Transaction ID: SA11AI.5203 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation University Surgical Associates PSC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 1750.00

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Detailed Summary Page 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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Dale E. Toney MD Date of Receipt Mailing Address 744 Andover Village Drive 04 2013 10 City Zip Code State Transaction ID: SA11AI.5224 Lexington KY 40509 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation University of Kentucky Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct 09 04 2013 City State Zip Code Transaction ID: SA11AI.5155 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **Pulmonary Associates** Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct M M / 16 2013 City Zip Code State Transaction ID: SA11AI.5280 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Pulmonary Associates** Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General Other (specify) 3000.00

3150.00

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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) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Fred A. Williams Jr, MD Date of Receipt Mailing Address 430 Twinbrook Rd 2013 24 City Zip Code State Transaction ID: SA11AI.5114 Louisville KY 40207 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **Endocrine & Diabetes Associates** Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Sally Williams Date of Receipt Mailing Address 100 E Liberty St Ste 400 07 24 2013 City State Zip Code Transaction ID: SA11AI.5115 KY Louisville 40202-1434 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Homemaker Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Robert Zaring MD Date of Receipt Mailing Address 200 Abraham Flexner Way 09 12 2013 City Zip Code State Transaction ID: SA11AI.5211

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KY

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Occupation Physician

Aggregate Year-to-Date ▼

300.00

Amount of Each Receipt this Period

Louisville

FEC ID number of contributing

Louisville Pathology Associates PSC

General

federal political committee.

Other (specify)

Name of Employer

Receipt For: 2013

Primary

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Detailed Summary Page	11a 11b X 11c 12						
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cky Physicians PAC F	Federal-KPPAC Federal)						

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentu Full Name (Last, First, Middle Initial) Citizens for Affordable Healthcare Date of Receipt Mailing Address 523 Centre View Blvd 10 2013 City State Zip Code Transaction ID: SA11C.5344 KY 40202 Crestview Hills Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. State PAC Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

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		Detailed Summary Page	27	28a 28b 28c 29 30b					
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or	for commercial purposes, other than using the name	ne and address of any poli	ucai committee to	Solicit continutions from such committee.					
\	NAME OF COMMITTEE (In Full)								
$ \rangle$	Kentucky Medical Association PAC	C(Kentucky Physici	ans PAC Fe	deral-KPPAC Federal)					
\angle	Full Name /Look First Middle Livi N								
٨	Full Name (Last, First, Middle Initial)			Data of Dishuraamant					
Α.	Doctor Emily Cunningham MD			Date of Disbursement					
	Mailing Address 00717			M M / D D / Y Y Y Y					
	Mailing Address 3651 Parkers Mill Road			12 16 2013					
	City	State Zip Code							
	Lexington	KY 40513		Transaction ID : SB21B.5341					
	Purpose of Disbursement	40010							
	In-kind - Food and supplies for KPPAC Fundraiser			Amount of Each Disbursement this Period					
	Candidate Name			Since of Each Biodulotticity with 1 cited					
	Canada Hamo		Category/	412.91					
	Office Sought: House Disbursen	ment For:	Туре						
	Senate Dispurser	Primary General							
	President								
	State: District:	Other (specify) ▼							
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ь	Full Name (Last, First, Middle Initial)			Data of Dishumannant					
В.	Doctor Larry Cunningham MD			Date of Disbursement					
	Mailing Address and D			M M / D D / Y Y Y Y Y					
	Mailing Address 3651 Parkers Mill Road			12 16 2013					
	City	Ctata 7in Carla							
	•	State Zip Code KY 40513		Transaction ID : SB21B.5342					
	Lexington Purpose of Disbursement	40010							
	In-kind - Food and Supplies for KPPAC Fundraiser			Amount of Each Disbursement this Period					
	Candidate Name		السبيا	or Each Biodifformatic that I allow					
	Canada Hamo		Category/	412.90					
	Office Sought: House Disbursen	nent For:	Туре						
	Senate	Primary General							
	President State: District:	Other (specify) ▼							
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Ú.	Kentucky Medical Association (KM	A)		Date of Disbursement					
	AL W. All			M M / D D / Y Y Y Y Y					
	Mailing Address 4965 US Hwy 42			07 15 2013					
	Suite 2000	Otata 7:- 01-							
	•	State Zip Code KY 40222		Transaction ID : SB21B.5290					
	Louisville Purpose of Disbursement	KY 40222							
	Administrative Fee		001	Amount of Fool Bill					
	Candidate Name			Amount of Each Disbursement this Period					
	Canadate Name		Category/	604.00					
	Office Cought: Have	mont For	Туре						
	Office Sought: House Disbursen								
	Senate	Primary General							
	President	Other (specify) ▼							
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				4400.04					
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SCHEDULE B (FEC Form 3X)		FOR LINE	IE NUMBER: PAGE 26 OF 36				
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NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PA	C(Kentucky Physicia	ans PAC Fe	ederal-KPPAC F	ederal)			
Full Name (Last, First, Middle Initial)							
A. Kentucky Medical Association (KI	ЛA)		Date of Disburseme	ent			
Mailing Address 4965 US Hwy 42			07 15	2013			
Suite 2000 City	State Zip Code						
Louisville	KY 40222		Transaction ID : S	SB21B.5291			
Purpose of Disbursement Postage, Printing, Labels		001	Amount of Each Di	sbursement this Period			
Candidate Name		Category/					
		Type		2596.31			
	ement For:						
Senate President	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. Kentucky Medical Association (Kl	MA)		Date of Disburseme	_			
Mailing Address 4965 US Hwy 42			08 15	2013			
Suite 2000				20,0			
City Louisville	State Zip Code KY 40222		Transaction ID:	SB21B.5294			
Purpose of Disbursement	10000						
Administrative Fee		001	Amount of Each Di	sbursement this Period			
Candidate Name		Category/ Type		604.00			
Office Sought: House Disburs	ement For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial) C. Kentucky Medical Association (KI	Λ Δ \		Date of Disburseme	ent			
1 Remacky Wedical Association (Ki	ид		M M / D D	/ Y Y Y Y			
Mailing Address 4965 US Hwy 42 Suite 2000			08 15	2013			
City	State Zip Code		Transaction ID : \$	SR21R 5295			
Louisville Purpose of Disbursement	KY 40222						
Postage, Website Hosting		001	Amount of Each Di	sbursement this Period			
Candidate Name		Category/ Type		230.87			
Office Sought: House Disburs	ement For:	215-5					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				3431.18			
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SCHEDULE B (FEC Form 3X)		PAGE 27 OF 36		
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NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PA	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KN	1A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			09 15	2013
City	State Zip Code		Transaction ID : S	SR21R 5208
Louisville	KY 40222		Transaction is . (55215.0200
Purpose of Disbursement Administrative Fee		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		604.00
Office Sought: House Disburse	ment For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Kontucky Modical Association (KN	1		Date of Disburseme	ant
B. Kentucky Medical Association (KN	nA)		M M / D D	/
Mailing Address 4965 US Hwy 42 Suite 2000			09 19	2013
City	State Zip Code		Towns of the ID (2D04D 5000
Louisville	KY 40222		Transaction ID:	SB21B.5299
Purpose of Disbursement Riboons for Annual Meeting		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		112.57
Office Sought: House Disburse	ment For:	71	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	• • \		Data of Dialaman	
C. Kentucky Medical Association (KM	IA)		Date of Disburseme	_
Mailing Address 4965 US Hwy 42			09 19	2013
Suite 2000				
City	State Zip Code		Transaction ID : S	SB21B 5300
Louisville Purpose of Disbursement	KY 40222			
Padded Envelopes		001		
Candidate Name			Amount of Each Di	sbursement this Period
		Category/ Type		66.70
Office Sought: House Disburse	ment For:	,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional).				783.27
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 28 OF 36
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NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KM	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			10 15	2013
,	State Zip Code		Transaction ID:	SB21B.5302
Louisville Purpose of Disbursement	KY 40222		Transaction 12 T	321310002
Administrative Fee		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type	-	604.00
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Kentucky Medical Association (KM	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			10 22	2013
Louisville	State Zip Code KY 40222		Transaction ID : \$	SB21B.5303
Purpose of Disbursement Copies, Printing, Annual Meeting Room Rental and	Lunch	001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		1194.42
Office Sought: House Disburser	nent For:			
Senate	Primary General			
State: President District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			D . (D: I	
C. Kentucky Medical Association (KM	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			11 15	2013
	State Zip Code KY 40222		Transaction ID : \$	SB21B.5305
Purpose of Disbursement Administrative Fee	40222			
Candidate Name		001 Category/ Type	Amount of Each Di	sbursement this Period 604.00
Office Sought: House Disburser	nent For:	.,,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				2402.42
TOTAL This Period (last page this line number only)		·····•		

S	CHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:		PAGE 29 OF 36
IT	EMIZED DISBURSEMENTS	Use separate schedule((check only	-		
		for each category of the Detailed Summary Page		X 21b	22	23	24 25 26
_				27	28a	28b	28c 29 30b
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\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	Kentucky Medical Association PAC	(Kentucky Physic	ians	PAC Fee	deral-K	PPAC F	Federal)
_	Full Name (Last, First, Middle Initial)						
Α.	Kentucky Medical Association (KM.	A)			Date of	Disbursem	ent / Y Y Y Y Y
	Mailing Address 4965 US Hwy 42 Suite 2000				11	22	2013
	,	State Zip Code			Transa	action ID :	SB21B.5306
	Louisville Purpose of Disbursement	KY 40222					
	Newsletter Printing, Postage, Copies Candidate Name		1[001	Amount	of Each D	isbursement this Period
			(Category/ Type			138.99
		nent For: Primary General Other (specify)					
	State: District:	•					
	Full Name (Last, First, Middle Initial)						
В.	Kentucky Medical Association (KM	A)			Date of	Disbursem	ent
	Mailing Address 4965 US Hwy 42 Suite 2000				12	15	2013
	Louisville	State Zip Code KY 40222			Transa	action ID :	SB21B.5308
	Purpose of Disbursement Administrative Fee		Г	001	Amount	of Each D	isbursement this Period
	Candidate Name			Category/ Type			604.00
	Office Sought: House Disbursen	nent For:					
		Primary General					
	President State: District:	Other (specify) ▼					
C.	Full Name (Last, First, Middle Initial) PNC Bank				Date of	Disbursem	ent
					M M	/ D D	/ Y Y Y Y Y
	Mailing Address 2500 Lime Kiln Lane				07	31	2013
	,	State Zip Code KY 40222			Transa	action ID :	SB21B.5293
	Purpose of Disbursement						
	Credit Card Processing Fees		↓ L	001	Amount	of Each D	isbursement this Period
	Candidate Name		(Category/ Type			27.50
	Office Sought: House Disbursen	nent For:					
		Primary General					
		Other (specify) ▼					
	State: District:						
s	SUBTOTAL of Disbursements This Page (optional)			·····•		-,-	770.49
1	OTAL This Period (last page this line number only)			·····•			

S	CHEDULE B (FEC Form 3X)			FC	DR L	INE	NUMBER	1:			PAGE	30	OF	36
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			Summary Page		×	21b 27	22 28a		23 28b	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	4 8c	25 29		26 30b
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)													
$ \rangle$	Kentucky Medical Association PAC	(Kentud	cky Physicia	ans P	AC	Fe	deral-l	KPF	PAC	Fed	leral)		
_	Full Name (Last, First, Middle Initial)						_							
Α.	PNC Bank						Date o	of Dis						
	Mailing Address 2500 Lime Kiln Lane						08		31	_		2013	Y	
	,	State	Zip Code				Trans	sacti	on ID :	SB2	1B.52	97		
	Louisville Purpose of Disbursement	KY	40222											
	Credit Card Processing Fee			0	01		Amour	nt of	Each [Disbur	rseme	nt this	Perio	d
	Candidate Name			Cate		//						2	7.50	П
	Office Sought: House Disbursen	nent For:		Ту	/pe				7		7			
		Primary	General											
		Other (spe	cify) ▼											
_	State: District: Full Name (Last, First, Middle Initial)													—
В.	PNC Bank						Date of	of Dis	burser	nent				
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	Mailing Address 2500 Lime Kiln Lane						09	_	30)	<u></u>	2013	Ш	
	City S Louisville	State KY	Zip Code 40222				Tran	sacti	on ID	: SB2	1B.53	01		
	Purpose of Disbursement				-	_								
	Credit Card Processing Fee Candidate Name			0	01		Amour	nt of	Each I	Disbur	rseme	nt this	Perio	d
	Candidate Name			Cate Ty	egory /pe	//	L		,		,	2	7.50	
	Office Sought: House Disbursen													
		Primary Other (spe	General											
	State: District:	Other (spec	City) \blacktriangledown											
_	Full Name (Last, First, Middle Initial)													
C.	PNC Bank						Date o	_						
	Mailing Address 2500 Lime Kiln Lane						10	/	31	_		2013	Υ	
		21-1-	75-0-1											
	,	State KY	Zip Code 40222				Tran	sacti	on ID	SB2	1B.53	04		
	Purpose of Disbursement Credit Card Processing Fee			1.	0.4	7								
	Candidate Name				01	4	Amour	nt of	Each I	Disbur	rseme	nt this	Perio	d
	Canadate Name			Cate Ty	egory /pe	//						2	7.50	
	Office Sought: House Disbursen								,		,			
		Primary Other (spe	General											
	State: District:	Other (spe	City) \blacktriangledown											
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s	UBTOTAL of Disbursements This Page (optional)					•			7		7	82	2.50	
Ι.	OTAL This Deviced (lost normality and him in a more than the second of t					_			-		-			٦
1 1	OTAL This Period (last page this line number only)				•••••				7		7			_

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 31 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC f	Federal)
Full Name (Last, First, Middle Initial)				
A. PNC Bank			Date of Disbursem	
Mailing Address 2500 Lime Kiln Lane			11 30	2013
City	State Zip Code		Transaction ID :	SR21R 5307
Louisville	KY 40222		mansaction ib .	36216.3307
Purpose of Disbursement Credit Card Processing Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		127.45
Office Sought: House Disburse	ment For:	Type		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursem	oont
B. PNC Bank			M M / D D	
Mailing Address 2500 Lime Kiln Lane			12 31	2013
City Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.5311
Purpose of Disbursement	40222			
Credit Card Processing Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		27.50
Office Sought: House Disburser	ment For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	nent
Mailing Address			M M / D D	/ Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:		7	7
Senate	Primary General			
President Pietriet:	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				154.95
TOTAL This Period (last page this line number only))			9054.62

ITEMITED DIODUSCELLENIES	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC			
Full Name (Last, First, Middle Initial)			Date of Dishumanner
A. Alvarado for Sate Senate			Date of Disbursement
Mailing Address 3250 McClure Road			12 18 2013
Winchester	State Zip Code KY 40391		Transaction ID : SB23.5336
Purpose of Disbursement Candidate Support for State Candidate Ralph Alvar	ado	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2013 Primary General Other (specify)	.,,,,	
State: District:			
Full Name (Last, First, Middle Initial) B. Dan Seum for State Senate			Date of Disbursement
Mailing Address 1107 Holly Ave		10 29 2013	
Fairdale	State Zip Code KY 40118		Transaction ID : SB23.5317
Purpose of Disbursement Candidate Support for State Candidate Dan Seum	I	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2013 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. Dennis Keene for State Represent	ative		Date of Disbursement
Mailing Address 1040 Johns hills road			10 31 2013
City	State Zip Code KY 41076		Transaction ID : SB23.5319
Wilder			
Wilder Purpose of Disbursement Candidate Support for State Candidate Dennis Kee	ne	011	Amount of Each Dishurson and this David
Purpose of Disbursement		Category/	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Support for State Candidate Dennis Kee Candidate Name			
Purpose of Disbursement Candidate Support for State Candidate Dennis Kee Candidate Name Office Sought: House Disburser Senate President	ment For: 2013 Primary	Category/ Type	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBETT.
II LIVIIZED DISDUNSLIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
igr angle Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
/		-	, , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Friends of Ryan Quarles			
Mailing Address PO Box 1001			10 31 2013
5 . 5 25			
,	State Zip Code		Transaction ID : SB23.5321
Georgetown	KY 40324		Transaction ID . 3B23.3321
Purpose of Disbursement Candidate Support for State Candidate Ryan Quark	25	011	Amount of Fook Dichurance this Device
Candidate Name	-	011	Amount of Each Disbursement this Period
Canadate Name		Category/ Type	500.00
Office Sought: House Disbursen	nent For: 2013	i ype	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. House Republican Caucus Campa	ign Committee		Date of Disbursement
NA 311 A 1 1			M = M / D = D / Y = Y = Y
Mailing Address PO Box 1068			10 31 2013
City	State Zip Code		
Frankfort	KY 40502		Transaction ID: SB23.5325
Purpose of Disbursement			
Contribution to KEntucky House Republican Caucus	5	011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursen	nent For: 2013	Туре	
	Primary Seneral		
	Other (specify)		
State: District:	(1), •		
Full Name (Last, First, Middle Initial)			
C. Joe Bowen for State Senate			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2031 Fieldcrest Drive			10 31 2013
City	State Zin Code		
•	State Zip Code KY 42301		Transaction ID: SB23.5323
Purpose of Disbursement	.2001		
Candidate Support for State Candidate Joe Bowen		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
		Туре	500.00
	nent For: 2013		
	Primary General		
State: District:	Other (specify) ▼		
State. District.			
SUBTOTAL of Disbursements This Page (optional)			2000.00
CODITION OF DISDUISCING THIS I age (optional)			5 5
TOTAL This Period (last page this line number only).			

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S	CHEDULE B (FEC Form 3X)	Hei	mate astronomic ()	FOR LINE	NUMBER:		PAGE 34	OF 36	
ΙT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 28a	X 23 28b	24 25 28c 25		
	ry information copied from such Reports and Staten for commercial purposes, other than using the name			ed by any perso	on for the p	ourpose of	soliciting contri	ibutions	
\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	(Kentud	cky Physicia	ns PAC Fe	deral-K	PPAC F	ederal)		
_	Full Name (Last, First, Middle Initial)								
Α.	Kentucky Democratic Party Mailing Address PO Box 694				Date of	Disbursem 18	ent / Y Y Y 2013		
	Walling Address FO Box 094				I,Z	10	2013		
	Frankfort	State KY	Zip Code 40602		Transa	action ID :	SB23.5331		
	Purpose of Disbursement Contribution to Kentucky Democratic Party Candidate Name			011	Amount	of Each Di	sbursement thi	is Period	
	Candidate Ivanie			Category/ Type			25	500.00	
	Office Sought: House Senate President State: Disburser	nent For: 2 Primary Other (spe	X General						
_	Full Name (Last, First, Middle Initial)								
В.	Kentucky House Democratic Cauc	us Cam	paign Comn	nittee	Date of	Disbursem	ent	YY	
	Mailing Address PO Box 4204				09 10 2013				
	City S Frankfort Purpose of Disbursement	State KY	Zip Code 40604		Trans	action ID :	SB23.5312		
	Contribution to Kentucky House Democratic Caucus	3		011	Amount	of Each Di	sbursement thi	is Period	
	Candidate Name			Category/ Type		-	25	500.00	
	Senate	nent For: ; Primary Other (spec	X General						
<u>с.</u>	Full Name (Last, First, Middle Initial) Kentucky Senate Democratic Cauc	us Cam	paign Comr	nittee	Date of	Disbursem	ent		
	Mailing Address PO Box 4582				M M	18	2013		
	City S	State KY	Zip Code 40601		Trans	action ID :	SB23.5334		
	Purpose of Disbursement Contribution to Kentucky Senate Democratic Caucu	s							
	Candidate Name			011 Category/ Type	Amount	of Each Di	sbursement thi	is Period 000.00	
	Office Sought: House Senate President State: Disburser	nent For: 2 Primary Other (spec	General	.,,,,,		7			
Г	Siate. District.								
H	UBTOTAL of Disbursements This Page (optional)				ļ.		60	00.00	
ΙΤ	OTAL This Period (last page this line number only)								

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	MIZED DISBURSEMENTS	Use separate schedule(s	FOR LINE (check only	NOMBELL.
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		Dotailed Guillinary 1 age	27	28a 28b 28c 29 30b
	information copied from such Reports and Staten			
	or commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.
l \	IAME OF COMMITTEE (In Full)	V/V and the St. 1.1.	DAG =	devel KDDAC Exclusion
/ K	Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)
<u>/</u>	ull Name (Last, First, Middle Initial)			
	McConnell Senate Committee '14			Date of Disbursement
				M M / D D / Y Y Y Y
M	failing Address PO Box 1496			11 15 2013
<u></u>	ity S	State Zip Code		
	ouisville	KY 40201		Transaction ID : SB23.5326
	urpose of Disbursement			
	Candidate Support for Federal Candidate Mitch Mc	Connell	011	Amount of Each Disbursement this Period
C	andidate Name		Category/	2500.00
$\overline{}$	office Sought: House Disburser	nent For: 2013	Туре	200.00
U		Primary Seneral		
	President	Other (specify)		
S	tate: District:	₹		
F	ull Name (Last, First, Middle Initial)			
B. §	Senate Republican Caucus Campa	aign Committee		Date of Disbursement
_				M M / D D / Y Y Y Y
M	failing Address PO Box 1068			12 18 2013
	ity S	State Zip Code		
	rankfort	KY 40602		Transaction ID : SB23.5332
	urpose of Disbursement			
_	Contribution to the			Amount of Each Disbursement this Period
C	andidate Name		Category/	2500.00
_	office Sought: House Disbursen	nent For:	Туре	7
Ü	Senate	Primary General		
	President	Other (specify) ▼		
S	tate: District:			
F	ull Name (Last, First, Middle Initial)			
C. §	Susan Westrom Campaign Fund			Date of Disbursement
	lailing Address P.O. Box 22778			12 02 2013
IV	ialling Address P.O. Box 22776			12 02 2013
C	ity	State Zip Code		Transaction ID : SB23.5328
	exington	KY 40522		Transaction ID: 3B23.3326
	urpose of Disbursement Candidate Support for State Candidate Susan West	rom	044	
	andidate Name		011	Amount of Each Disbursement this Period
O	andidate Name		Category/ Type	1000.00
ō	Office Sought: House Disburser	nent For: 2013	Турс	
		Primary General		
	President	Other (specify) ▼		
S	tate: District:			
				6000.00
SUI	BTOTAL of Disbursements This Page (optional)		······•	6000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 36 OF 36
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Any information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PA	AC(Kentucky Physicia	ıns PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			Data of Dishuranment
Suzanne Miles for State Represe	entative		Date of Disbursement
Mailing Address PO Box 21592			12 02 2013
City Owensboro	State Zip Code KY 21592		Transaction ID: SB23.5329
Purpose of Disbursement Candidate Support for State Candidate Suzanne	Miles	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	250.00
Senate President	sement For: 2013 Primary ☐ General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
).			Date of Disbursement
Mailing Address			M - M / D - D / Y - Y - Y - Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	sement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	250.00
TOTAL This Period (last page this line number or	ıly)	·····	17250.00