Image# 12961340035			_	PAGE 1 / 14
FEC A	EPORT OF R ND DISBURS or Other Than An Autho	EMENTS	Office	
1. NAME OF T	YPE OR PRINT ▼	Example: If typing, type		se Only
COMMITTEE (in full)		over the lines.	12FE4M5	
Kentucky Medical Assoc	ciation PAC(Kentucky	Physicians PAC Fe	deral-KPPAC Fede	eral)
<u> </u>				
	4965 US Hwy 42			
ADDRESS (number and street)	Suite 2000			
Check if different than previously reported. (ACC)	Louisville		KY 4622	0
2. FEC IDENTIFICATION NUM	IBER ▼ CITY,		STATE A	
C C00016444	3. IS T REF	HIS × NEW ORT × (N) O	R AMENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) Jul 20 (M	7) Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PBF-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)		n / D D	/ Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	K General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on 11 06	2012	in the State of
5. Covering Period 10	/ D D / Y Y Y Y 18 2012	through 11		12
I certify that I have examined this	Report and to the best of m	/ knowledge and belief it is	s true, correct and comple	te.
Type or Print Name of Treasurer	David R. Watkins			
Signature of Treasurer David R	R. Watkins	[Electronically Filed]	Date 12 / Date	D / Y Y Y Y 2012
NOTE: Submission of false, erroneo	us, or incomplete information n	nay subject the person signing	ng this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

12/04/2012 19 : 18

	Image#	12961	340036
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

R	eport Covering the Period: From:	10 / 18 / Y Y Y Y 2012 To	b: 11 / 26 / Y Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		70145.00
	(b) Cash on Hand at Beginning of Reporting Period	50283.53	
	(c) Total Receipts (from Line 19)	7976.30	45334.31
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	58259.83	115479.31
7.	Total Disbursements (from Line 31)	1023.00	58242.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57236.83	57236.83
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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	Di	ETAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	rite or Type Committee Name		
k	Centucky Medical Association PAC(Kentucky Physicians PAC Fede	eral-KPPAC Federal)
R	eport Covering the Period: From:	18 2012 T	To: 11 26 Y Y Y Y Y Y
	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
			7 7 7
	(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
	(b) Political Party Committees(c) Other Political Committees		7 7
	(such as PACs)	0.00	1500.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	7075.00	45320.00
	Totals to Line 33, page 5)	7975.00	45320.00
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		7 7 7
	(Refunds, Rebates, etc.)	0.00	
	(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		7 7 7
	(Dividends, Interest, etc.)	1.30	14.31
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
	(b) Levin Funde (from Cohedule LIE)	0.00	0.00
	(b) Levin Funds (from Schedule H5)		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
		7 7	
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	7976.30	45334.31

Image# 12961340037

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	23.00	8229.7
(c) Total Operating Expenditures	20.00	
(add 21(a)(i), (a)(ii), and (b))►	23.00	8229.7
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to	7 7 0.00	
Federal Candidates/Committees and Other Political Committees	0.00	6000.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U S C, 8441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.0
	0.00	0.0
Loans Made Refunds of Contributions To:	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees		
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	1000.00	44012.7
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely		
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.0
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1023.00	58242.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1023.00	58242.48

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DETAILED SUMMARY PAGE

of Disbursements

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page]11a		11	b	11c		12						
					13		14		15		16	17					
An or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma	ay not be sold or used by any p ddress of any political committe	erson f e to sol	or the icit coi	purp ntrib	pos outic	se of s ons fro	oliciting om suc	j coi h co	ntribut	ions ee.					
	NAME OF COMMITTEE (In Full)																
$\Big)$	Kentucky Medical Association	PAC(Kent	ucky Physicians PAC	Fede	ral-K		ΡA		edera	al)							
Α.	Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD			Date of Receipt													
	Mailing Address 3520 McClure Road				M M	/		16	/ Y	Y 2(ү 012	Y					
	City	State	Zip Code		Trans	acti	ion	ID : S	A11AI.	4882	2						
	Winchester	KY	40391	A	mount	t of	Ead	ch Re	ceipt th	nis P	Period						
	FEC ID number of contributing federal political committee.	С		100.00													
	Name of Employer	Occupation															
	Winchester Medical Associates Receipt For: 2012	Physician		_													
	Primary X General	Aggregate	Year-to-Date ▼														
	Other (specify)		, 300.00														
в.	Full Name (Last, First, Middle Initial) Doctor C. William Briscoe MD						Date of Receipt										
	Mailing Address 775 Scuffletown Road City State Zip Code							31	/ Y	20)12	Y					
	City		Trans	acti	ion	ID : S	A11AI.	4832	2								
	Corbin	corbin KY 40701							ceipt th	nis P	Period						
	FEC ID number of contributing federal political committee.				,		7	_	500.	00							
	Name of Employer Corbin Psychiatric & Counseling Servic																
	Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00														
с.	Full Name (Last, First, Middle Initial) Doctor Lauren DeMoreno MD				Date of	f Re	ecei	ipt									
	Mailing Address 909 Crocus Street				м м 10	/	Ľ	31	/ Y)12	Y					
	City	State	Zip Code		Trans	act	ion	ID : S	A11AL	.483	6						
	Lexington	KY	40511	/	mount	t of	Ead	ch Re	ceipt th	nis P	Period						
	FEC ID number of contributing federal political committee.	С					,		ŋ	_	300	.00					
	Name of Employer	Occupation															
	University of Kentucky	Physician															
	Receipt For: 2012	Aggregate	Year-to-Date ▼														
	Primary K General		000.00	11													
	Other (specify)		300.00	4													
s	UBTOTAL of Receipts This Page (optional)						,		7		900.	00					
т	OTAL This Period (last page this line number	r only)					,		7								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11	- H	11c		12	
Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	l ay not be sold or used by any p ddress of any political committe	erson fo	or the	pur pur	pos	se of	15 solicitin	ig cor	16 htribut mmitte	ions e.
NAME OF COMMITTEE (In Full) Kentucky Medical Association F											*
Full Name (Last, First, Middle Initial) Doctor Kenneth J.S. DeSimone MD, F	ACS		[Date o	f Re	ecei	pt				
Mailing Address PO Box 180				м м 10	/	Γ	31	/)12	Y
City	State	Zip Code		Trans	sacti	ion	ID : :	SA11A	1.4838	3	
Greensburg	KY	42743	A	Moun	t of	Ea	ch R	eceipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С					7				300.	00
Name of Employer	Occupation										
Green County Primary Care	Physician										
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
Full Name (Last, First, Middle Initial) Doctor James Michael Francis MD				Date o	f Re	ecei	pt				
Mailing Address 3824 Wyse Square		м м 10	1	Г	31	/	20	ү 12	Y		
City	State	Zip Code		Trans	acti	ion	ID : \$	SA11A	.4839)	
Lexington	KY	40510	Amount of Each Receipt this Pe							eriod	
FEC ID number of contributing federal political committee.	С					7		7		250.	00
Name of Employer Lexington Nephrology Associates	Occupation Physician										
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]								
Full Name (Last, First, Middle Initial) . Doctor Gregory Gleis MD				Date o	f Re	ecei	pt				
Mailing Address 531 Primrose Way				м м 10	/	Γ	31		20	ү 12	Y
City Louisville	State KY	Zip Code 40206						SA11A			
	NI	40206	A	moun	t of	Ea	ch R	eceipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С			_		7		7	_	500	.00
Name of Employer	Occupation										
Information Requested	Physician										
Receipt For: 2012	Aggregate	Year-to-Date ▼									
Other (specify)		1000.00]								
SUBTOTAL of Receipts This Page (optional)				_	-	7	-			1050.	00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Pa		X	11a 13		11b 14	1	1c	12 16	17						
Any information copied from such Reports and s or for commercial purposes, other than using th					or the		ose c	of solid	citing	contribu	itions						
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kent	ucky Physicians	PAC Fe	ede	ral-K	(PF	PAC	Fed	leral)							
Full Name (Last, First, Middle Initial) A. Doctor Linda Gleis MD Mailing Address VAMC PM & R (117) 800 Zorn Ave City Louisville FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2012 D to the second se	State KY C Occupation Physician Aggregate	Zip Code 40206 Year-to-Date ▼]		Date of 10 Trans mount	/ acti	31 on ID	1 : SA1		Period							
Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial)		1000	0.00														
B. Doctor Philip Hurley MD Mailing Address 4171 Troy Baril Pl							Date of Receipt 10 31 2012 Transaction ID : SA11AI.4844										
Owensboro	KY	42303					-	-		344 Perioc							
FEC ID number of contributing federal political committee.	ů – Elektrik							100.00									
Name of Employer Orthopaedic & Sports Medicine Owensbor																	
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400	0.00	_													
Full Name (Last, First, Middle Initial) C. Doctor John Johnstone MD					ate of	f Re	ceipt										
Mailing Address 793 Eastern Byp Ste 201					M M 11	/	D 16			y y y 2012	Y						
City Richmond	State KY	Zip Code 40475			Trans					883 Perioc							
FEC ID number of contributing federal political committee.	С]				7		7		5.00						
Name of Employer	Name of Employer Occupation																
Information Requested	Physician																
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 25	0.00														
SUBTOTAL of Receipts This Page (optional)					-	-	3	-	7	625	.00						

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			Detailed Summary Page		11a] 11k	b	11c		12		
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\backslash	NAME OF COMMITTEE (In Full)			_ ·			- -	o –					
$\Big $	Kentucky Medical Association F	PAC(Kent	ucky Physicians PAC	Fede	ral-K		РА	C Fe	edera	зI)			
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Kirkwood MD	kwood MD Date of Receipt											
	Mailing Address 1354 Williams Road				м м 10	/	D	31	/ Y	Y 20) 012	Y	
	City	State	Zip Code		Trans	acti	ion	ID : S	A11AI.	4884	4		
	Hebron	KY	41048	A	Amount	t of	Ead	ch Red	ceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С					7		7	_	300.	00	
	Name of Employer	Occupation											
	Physician	OB/GYN Sp	pecialists of Northern Kentuck										
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		300.00]									
В.	Full Name (Last, First, Middle Initial) Doctor Robert D. Knight MD		Date of	f Re	eceip	pt							
	Mailing Address 4318 Spring Bank Drive						D	14	/ Y	20)12	Y	
	City	State	Zip Code		Trans	acti	ion	ID : S/	A11AI.	4876	6		
	Owensboro	KY	42303	A	Amount	t of	Ead	ch Red	ceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С		150.00									
	Name of Employer CEP-America	Occupation Physician											
	Receipt For: 2012	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		300.00										
С.	Full Name (Last, First, Middle Initial) Doctor R. Wathen Medley Jr, MD				Date of	f Re	eceip	pt					
	Mailing Address 1220 Frederica Street				м м 10	/	D	31	/ Y)12	Y	
	City	State	Zip Code		Trans	act	ion	ID : S	A11AI.	.485	0		
	Owensboro	KY	42301	/	Amount	t of	Ead	ch Red	ceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С					3		7	_	250	00	
	Name of Employer	Occupation		_									
	Information Requested	Physician											
	Receipt For: 2012	Aggregate	Year-to-Date ▼										
	Primary Ceneral		250.00	11									
	Other (specify)		230.00										
s	UBTOTAL of Receipts This Page (optional)						7		7		700.	00	
т	OTAL This Period (last page this line number	only)					,		7				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b	F	11c 15		12 16	17						
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose		soliciting		ntribut	ions						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Kentucky Medical Association																	
A.	Full Name (Last, First, Middle Initial) Doctor Kevin O'Koon MD Mailing Address 6209 Burnham Place City Prospect FEC ID number of contributing federal political committee. Name of Employer Baptist Surgical Associates - O'Koon D	State KY C Occupation Physician	Zip Code 40059		Date of 11 Trans Amount	/ act	ion IE	4 D:S	SA11AI.	.487		У 00						
	Receipt For: 2012 Primary X General Other (specify) ▼		Year-to-Date ▼ 300.00]														
в.	Full Name (Last, First, Middle Initial) Doctor Richard E. Park MD Mailing Address 11299 Ross Court City State Zip Code						Date of Receipt 10 31 2012 Transaction ID : SA11AI.4854											
	Union FEC ID number of contributing federal political committee. Name of Employer Independent Anesthesiologists PSC	KY C Occupation Physician	41091		Amount							00						
	Receipt For: 2012 Primary X General Other (specify) ▼		Year-to-Date ▼ 425.00]														
C.	Full Name (Last, First, Middle Initial) Mrs. S. Diane Park MD Mailing Address 11299 Ross Court				Date of	f Re	D	D 31	/ Y		012	Y						
	City Union FEC ID number of contributing federal political committee.	State KY	Zip Code 41091				ion ID): S	SA11AI	.485	6	.00						
	Name of Employer Homemaker Receipt For: 2012 Primary X General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 275.00]														
s	UBTOTAL of Receipts This Page (optional)			▶ -			7		- 1	+	850.0	00						
т	OTAL This Period (last page this line number	r only)			L		7	_		_								

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13	-	11b 14		11c	12	-	
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NAME OF COMMITTEE (In Full)											
Full Name (Last, First, Middle Initial) Doctor Ira B. Potter MD				Date of	f Re	eceip	t				
Mailing Address PO Box 190				м м 11	_	D	D 14	/ Y	2012		
City				Transaction ID : SA11AI.4881							
Lackey	KY	41643	A	moun	t of	Eac	h Re	ceipt th	nis Perio	bd	
FEC ID number of contributing federal political committee.	С					3		- 7	1	00.00	
Name of Employer	Occupation										
Self-Employed	Physician										
Receipt For: 2012 Primary X General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1100.00]								
Full Name (Last, First, Middle Initial) _ Doctor Michael Springer MD	ı			Date o	f Re	eceip	t				
Mailing Address 803 Towner Pl				M = M / D = D / Y = Y = Y = Y 11 06 2012							
City State Zip Code				Trans	acti	ion I	D : S	A11AI.	4865		
Louisville	KY	40223	A	moun	t of	Eac	h Re	ceipt th	nis Perio	bd	
FEC ID number of contributing federal political committee.	С					3		- 7	2	50.00	
Name of Employer Medical Center Cardiologists	Occupation Physician										
Receipt For: 2012 Primary ∑ General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00]								
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD	1			Date o	f Re	eceip	t				
Mailing Address 10003 Country Hills Ct				м м 10	/	D	D 31	/ Y	2012	Y	
City Union	StateZip CodeKY41091			Transaction ID : SA11AI.4860 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С					,		- 7	8	75.00	
Name of Employer	Occupation										
St Elizabeth Family Practice Residency	Physician										
Receipt For: 2012	Aggregate Y	∕ear-to-Date ▼									
Primary X General Other (specify) ▼		1750.00]								
SUBTOTAL of Receipts This Page (optional)				-		7		-	122	25.00	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		11a		11b		11c	12	—			
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any n	erson f	13 or the	 puri	14 pose	e of s	15 oliciting	16 contribu	17 Itions			
or for commercial purposes, other than usin	ng the name and a	ddress of any political committe	e to sol	icit coi	ntrib	outio	ns fro	m sucl	h commit	tee.			
NAME OF COMMITTEE (In Full)			Eada	rol 1/	יחי	<u>،</u> ۸ د		odor	-1)				
Kentucky Medical Associati	UN PAC(Kent		reue						al)				
Full Name (Last, First, Middle Initial) A. Doctor Nancy Swikert MD			Г	Date of	f Re	ceir	ot						
Mailing Address 10003 Country Hills Ct				M M	_		D	/ Y	Y Y	Y			
				10			31		2012				
City Union	City State Zip Code Union KY 41091					Transaction ID : SA11AI.4859 Amount of Each Receipt this Period							
FEC ID number of contributing			A	Amount	t of	Eac	n Re	ceipt th	nis Period	1			
federal political committee.	C			_		7		- 7	87	5.00			
Name of Employer	Occupation												
St. Elizabeth Physicians	Phsycian												
Receipt For: 2012 Aggregate Year-to-Date ▼													
Other (specify) ▼		1750.00											
Full Name (Last, First, Middle Initial) B. Doctor Donna W. Tilson MD				Date of	f Re	eceip	ot						
Mailing Address 4026 Orchard Road					10 31 _2012 _								
City	State	Zip Code			acti	ion I		A11AI.					
Louisville	KY	40207	A	mount	t of	Eac	h Re	ceipt th	nis Perioo	l			
FEC ID number of contributing federal political committee.	С					7		7	200).00			
Name of Employer VAMC	Occupation Physician												
Receipt For: 2012 Primary ∑ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]										
Full Name (Last, First, Middle Initial)				Date of	f Re	eceip	ot						
Mailing Address				M = M			D	/ Y	YY	Y			
City	State	Zip Code		mount	tof	Fac	h Ro	point th	nis Perioo				
FEC ID number of contributing federal political committee.	С			Anoun		J		Jeipt ti					
Name of Employer	Occupation												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	, iggi egate												
Other (specify)		· · · · · · · · · · · · · · · · · · ·	4										
SUBTOTAL of Receipts This Page (option	al)					7		7	1075	.00			
TOTAL This Period (last page this line nu	mber only)					-			6425	.00			

SCHEDULE B (FEC Form 3X)	FOR LINF	NE NUMBER: PAGE 13 OF 14								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only X 21b	/ one)							
	Detailed Summary Page	210	22 23 24 25 26 28a 28b 28c 29 30b							
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 Physician	IS PAC Fe	ederal-KPPAC Federal)							
Full Name (Last, First, Middle Initial)										
A. PNC Bank	Date of Disbursement									
Mailing Address 2500 Lime Kiln Lane	10 31 2012									
5	State Zip Code		Transaction ID : SB21B.4886							
Louisville Purpose of Disbursement	KY 40222									
October Merchanct Credit Card Fees										
Candidate Name	Category/	23.00								
Office Sought: House Disburse	fice Sought: House Disbursement For: 2012									
Senate	Primary X General									
President	Other (specify)									
State: District: Full Name (Last, First, Middle Initial)										
B.			Date of Disbursement							
Mailing Addrosa		M = M / D = D / Y = Y = Y								
Mailing Address										
City	State Zip Code									
Purpose of Disbursement										
Candidate Name		Amount of Each Disbursement this Period								
Candidate Name	Category/ Type									
Office Sought: House Disburse	ment For:	1300								
Senate President	Primary General									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)										
С.	Date of Disbursement									
Mailing Address										
City	State Zip Code									
Purpose of Disbursement										
Candidate Name	Amount of Each Disbursement this Period									
	ment For:	Туре	7 7 7							
Senate President	Primary General Other (specify)									
State: District:										
			20.00							
SUBTOTAL of Disbursements This Page (optional).		••••••	23.00							
TOTAL This Period (last page this line number only)	····· ►	23.00							

SCHEDULE B (FEC Form 3X		FOR LINE	NUMBER: PAGE 14 OF 14									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)									
	Detailed Summary Page	21b 27	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
Any information copied from such Reports an or for commercial purposes, other than using			on for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)	//											
Kentucky Medical Association	n PAC(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)									
Full Name (Last, First, Middle Initial)	_											
A. David Meade Campaign Fund	Date of Disbursement											
Mailing Address 2900 Old US Hwy 150 Eas	t		10 / D D / Y Y Y Y 10 31 2012									
City		Transaction ID : SB29.4831										
Stanford Purpose of Disbursement	KY 40484											
Re-Issued check general election contribut	ion	011	Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	500.00									
Office Sought: House D Senate President	isbursement For: 2012 Primary X General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)												
B. Elect Jonathan Shell	Date of Disbursement											
Mailing Address PO Box 138			10 / D D / Y Y Y Y Y 10 31 2012									
City Lancaster	State Zip Code KY 40444		Transaction ID : SB29.4830									
Purpose of Disbursement Re-issued General Election Contribution		011	Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	500.00									
Office Sought: House D Senate President	isbursement For: 2012 Primary X General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)			Date of Disbursement									
Mailing Address												
City	State Zip Code											
Purpose of Disbursement			Amount of Each Dichuranment this Deviced									
Candidate Name		Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House D Senate President State: District:	isbursement For: Primary General Other (specify) ▼											
SUBTOTAL of Disbursements This Page (op	tional)	••••••	1000.00									
TOTAL This Period (last page this line numb	per only)	••••••	1000.00									