01/15/2008 14:44

Image# 28990051014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An Au	thorized Com	mittee	C	Office Use Only
NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🗑	Example:If over the line			
	ssociation PAC (Kentucky Physicians I	PAC Federal-KPP			
					1 1 1 1 1	
ADDRESS (number and s	street) L	5 US Highway 42				
Check if differe than previously reported. (ACC	ent Loui	isville			KY L	40222
2. FEC IDENTIFICAT	ION NUMBER	▼ C	ITY 🛕		STATE	ZIPCODE 🛕
C00016444			IS THIS REPORT	NEW (N) OR	AMEI (A)	NDED
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election) (MY)	(c) 12-Day PRE-Election Report for the: Elect (d) 30-Day Post -Election Report for the:	eb 20 (M2) ar 20 (M3) or 20 (M4) Primary Convertion on General tion on	ntion (12C)	Aug 20 Sep 20 Oct 20 General (12) Special (12) Runoff (30R	Year Only) Dec 20 (M12 (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R) G) in the State of
5. Covering Period	07	01 2007	thro	ugh 12	31	2007
I certify that I have exami Type or Print Name of To	,	and to the best of my k san Bornstein	nowledge and belie	ef it is true, correct	and complete.	
Signature of Treasurer	Electronically F	-			Date 0 1	1 4 2 0 0 8
NOTE : Submission of fa	alse, erroneous, o	or incomplete informati	on may subject the	e person signing th	nis Report to the pe	enalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

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) " D " D 0 7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 34085.36 Ž007 January 1 (b) Cash on Hand at 18337.39 Begining of Reporting Period 38728.71 74094.39 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 57066.10 108179.75 6(a) and 6(c) for Column B) 31286.11 81799.76 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25779.99 26379.99 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed 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)

м м 0 7 0^D1 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 27101.00 11901.00 (i) Itemized (use Schedule A) 26660.24 45210.24 (ii) Unitemized (iii) TOTAL (add 38561.24 72311.24 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 38561.24 72311.24 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 1340.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 167.47 443.15 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 38728.71 74094.39 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 38728.71 74094.39 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENT	S	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Fe 			
Activity (from Schedule		0.00	0.00
(i) Federal Share		0.00	0.00
(ii) Non-Federal Share	9	0.00	0.00
(b) Other Federal Operation	·	20353.25	58426.90
Expenditures(c) Total Operating Expend		2000.20	00 120.00
(add 21(a)(i), (a)(ii) and		20353.25	58426.90
2. Transfers to Affiliated/Other		0500.00	22020.00
Committees 3. Contributions to		9590.00	22030.00
Federal Candidates/Commit and Other Political Committee	ees	0.00	0.00
 Independent Expenditure (use Schedule E) 		0.00	0.00
Coordinated Expenditures M	ade by Party	0.00	0.00
Committees (2 U.S.C. 441a (use Schedule F)	<u> </u>	0.00	0.00
6. Loan Repayments Made		0.00	0.00
7. Loans Made		0.00	0.00
 Refunds of Contributions To (a) Individuals/Persons Otl 			
Than Political Committee		600.00	600.00
(b) Political Party Committee		0.00	0.00
(c) Other Political Committ (such as PACs)		0.00	0.00
(d) Total Contribution Refu			
(add Lines 28(a), (b), a	nd (c))	600.00	600.00
9. Other Disbursements		742.86	742.86
0. Federal Election Activity (2 l	J.S.C 431(20))		
(a) Shared Federal Election	Activity		
(from Schedule H6) (i) Federal Share		0.00	0.00
		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity With Federal Funds	,	0.00	0.00
(c) Total Federal Election A Lines 30(a)(i), 30(a)(ii)		0.00	0.00
<u> </u>	00(D)//····		
1. Total Disbursements (add L	ines 21(c), 22,	0100011	0.1700 70
23, 24, 25, 26, 27, 28(d), 29	and 30(c))	31286.11	81799.76
2. Total Federal Disbursemen	ts		
(subtract Line 21(a)(ii) and		0100011	21-22-5
from Line 31)		31286.11	81799.76

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)	38561.24	72311.24
34.	Total Contribution Refunds (from Line 28(d))	600.00	600.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	37961.24	71711.24
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20353.25	58426.90
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1340.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	20353.25	57086.90

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and add	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Kendall E. Hansen, Md Mailing Address 2028 River Vista Ct City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Interventional Pain Specialist Receipt For: Primary General Other (specify)	, '	Zip Code 41017 n loyed physician Year-to-Date 1000.00	Date of Receipt M M M O 7 O 9 2 0 0 7 Transaction ID: AA50F5AEF563E41B489 Amount of Each Receipt this Period 1000.00 2007 kppac contribution
В.	Full Name (Last, First, Middle Initial) Uday V. Dave Mailing Address 807 Shamrock Dr City Madisonville FEC ID number of contributing federal political committee. Name of Employer Trover Clinic Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AEC0A312660C548939E Amount of Each Receipt this Period 100.00 2 kppac dinner tickets
	Full Name (Last, First, Middle Initial) Ross McHenry, Md Mailing Address 219 Farmington City Lakeside Park FEC ID number of contributing federal political committee. Name of Employer Tri-State Gastroenterology Associates Receipt For: Primary General Other (specify)	, '	Zip Code 41017 n loyed physician Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AE27951B2AD6143B289 Amount of Each Receipt this Period 500.00 07 contribution
	SUBTOTAL of Receipts This Page (optional)			1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (kg)	e name and addr	ess of any political committee t	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Nancy C. Swikert, Md Mailing Address 10003 Country Hill Ct City Union FEC ID number of contributing federal political committee. Name of Employer Patient First Phys West-Union Receipt For: Primary General Other (specify)	State KY C Occupation Physician	Zip Code 41091 ✓ear-to-Date ▼ 500.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) William L. Shuffett Mailing Address 212 Industrial Dr Suite City Greensburg FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State KY C Occupation Physician	Zip Code 42743-1128 /ear-to-Date ▼	Date of Receipt M M M
с.	Full Name (Last, First, Middle Initial) K. Eric Ruby Mailing Address 76 N. Linnwood Dr City Somerset FEC ID number of contributing federal political committee. Name of Employer Commonwealth Urology PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate	Zip Code 42501 ✓ear-to-Date ▼	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Donald J. Swikert Mailing Address 10003 Country Hill Ct			Date of Receipt 0 7
	City	State	Zip Code	Transaction ID: A0605DDE00E9440E09A
	Union FEC ID number of contributing federal political committee.	C	41091-9774	Amount of Each Receipt this Period 1000.00
	Name of Employer Donald J. Swikert, MD	Occupatio		O7 contribution
	Receipt For: Primary General Other (specify) ▼	Physicia Aggregate	e Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) David E. Jones Mailing Address 1402 Hunting Creek D	r		Date of Receipt
	City	State	Zip Code	0 8 2 1 2 0 0 7 Transaction ID: A6AE177DA70EF4D278D
	Owensboro	KY	42303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Physicians Eye Center	Occupation Informat	n ion Requested	2007 contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) John R. White			Date of Receipt
-	Mailing Address 1218 Summitt Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: AD2879599CD354BB285
	Lexington	KY	40502-2273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Pulmonary Associates	Occupation Physicia		2007 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Rolando M. Puno Mailing Address 5956 Timber Ridge Dr City Prospect FEC ID number of contributing federal political committee. Name of Employer Spine Institute PSC Receipt For:	State KY C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A672D47B357B447F99C1 Amount of Each Receipt this Period 500.00 2007 contribution
- B.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Uday V. Dave	0 0	500.00	Date of Receipt
	Mailing Address 807 Shamrock Dr City Madisonville FEC ID number of contributing federal political committee. Name of Employer Trover Clinic Receipt For: Primary General Other (specify) ▼	State KY C Occupation Physician Aggregate		Transaction ID: A2AB1DF1FC8494E7AA17 Amount of Each Receipt this Period 251.00 2007 additional contribution
C.	Full Name (Last, First, Middle Initial) S. Diane Park Mailing Address 11299 Ross Ct City Union FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State KY C Occupation Homema Aggregate		Date of Receipt M M M / D D / 2007 Transaction ID: A870CD9E8C6EB47B5B8 Amount of Each Receipt this Period 150.00 2007 addl contribution
	SUBTOTAL of Receipts This Page (optional)			901.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (kg)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ronald S. Dubin Mailing Address 705 N. 12 St City Middlesboro FEC ID number of contributing federal political committee. Name of Employer Dubin Orthopedic Center Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AF4E32F58474C4E59BC Amount of Each Receipt this Period 300.00 2007 Contribution
В.	Full Name (Last, First, Middle Initial) Anir Dhir Mailing Address 751 The Grange Ln City Lexington FEC ID number of contributing federal political committee. Name of Employer Dermatology Associates of KY PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AE47E117423374A13AB Amount of Each Receipt this Period 500.00 2007 addl contribution
- C.	Full Name (Last, First, Middle Initial) Joseph F. Haas, Md Mailing Address 36 Rio Vista Dr City Fort Thomas FEC ID number of contributing federal political committee. Name of Employer Head & Neck Surgery Associates PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A99F459E2002B44D2B6 Amount of Each Receipt this Period 150.00 2007 addl contribution
	SUBTOTAL of Receipts This Page (optional) .			950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) William E. Trent Mailing Address 2138 Foxtail Dr City Lagrange FEC ID number of contributing federal political committee. Name of Employer Bluegrass Women's Center PLLC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A6A5ED2EE8D304466A8 Amount of Each Receipt this Period 300.00 2007 contribution
В.	Full Name (Last, First, Middle Initial) Richard E. Park, Md Mailing Address 11299 Ross Ct City Union FEC ID number of contributing federal political committee. Name of Employer Independent Anesthesiologists PSC Receipt For: Primary General Other (specify)	, '	Zip Code 41091 n loyed physician Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A8B92FD0CB83342619B Amount of Each Receipt this Period 300.00 2007 addl contribution
 C.	Full Name (Last, First, Middle Initial) K. John Yun Mailing Address 914 Winchester Blvd City Elizbethtown FEC ID number of contributing federal political committee. Name of Employer Wolf and Yun Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any persong the name and address of any political committee of PAC (Kentucky Physicians PAC Federal-KPPA)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Orville J. Stein, Md Mailing Address 475 Goodin Rd City Somerset FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code KY 42503-4818 C Occupation Retired Physician Aggregate Year-to-Date 300.00	Date of Receipt 10 / 01 / 2007 Transaction ID: A93F1E08B99CB4BAAE Amount of Each Receipt this Period 300.00 2007 contribution
Full Name (Last, First, Middle Initial) Emily Cameron Mailing Address 780 Joe Lewis F City Somerset FEC ID number of contributing federal political committee. Name of Employer Lake Cumberland Cardiovascular Assoc Receipt For: Primary General Other (specify)	State Zip Code KY 42503 C Occupation RN Aggregate Year-to-Date 1000.00	Date of Receipt 10 24 2007 Transaction ID: AE96A50F0FC4443A59 Amount of Each Receipt this Period 1000.00 2007 contribution
Full Name (Last, First, Middle Initial) Bill H. Harris, MD Mailing Address 107 Primrose L City Pikeville FEC ID number of contributing federal political committee. Name of Employer Pikeville Med Ctr Receipt For: Primary General Other (specify)	State Zip Code KY 41501 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (op	ional)	2300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ronald J. Wurth, Md Mailing Address 414 Deerlake Rd City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Elizabethtown Radiology PSC Receipt For: Primary General Other (specify)	State KY C Occupatio Physicia Aggregate		Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Mary Jo Ratliff, Md Mailing Address PO Box 1347 City Pikeville FEC ID number of contributing federal political committee. Name of Employer Eastern KY Anesthesia & Pain Managemen Receipt For: Primary General Other (specify)	State KY C Occupation Physicia Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Eric W. Neils Mailing Address 904 Squire Oaks Dr City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Radiology Associates of Northern KY Receipt For: Primary General Other (specify)	State KY C Occupation Physicia Aggregate		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)			1150.00
	TOTAL This Period (last page this line number	only)		11901.00

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
NAME	nation copied from such Reports and mercial purposes, other than using the OF COMMITTEE (In Full) cky Medical Association PAC (on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na PNC B Mailing City Louis FEC ID federal Receip	wille O number of contributing political committee. The state of the	State KY C	Zip Code 40222-6240	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 8 2 0 0 7 Transaction ID: A6C8D38367F824208A28 Amount of Each Receipt this Period 2.11 Interest payment
Full Na PNC B	Other (specify) Ime (Last, First, Middle Initial) ank Address 2500 Lime Kiln Lane	State KY	Zip Code 40222-6240	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name o	onumber of contributing political committee. of Employer It For: Orimary General Other (specify)	Occupation Aggregate	n Year-to-Date ▼ 223.79	Interest payment
PNC Barriage Mailing City Louist FEC ID federal Name of Feceip	Address 2500 Lime Kiln Lane ville number of contributing political committee. of Employer	State KY C Occupation Aggregate	Zip Code 40222-6240 n • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AD097C01A835B41EBAE Amount of Each Receipt this Period 4.06 Interest Payment
SUBTOT	AL of Receipts This Page (optional)			29.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Reports and Sortion PAC)			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 Year-to-Date ▼ 253.27	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A92B8DE3189AA4D1A81 Amount of Each Receipt this Period 25.42 Interest Payment
В.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 Year-to-Date ▼ 279.61	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A0E94D8310E79438F83F Amount of Each Receipt this Period 4.44 Interest
c .	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	51.76

A.

В.

			1
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	(Kentucky Phy	sicians PAC Federal-KPPA	C Federal)
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lan	e		Date of Receipt 1 2 3 1 2 0 0 7
City Louisville	State KY	Zip Code 40222-6240	Transaction ID: A5AF7EBD5A7A64CB18F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TOLLE OLTO	21.61
Name of Employer	Occupation	n	Interest Payment
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.66	
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lan			Date of Receipt
City	State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: A25DDF673C0C64C9DAC
<u>Louisville</u>	KY	40222-6240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		3.44
Name of Employer	Occupation	n	Interest Payment
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.66	

SUBTOTAL of Receipts This Page (optional)	•	25.05
TOTAL This Period (last page this line number only)	•	106.80

SCHEDIII E B (FEC Form 3Y)

Any Information copied from such Reports and Stat or for commercial purposes, other than using the na	for each category of the Detailed Summary Page	(check only	22 23 24 25 26
or for commercial purposes, other than using the na			28a 28b 28c 29 30b
(IN WILL OF COMMITTEE (III all)			
Kentucky Medical Association PAC (Ken	tucky Physicians PAC Fede	eral-KPPAC F	-ederal)
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BFAB0561EF66B4C2AB Date of Disbursement
Mailing Address 1304 S. 6th St			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 7 \\ 2 & 0 & 0 & 7 \end{bmatrix}$
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Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B9636797D154B4AEC88
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NAME OF COMMITTEE (In Full)										
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American Medical Association PAC					Date	of Disbu	rsement			
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City Washington	State Zip Code DC 20001-7400				Amou	nt of Ea	ch Disbu	ırseme	nt this P	eriod
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Office S	Sought:	House Senate President District:	Disbur	sement For: Primary Other (spe	General ecify) ▼		Туре							
	me (l ast	First, Middle Init						+_			- 500	0054	20150	
	n Joseph		iai)						ate of	ction II Disbur	sement			
Mailing	Address	2083 Bridg	geport Dr						10 M	/ D	08	¥ .2	ž 0 ŏ 7	. *
City Lexing	jton			State KY	Zip Code 40502			A	moun	t of Eac	h Disbu	irseme	nt this F	'eriod
Purpos	e of Disbu	rsement KPPAC dinner ti	icket			Г	•	1 L					50.0	0
Candid	ate Name						ategory/ Type							
Office	Sought:	House Senate President	Disbur	sement For: Primary Other (spe	General ecify) ▼									
State:		District:												
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Any Information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC Full Name (Last, First, Middle Initial)	Detailed Summary Paged Statements may not be sold or u	ge 21b 27 sed by any person	x 28a 28b 28c 29 3
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC			
/			o solicit contributions from such committee
Full Name (Last First Middle Initial)	(Kentucky Physicians PAC F	ederal-KPPA	C Federal)
Uday V. Dave			Transaction ID: B45CE9F6131FE4985 Date of Disbursement 10 0 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Mailing Address 807 Shamrock Di	•		
City Madisonville	State Zip Code KY 42431-86	46	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner tickets			100.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al	
Full Name (Last, First, Middle Initial) Richard S. Miles, Md			Transaction ID: B68ADCB5FEF774AF Date of Disbursement
Mailing Address 124 Dowell Rd Su	uite 6		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Russell Springs	State Zip Code KY 42642-42	80	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket			50.00
Candidate Name		Category/ Type	-
Office Sought: Senate President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al	
Full Name (Last, First, Middle Initial) Jan Crase			Transaction ID: B29687E0874A647EE Date of Disbursement
Mailing Address 99 Little Creek Ro	i		M M / D B / Y 2 0 0 7 Y
City Somerset	State Zip Code KY 42503-46	73	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket			50.00
Candidate Name		Category/ Type	1
Senate President	Disbursement For: Primary Gener Other (specify) ▼	al	
State: District:			200.00

S	CHEDULE B (FEC Form 3)	Use separate so	chedule(s) FOR LINE	NUMBER: PAGE 27 / 28
_	TEMIZED DISBURSEMENT	for each catego Detailed Summ	ry of the ary Page 21b 27	22 23 24 25 26 X 28a 28b 28c 29 30b
	ny Information copied from such Reports ar r for commercial purposes, other than using			
	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	(Kentucky Physicians	PAC Federal-KPPAC	Federal)
	Full Name (Last, First, Middle Initial)			Transaction ID: B16ADF851C48F45DBB4
A.	James D. Crase			Date of Disbursement
	Mailing Address 99 Little Creek Ro	j		10 M / D 0 B / Y 2 0 0 7 Y
	City Somerset	State Zip 0 KY 425	Code 03-4673	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund for KMA/KPPAC dinner ticket			50.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (specify)	General	
В.	Full Name (Last, First, Middle Initial) James E. Carter, Md			Transaction ID: B9A66C308387F4427877 Date of Disbursement
	Mailing Address 805 N. Main St			10 0 8 7 2 0 0 7
	City Tompkinsville	State Zip 0 KY 421	Code 67-1002	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund for KMA/KPPAC dinner ticket			50.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary Other (specify)	General	
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	100.00
TOTAL This Period (last page this line number only)	•	600.00

A.

В.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky)	ucky Physicians PAC Fede	eral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial) Aristotle International, Inc.			Transaction ID: B28AD239D18284E5D84 Date of Disbursement
Mailing Address Accounting Dept 205 Pennsylvannia Ave,	SE		1 1 M M M M M M M M M M M M M M M M M M
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement PAC Software Training Expense (Inv#06081			621.20
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) PNC Bank			Transaction ID: B2F60858A55FD4289BF Date of Disbursement
Mailing Address 2500 Lime Kiln Lane			$\begin{bmatrix} 1 & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 2 & 0 & 0 & 7 \end{bmatrix}$
City Louisville	State Zip Code KY 40222-6240		Amount of Each Disbursement this Period
Purpose of Disbursement Interest Adjustment Debit Effective 11/3			0.03
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disburs Disburs District:	ement For: 2008 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	621.23
TOTAL This Period (last page this line number only)	•	621.23