

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2012

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 David R. Watkins

Signature of Treasurer

David R. Watkins

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 12 2012

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  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">70145.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">70145.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">18090.62</span>	<span style="border: 1px solid black; padding: 2px;">18090.62</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">88235.62</span>	<span style="border: 1px solid black; padding: 2px;">88235.62</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8205.29</span>	<span style="border: 1px solid black; padding: 2px;">8205.29</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">80030.33</span>	<span style="border: 1px solid black; padding: 2px;">80030.33</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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
0	1		0	1		2	0	1	2

To:

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

**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).....

7550.00

7550.00

(ii) Unitemized .....

9035.00

9035.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

16585.00

16585.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1500.00

1500.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ..... ►

18085.00

18085.00

## 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

0.00

## 17. Other Federal Receipts

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

5.62

5.62

## 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))..... ►

18090.62

18090.62

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

18090.62

18090.62

# **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 .....	8205.29	8205.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8205.29	8205.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
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)) ..	8205.29	8205.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8205.29	8205.29

**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) .....	18085.00	18085.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18085.00	18085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	8205.29	8205.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	8205.29	8205.29

# **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)

PAGE 6 OF 15

☒ 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 David J. Bensema MD**

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2012

**Transaction ID : SA11AI.4369**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Doctor Marian E. Bensema MD**

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pathology & Cytology Labs

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2012

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period

500.00

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: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period

500.00

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

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

1500.00

# **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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☒ 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 John P. Eldridge MD**

Mailing Address 534 Fincastle Lane

City

State

Zip Code

Ft. Wright

KY

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Elizabeth

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 14 / 2012

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Doctor Philip J. Feitelson MD**

Mailing Address 6014 Innes Trace

City

State

Zip Code

Louisville

KY

40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Philip J. Feitelson MD

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2012

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Doctor Gregory Gleis MD**

Mailing Address 531 Primrose Way

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: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 07 / 2012

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

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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: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2012

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period

500.00

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: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2012

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **c. Doctor Christopher A. Heeb MD**

Mailing Address 665 Braddock Court

City State Zip Code  
Edgewood KY 41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Elizabeth Physicians

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2012

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period

500.00

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

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

2000.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☒ 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 Maria E. Manion MD**

Mailing Address 8507 Westover Drive

City Prospect State KY Zip Code 40059

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 15 / 2012

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Kevin Martin MD**

Mailing Address 5788 Brookstone Dr

City Cincinnati State OH Zip Code 45230-3596

FEC ID number of contributing federal political committee.

C

Name of Employer

The Cranley Surgical Associates

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Doctor James W. Matthews MD**

Mailing Address 53 Avenue of Champions

City Nicholasville State KY Zip Code 40356

FEC ID number of contributing federal political committee.

C

Name of Employer

James W. Matthews

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 15 / 2012

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period

300.00

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

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

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 15  
(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. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City	State	Zip Code
Taylor Mill	KY	41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Internal Medicine of Northern KY

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Doctor Ira B. Potter MD**

Mailing Address PO Box 190

City	State	Zip Code
Lackey	KY	41643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

500.00

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

1050.00

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

# **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  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. Doctor Bradley T. Rankin MD</b></p> <p>Mailing Address 12 Margaret Court</p> <p>City Paducah State KY Zip Code 42001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Family Allergy &amp; Asthma Occupation Allergist</p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 22 / 2012</p> <p><b>Transaction ID : SA11AI.4431</b></p> <p>Amount of Each Receipt this Period  300.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Doctor Mark J. Zalla MD</b></p> <p>Mailing Address 1018 Colina Drive</p> <p>City Villa Hills State KY Zip Code 41017</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Dermatology Associates of Northern KY, Occupation Physician</p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 07 / 2012</p> <p><b>Transaction ID : SA11AI.4357</b></p> <p>Amount of Each Receipt this Period  500.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		800.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		7550.00

# **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)

PAGE 12 OF 15

☐ 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

Crestview Hills

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2012

Transaction ID : SA11C.4509

Amount of Each Receipt this Period

1500.00

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  
☐ Other (specify) ▼

☐ General

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  
☐ Other (specify) ▼

☐ General

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)..... ►

1500.00

1500.00

**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 13 OF 15

☒ 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	1			1	8			2	0	1	2		

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse Tax Expense, Annual Meeting Expenses, and Printing of  
Letterhead ExpenseCandidate Name  
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

001

Category/  
Type**Transaction ID : SB21B.4297**

Amount of Each Disbursement this Period

3190.69

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ 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	2			1	6			2	0	1	2		

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
February Administration FeeCandidate Name  
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

001

Category/  
Type**Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

444.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ 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	2			1	6			2	0	1	2		

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse for Website Update ExpenseCandidate Name  
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

001

Category/  
Type**Transaction ID : SB21B.4302**

Amount of Each Disbursement this Period

40.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

3674.69

<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)

Three date pickers are shown, each with a label above it: 'MM', 'DD', and 'YYYY'. The first picker shows '03', the second shows '15', and the third shows '2012'. Each picker has a grid of numbers or letters above the input field.

001

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

02 / 29 / 2012

001

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '02' with two squares above it. The second display shows '29' with two squares above it. The third display shows '2012' with four squares above it.

001

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

3194.00

FEC Schedule B (Form 3X) Rev. 02/2003

**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 15 OF 15

☒ 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. Mountjoy Chilton Medley**Mailing Address 2000 Meidinger Tower  
462 S Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Audit Progress Billing #3Candidate Name  
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012**Transaction ID : SB21B.4510**

Amount of Each Disbursement this Period

1075.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1075.00

7943.69