

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

Check if different than previously reported. (ACC) Suite 2000

Louisville KY 46220 -

2. FEC IDENTIFICATION NUMBER ▼ C C00016444 CITY ▲ STATE ▲ KY ZIP CODE ▲ 46220

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M M / D D D / Y Y 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 11 / 06 / 2012 in the State of

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 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 12 / 04 / 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.

**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)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="70145.00"/>	<input type="text" value="70145.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50283.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7976.30"/>	<input type="text" value="45334.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="58259.83"/>	<input type="text" value="115479.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1023.00"/>	<input type="text" value="58242.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57236.83"/>	<input type="text" value="57236.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

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).....	6425.00	27950.00
(ii) Unitemized	1550.00	15870.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7975.00	43820.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7975.00	45320.00
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.).....	1.30	14.31
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))..... ▶	7976.30	45334.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7976.30	45334.31

DETAILED SUMMARY PAGE
of Disbursements

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	23.00	8229.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23.00	8229.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
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	1000.00	44012.74
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)) ..	1023.00	58242.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1023.00	58242.48

DETAILED SUMMARY PAGE
of Disbursements

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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)	7975.00	45320.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7975.00	45320.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23.00	8229.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23.00	8229.74

**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 14
<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

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)

A. Doctor Ralph Alvarado MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3520 McClure Road
 City Winchester State KY Zip Code 40391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Medical Associates Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : SA11AI.4882
 Amount of Each Receipt this Period
 100.00

B. Doctor C. William Briscoe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 Scuffletown Road
 City Corbin State KY Zip Code 40701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corbin Psychiatric & Counseling Serv Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4832
 Amount of Each Receipt this Period
 500.00

C. Doctor Lauren DeMoreno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Crocus Street
 City Lexington State KY Zip Code 40511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Doctor Kenneth J.S. DeSimone MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 180
 City Greensburg State KY Zip Code 42743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green County Primary Care Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4838
 Amount of Each Receipt this Period
 300.00

B. Doctor James Michael Francis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3824 Wyse Square
 City Lexington State KY Zip Code 40510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lexington Nephrology Associates Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4839
 Amount of Each Receipt this Period
 250.00

C. Doctor Gregory Gleis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 531 Primrose Way
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4840
 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)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial) A. Doctor Linda Gleis MD		Date of Receipt
Mailing Address VAMC PM & R (117) 800 Zorn Ave		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Louisville	KY	40206
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4841
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Doctor Philip Hurley MD		Date of Receipt
Mailing Address 4171 Troy Baril Pl		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Owensboro	KY	42303
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4844
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Orthopaedic & Sports Medicine Owensbor	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Doctor John Johnstone MD		Date of Receipt
Mailing Address 793 Eastern Byp Ste 201		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	KY	40475
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4883
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="625.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)

A. Dr. Michael Kirkwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1354 Williams Road
 City Hebron State KY Zip Code 41048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Occupation OB/GYN Specialists of Northern Kentuck
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period
 300.00

B. Doctor Robert D. Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Spring Bank Drive
 City Owensboro State KY Zip Code 42303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEP-America Occupation Physician
 Receipt For: 2012 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : SA11AI.4876
 Amount of Each Receipt this Period
 150.00

C. Doctor R. Wathen Medley Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Frederica Street
 City Owensboro State KY Zip Code 42301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Physician
 Receipt For: 2012 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. Doctor Kevin O'Koon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 Burnham Place
 City Prospect State KY Zip Code 40059
 Name of Employer Baptist Surgical Associates - O'Koon D
 Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : SA11AI.4878
 Amount of Each Receipt this Period
 300.00

B. Doctor Richard E. Park MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11299 Ross Court
 City Union State KY Zip Code 41091
 Name of Employer Independent Anesthesiologists PSC
 Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4854
 Amount of Each Receipt this Period
 275.00

C. Mrs. S. Diane Park MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11299 Ross Court
 City Union State KY Zip Code 41091
 Name of Employer Homemaker
 Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.4856
 Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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)	PAGE 11 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial) A. Doctor Ira B. Potter MD		Date of Receipt
Mailing Address PO Box 190		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lackey	KY	41643
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4881
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Doctor Michael Springer MD		Date of Receipt
Mailing Address 803 Towner Pl		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Louisville	KY	40223
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4865
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Medical Center Cardiologists	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Doctor Donald Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Union	KY	41091
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4860
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="875.00"/>
Name of Employer	Occupation	
St Elizabeth Family Practice Residency	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 14
(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)

A. Doctor Nancy Swikert MD
Full Name (Last, First, Middle Initial)
Mailing Address 10003 Country Hills Ct
City Union State KY Zip Code 41091
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Elizabeth Physicians Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.4859
Amount of Each Receipt this Period
875.00

B. Doctor Donna W. Tilson MD
Full Name (Last, First, Middle Initial)
Mailing Address 4026 Orchard Road
City Louisville State KY Zip Code 40207
FEC ID number of contributing federal political committee. **C**
Name of Employer VAMC Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.4861
Amount of Each Receipt this Period
200.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	6425.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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)

A. PNC Bank

Mailing Address 2500 Lime Kiln Lane

City Louisville State KY Zip Code 40222

Purpose of Disbursement
October Merchand Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SB21B.4886

Amount of Each Disbursement this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

23.00

23.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Meade Campaign Fund

Mailing Address 2900 Old US Hwy 150 East

City State Zip Code
Stanford KY 40484

Purpose of Disbursement
Re-Issued check general election contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4831

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Elect Jonathan Shell

Mailing Address PO Box 138

City State Zip Code
Lancaster KY 40444

Purpose of Disbursement
Re-issued General Election Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4830

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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