PAGE 1 / 15

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Ass	ociation PAC(Kentuc	ky Physicians PAC Fed	eral-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 N	UMBER ▼ CIT	<b>Y A</b>	STATE ▲ ZIP CODE ▲
C C00016444		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Choose 15 Quarterly Report (Cho	Report Due On:  Mar  Apr  (c) 12-Day PRE-Election Report for the:  (d) 30-Day POST-Election Report for the:	General (30G)	(Non-Election Year Only)
5. Covering Period 10		through 11	28 2016
I certify that I have examined the Type or Print Name of Treasure	Tailor, Monalisa, , , MD	my knowledge and belief it is t	rue, correct and complete.
Signature of Treasurer	or, Monalisa, , , MD	[Electronically Filed]	Date 01 / 25 / 2017
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

10 20 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84350.75 January 1. 2016 (b) Cash on Hand at 72093.19 Beginning of Reporting Period..... 1094.44 49544.21 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 133894.96 73187.63 6(a) and 6(c) for Column B)..... 7464.17 68171.50 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 65723.46 65723.46 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

#### For further information contact:

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

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. 05/2016)

Write or Type Committee Name

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

2016 28 2016 11 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 862.66 40486.91 (i) Itemized (use Schedule A)..... 231.00 8049.07 (ii) Unitemized ..... (iii) TOTAL (add 48535.98 1093.66 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 1000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 49535.98 1093.66 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 0.00 (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 (Dividends, Interest, etc.)..... 0.78 8.23 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 49544 21 1094.44 20. Total Federal Receipts 1094.44 49544.21 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Allocated Federal/Non-Federal		Calonidar Tour to Date
. ,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating Expenditures	2461.69	19369.02
(c)			
_	(add 21(a)(i), (a)(ii), and (b))▶	2461.69	19369.02
	ansfers to Affiliated/Other Party	0.00	0.00
. Co	ontributions to deral Candidates/Committees	4 4	
an	d Other Political Committees	0.00	0.00
(us	dependent Expenditures se Schedule E)	0.00	0.00
. Co	oordinated Party Expenditures 2 U.S.C. § 30116(d))	4 4	4 4 4
(us	se Schedule F)	0.00	0.00
. Lo	an Repayments Made	0.00	0.00
ء ا	ana Mada	0.00	0.00
. Re	ans Made	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
(h)	Political Party Committees	200	0.00
(b)		0.00	0.00
(-)	(such as PACs)	0.00	-1000.00
(d)			
	(add Lines 28(a), (b), and (c))	0.00	-1000.00
	her Disbursements (Including		
No	on-Federal Donations)	5002.48	49802.48
. Fe	deral Election Activity (52 U.S.C. § 30101(20	0))	
(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	200	222
(c)		0.00	0.00
. ,	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Το	tal Disbursements (add Lines 21(c), 22,		
	4, 24, 25, 26, 27, 28(d), 29 and 30(c))	7464.17	68171.50
т.	tel Foderal Dishuraements	7 707.11	35171.00
	tal Federal Disbursements ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	7464.17	68171.50
	, i	4 4	08171.30

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

12010111 01 (1101. 00/2010)		i ago 🐱
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)	1093.66	49535.98
34. Total Contribution Refunds (from Line 28(d))	0.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1093.66	50535.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2461.69	19369.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2461.69	19369.02

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

					PAGE	6	OF	15	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2016 16 City Zip Code State Transaction ID: SA11AI.6800 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gleis, Gregory, Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 16 2016 City State Zip Code Transaction ID: SA11AI.6801 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 16 2016 City State Zip Code Transaction ID: SA11AI.6802 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 183.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FC	DR	LINE	NU	MBER	:	PAGE	7	OF	15
(cl	nec	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 16 2016 City Zip Code State Transaction ID: SA11AI.6792 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 16 2016 City State Zip Code Transaction ID: SA11AI.6793 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 16 2016 City State Zip Code Transaction ID: SA11AI.6794 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

l	TOTT EITHE TOTTIBLETT.						PAGE	8	OF	15
l	(0	che	ck only	or	ıe)					
l		X	11a		11b		11c	12	2	
l			13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2016 16 City Zip Code State Transaction ID: SA11AI.6797 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 803.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 16 2016 City State Zip Code Transaction ID: SA11AI.6798 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 803.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 16 2016 City State Zip Code Transaction ID: SA11AI.6799 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 229.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	:	PAGE	9	OF	15
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2016 City Zip Code State Transaction ID: SA11AI.6789 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 16 2016 City State Zip Code Transaction ID: SA11AI.6804 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 862.66 TOTAL This Period (last page this line number only).....

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 10 OF 15
ITEMIZED DISBURSEMENTS		parate schedule(s) ch category of the	(orlean orn)	' — ' — —	
		d Summary Page	<b>X</b> 21b	22 23	26 27
[			28a	28b 28c	29   30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PA	AC(Kenti	ucky Physicia	ıns PAC Fe	ederal-KPPAC Fe	deral)
Full Name (Last, First, Middle Initial)	\			D . (D: )	
A. Kentucky Medical Association (K	MA)			Date of Disbursemen	t
Mailing Address 4965 US Hwy 42 Suite 2000				10 31	2016
City	State	Zip Code		FEC Identification Nu	mher
Louisville	KY	40222			
Purpose of Disbursement October Administration Fee			001	C	
Candidate Name			001	Transaction ID :	
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period
Office Sought: House Disbur	sement For:		.,,,,		639.00
Senate	Primary	General		7	7-1-1-4-1-1
President	Other (sp	pecify) ▼		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)	'N 4 A \			Date of Disbursemen	+
B. Kentucky Medical Association (K	IVIA)				/
Mailing Address 4965 US Hwy 42 Suite 2000				10 31	2016
City	State	Zip Code		FEC Identification Nu	mber
Louisville	KY	40222			
Purpose of Disbursement  Reimburse cost for Bourbon and Bourbon Balls to	for Bourbon	Tasting for	003	C	
Candidate Name				Transaction ID : Amount of Each Disb	
			Category/ Type	Amount of Each Disp	ursement this Fellou
Office Sought: House Disburs	sement For:			1	1026.08
Senate	Primary	General			,
President State: District:	Other (sp	pecify)		Memo Item	
Full Name (Last, First, Middle Initial)					
c. Kentucky Medical Association (K	MA)			Date of Disbursemen	t
Mailing Address 4965 US Hwy 42 Suite 2000				10 31	2016
City	State	Zip Code		FEC Identification Nu	mher
Louisville	KY	40222			IIIDOI
Purpose of Disbursement Reimburse for Cost of bags and labels for Bourb Contributors	on Tasting E	vent for KPPAC	003	Transaction ID :	SR21R 6811
Candidate Name			Category/	Amount of Each Disb	
Office Sought: House Disbur	sement For:		Type		91.16
Senate	Primary	General		7	4 4
President	Other (sp	pecify) ▼		Memo Item	
State: District:				I WOUND ITEM	
SUBTOTAL of Disbursements This Page (optiona	l)			1 2 1	1756.24
					<del></del>
TOTAL This Period (last page this line number or	ılv)				

#### S П

S	CHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 11 OF 15			
ĮΤ	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	TOMBETT.			
			category of the Summary Page	<b>X</b> 21b	22 23 26 27			
				28a	28b 28c 29 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)		<u> </u>					
	Kentucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)			
_	Full Name (Last, First, Middle Initial)				Data of Dishara and			
A.	Kentucky Medical Association (KM	(A)			Date of Disbursement			
	Mailing Address 4965 US Hwy 42 Suite 2000	0	<del>                                    </del>		11 15 2016			
	City Louisville	State KY	Zip Code 40222		FEC Identification Number			
	Purpose of Disbursement		40222		С			
	November Administration Fee			001	Transaction ID : SB21B.6824			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		1,7,2	639.00			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Memo Item			
_	State: District:							
R	Full Name (Last, First, Middle Initial)  Kentucky Medical Association (KM	١٨١			Date of Disbursement			
٠.	Reflucky Medical Association (Riv	iA)			M M / D D / Y Y Y Y			
	Mailing Address 4965 US Hwy 42 Suite 2000				11 15 2016			
	City	State	Zip Code		FEC Identification Number			
	Louisville Purpose of Disbursement	KY	40222					
	Reimburse cost of Padded Envelopes for Mailings			001	C			
	Candidate Name			Category/	Transaction ID : SB21B.6825 Amount of Each Disbursement this Period			
				Type	Amount of Each Disbursement this Fellou			
	Office Sought: House Disburser	ment For:			19.07			
	Senate	Primary	General					
	President State: District:	Other (spec	city)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	Kentucky Medical Association (KM	A)			Date of Disbursement			
	Mailing Address 4965 US Hwy 42 Suite 2000				11 15 2016			
	City	State	Zip Code		FEC Identification Number			
	Louisville	KY	40222					
	Purpose of Disbursement Reimburse cost of Envelopes for office supply			001	C			
	Candidate Name			Category/	Transaction ID: SB21B.6826  Amount of Each Disbursement this Period			
				Type	S. Last. Dissulstant the 1 shou			
		ment For:			44.90			
	Senate President	Primary	General		-			
	State: District:	Other (spec	oliy) ▼		Memo Item			
Г								
5	SUBTOTAL of Disbursements This Page (optional)				702.97			
占	TOTAL THE Desired (C. C. C							
11	<b>OTAL</b> This Period (last page this line number only)	)						

### S 17

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER:	PAGE 12 OF 15			
ITEMIZED DISBURSEMENTS		category of the	(check only	one)	00	
		Summary Page	<b>X</b> 21b 28a		26 27 29 30b	
Any information copied from such Reports and State	ments mav	not be sold or use				
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	2/14	u Di ii	DAO =	L L I/DD 4 0 =	La call	
Kentucky Medical Association PA	Kentu)ک	cky Physiciai	ns PAC Fe	deral-KPPAC Fe	deral)	
Full Name (Last, First, Middle Initial)				5		
A. Paypal				Date of Disbursement	· · · · · · · · · · · · · · · · · · ·	
Mailing Address PO Box 105658				11 16	2016	
City Atlanta	State GA	Zip Code 30348		FEC Identification Nu	mber	
Purpose of Disbursement				С		
Paypal Credit Card Processing Fee  Candidate Name			001	Transaction ID :	SB21B.6823	
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period	
Office Sought: House Disburse	ment For:		- 7 2 2		2.48	
Senate	Primary	General			,	
State: District:	Other (spe	ciiy) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
В.				Date of Disbursement		
Mailing Address				M M / D D	/ Y Y Y Y Y	
City	State	Zip Code		FEC Identification Nu	mber	
Purpose of Disbursement				С		
Candidate Name			السبا			
Salidado Hallo			Category/ Type	Amount of Each Disb	ursement this Period	
	ment For:				<u></u>	
Senate   President	Primary Other (spe	General				
State: District:	Julion (spe	, on y )		Memo Item		
Full Name (Last, First, Middle Initial)						
C.				Date of Disbursement		
Mailing Address				M M / D D	YYYY	
City	State	Zip Code		FEC Identification Nu	mber	
Purpose of Disbursement				C		
Candidate Name				-		
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period	
	ment For:				<u></u>	
Senate President	Primary Other (spe	General ecify) $\blacktriangledown$		п.,		
State: District:	J (opc	·-··J/ ▼		Memo Item		
					0.40	
SUBTOTAL of Disbursements This Page (optional).			·····•		2.48	
TOTAL This Period (last page this line number only	<i>(</i> )				2461.69	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC			
Full Name (Last, First, Middle Initial)  A. John Bam Carney Campaign Fund			Date of Disbursement
Mailing Address 202 Southside Ave			10 28 2016
,	State Zip Code KY 42718		FEC Identification Number
Campaign Contribution to John Carney Campaign F  Candidate Name	-und	011 Category/	Transaction ID : SB29.6817 Amount of Each Disbursement this Period
Senate	nent For: 2016  Primary	Туре	500.00 Memo Item
Full Name (Last, First, Middle Initial)  3. Kentucky Democratic Party  Mailing Address PO Box 694			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code KY 40602	011	FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: SB29.6819 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary <b>x</b> General Other (specify)		1000.00  Memo Item
State: District:  Full Name (Last, First, Middle Initial)  Kentucky House Democratic Caucu	us Campaign Comm	ittee	Date of Disbursement
Mailing Address PO Box 4204			10 28 2016
Frankfort Purpose of Disbursement	State Zip Code KY 40604		FEC Identification Number
Contribution to Kentucky State House Majority Cauc	cus	011 Category/ Type	Transaction ID: SB29.6818  Amount of Each Disbursement this Period
Senate	nent For: 2016  Primary	Турс	2500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	4000.00
TOTAL This Period (last page this line number only).			

### ľ

In y information copied from such Reports and Statemer for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC  Full Name (Last, First, Middle Initial)  Kimberly Moser for STate Represel Mailing Address 3216 High Ridge Drive	e and address of any politic	21b 28a sed by any perso	22 23 26 27 28b 28c <b>x</b> 29 30b  on for the purpose of soliciting contributions of solicit contributions from such committee.
r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC  Full Name (Last, First, Middle Initial)  Kimberly Moser for STate Representation	e and address of any politic	ical committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC  Full Name (Last, First, Middle Initial)  Kimberly Moser for STate Representation	(Kentucky Physicia		
Kentucky Medical Association PAC  Full Name (Last, First, Middle Initial)  Kimberly Moser for STate Represei		ans PAC Fe	
Kimberly Moser for STate Represer			deral-KPPAC Federal)
			Date of Dishursement
Maning Addices of the High Mage Diffe	ntative		Date of Disbursement  10 28 2016
			.0 20 2010
Taylor Mill	State Zip Code KY 41051		FEC Identification Number
Purpose of Disbursement Reissue Primary Election Contribution that was never	er cashed	011	C
Candidate Name		Category/ Type	Transaction ID: SB29.6814 Amount of Each Disbursement this Period
	nent For: 2016 Primary General	1,4ρο	1000.00
	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
Kimberly Moser for STate Represe	ntative		Date of Disbursement
Mailing Address 3216 High Ridge Drive			10 28 2016
Taylor Mill	State Zip Code KY 41051		FEC Identification Number
Purpose of Disbursement Void check #1400 because it was never cashed reis #1444 Candidate Name	ssued check in October	010 Category/	Transaction ID : SB29.6821 Amount of Each Disbursement this Period
	nent For: 2016 Primary General	Type	-1000.00
	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  Paypal			Date of Disbursement
Mailing Address PO Box 105658			11 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		FEC Identification Number
Atlanta	GA 30348		
Purpose of Disbursement Paypal Credit Card Processing Fees Candidate Name		001	Transaction ID : SB29.6822
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For:  Primary General  Other (specify) ▼		2.48
State: District:	oution (opeony) ▼		Memo Item

#### S П

Mailing Address 105 West 3rd Street  City   State   Zip Code   Frankfort   Fr	SCH	EDULE B (FEC Form 3X)			FOR LIN	FOR LINE NUMBER: PAGE 15 OF 15				
Detailed Summary Page	ITEM	IZED DISBURSEMENTS			I `	,	<i>'</i> — — —			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any policial committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)    NAME OF COMMITTEE (in Full)										
NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)  Full Name (Last, First, Middle Initial)  A. Republican Party of Kentucky  Mailing Address  Candidate Name  City  Purpose of Disbursement  Candidate Name  Candidate Name  Category  Office Sought: House Disbursement  Candidate Name  Category  Office Sought: House Disbursement  Candidate Name  Category  Office Sought: House Disbursement  Candidate Name  Category  Office Sought: House Disbursement For:  Senate President Other (specify)  FEC Identification Number  Category  Transaction ID : \$823.6820  Amount of Each Disbursement this P.  FEC Identification Number  Category  Type  Transaction ID : \$823.6820  Amount of Each Disbursement this P.  FEC Identification Number  Category  Type  Office Sought: House Disbursement For:  Senate President Other (specify)  Memo Item  FEC Identification Number  Category  Type  Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Memo Item	Δny inf	formation copied from such Reports and States	mente may n	not he sold or us				<b>A</b>   1		
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)										
Full Name (Last, First, Middle Initial)  A. Republican Party of Kentucky  Mailing Address 105 West 3rd Street  City State Zip Code Frankfort  Purpose of Disbursement  Contribution to the Kentucky State Republican Party  Candidate Name  Other (specify)   Date of Disbursement  For: 2016  Transaction ID: SB29.6920  Amount of Each Disbursement this Proceedings of Disbursement For: 2016  Full Name (Last, First, Middle Initial)  B.   Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  C.   Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item  Date of Disbursement this Proceeding of Disbursement For: Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Purpose of Disbursement  Candidate Name  City State Zip Code Primary General Primary General Other (specify)  Memo Item	I \	, ,								
A. Republican Party of Kentucky  Mailing Address 105 West 3rd Street  City   State   Zip Code   Frankfort   Purpose of Disbursement   Contribution to the Kentucky State Republican Party   Category/ Type    Office Sought:	\ \ Ke	entucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC f	ederal-K	PPAC	Federal)		
Mailing Address 105 West 3rd Street  City		,				Data at	Date of Dieburgarant			
Mailing Address 105 West 3rd Street  City   State   Zip Code   Frankfort   Purpose of Disbursement   Contribution to the Kentucky State Republican Party   Category'   Type   Type	A. Re	Republican Party of Kentucky					M M / D D / Y Y Y Y			
Frankfort Purpose of Disbursement Contribution to the Kentucky State Republican Party  Candidate Name  Office Sought: House Senate Primary Indicate Initial Provided Party Injection In States: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Disbursement For: 2016  Category/ Type  Date of Disbursement  Candidate Name  Office Sought: House President Primary General Primary General Primary General Other (specify)  Take Indicate Name President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House President Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Total President Disbursement For: Category/ Type  Category/ Type  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mamount of Each Disbursement this Primary General President Senate Primary General President Other (specify)   Memo Item  Memo Item  Memo Item  Tell Name (Last, First, Middle Initial)  C.  Category/ Type  Typ	Mail	Mailing Address 105 West 3rd Street								
Purpose of Disbursement Contribution to the Kentucky State Republican Party Candidate Name  Office Sought: House Senate Primary X General Primary X General President State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code Primary General Other (specify)  Office Sought: House Disbursement For: Category/Type  Office Sought: House Primary General Primary General Other (specify)  Testing Address  City State Zip Code Primary General Other (specify)  Amount of Each Disbursement this Primary General Category/Type  Date of Disbursement this Primary General Category/Type  Office Sought: House Disbursement For: General Primary G	•			l .		FEC Ide	FEC Identification Number			
Contribution to the Kentucky State Republican Party  Candidate Name  Office Sought: House Senate Primary Industrial President State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  1000.00  Memo Item  Date of Disbursement this Primary General Primary General Other (specify)  Memo Item  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Memo Item  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Memo Item  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Type  Transaction ID : \$829.6820  Amount of Each Disbursement this Primary General Other (specify)  Memo Item			KY	40601						
Candidate Name  Office Sought:		Contribution to the Kentucky Otata Danublina Danty								
Office Sought:	Can	Candidate Name Car				Amount of Each Disbursement this Period				
Senate President District:    Senate President District:		Type					100000			
State: District: Other (specify)   B. Date of Disbursement  Candidate Name  Office Sought: House President Primary General State: Disbursement  Candidate Name  City State Zip Code  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Mailing Address  City State Zip Code  FEC Identification Number  Category/ Type  Other (specify)  Date of Disbursement this Primary General Disbursement  Candidate Name  City State Zip Code  FEC Identification Number  Category/ Type  Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: General Primary General Primary General Primary General Other (specify)   Memo Item	Offic						1000.00			
State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President State: District:  Mailing Address  City  State Zip Code  FEC Identification Number  Category/ Type  Memo Item  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  FEC Identification Number  Category/ Type  Date of Disbursement this Primary General  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General  Candidate Name  Category/ Type  Office Sought: House Senate Primary General  Category/ Type  Memo Item  Memo Item						П.,	п.,			
Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  President State Zip Code  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item  FEC Identification Number  Category/ Type  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item	Stat						Memo Item			
City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Other (specify)  Date of Disbursement For:  Memo Item  Date of Disbursement this President State: District:  Full Name (Last, First, Middle Initial)  C.  Category/ Type  Other (specify)  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Memo Item  Memo Item  Memo Item  Memo Item		Full Name (Last, First, Middle Initial)								
Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City  Purpose of Disbursement  City  Purpose of Disbursement  Candidate Name  City  Category/ Type  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item	B.						Date of Disbursement			
City Purpose of Disbursement Candidate Name  Office Sought:  House President State:  Disbursement For: Senate President Other (specify)  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought:  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought:  FE	 Mail	Mailing Address					/ D = I	D / Y Y Y Y Y		
Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  Type  Type  Office Sought: House Senate Primary General Other (specify)  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  FEC Identification Number  Category/ Type  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Primary General Other (specify) ▼  Memo Item  Memo Item  Memo Item  Memo Item	IVICII	Maining / Address								
Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Amount of Each Disbursement this Policy of Seneral Other (specify)  Memo Item  Amount of Each Disbursement this Policy of Seneral Other (specify)  Memo Item	City	State Zip Code			FEC Identification Number					
Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Amount of Each Disbursement this Policy of Seneral Other (specify)  Memo Item  Amount of Each Disbursement this Policy of Seneral Other (specify)  Memo Item	Pur	Purpose of Disbursement								
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item  Amount of Each Disbursement This Primary General Other (specify)  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item							<u>U</u>			
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Amount of Each Disbursement this Primary General Other (specify)  Memo Item  Memo Item  FEC Identification Number  Category/ Type  Memo Item  Memo Item	Can	Candidate Name Category/					Amount of Each Disbursement this Period			
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Memo Item  Memo Item  Amount of Each Disbursement this Pour Category General Other (specify)   Memo Item  Memo Item	Offic	Туре								
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President State: District:  President  Other (specify)  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Persident State: District:  Memo Item	Oilio						4 4			
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Memo Item			•	-			Mome Item			
City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate President State:  Disbursement For: Senate Primary Other (specify)  Memo Item	Stat					IVIE	ivierno item			
Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General President State: District:  MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Full Name (Last, First, Middle Initial)								
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item	C.									
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  President Other (specify) ▼  Memo Item	 Mail	Mailing Address					_   M = M   /   D = D   /   Y = Y = Y = Y			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  President Other (specify) ▼  Memo Item										
Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Memo Item	City		State Zip Code			FEC Ide	FEC Identification Number			
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Category/ Type  Amount of Each Disbursement this Peneral Other (specify) ▼  Memo Item	Pur	Purpose of Disbursement					C			
Office Sought: House Disbursement For: Senate President Other (specify)  State: District:  Category/ Type  Afficult of Each Disbursement this Pound of Each Di										
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Memo Item	Can	Category/				Amount	Amount of Each Disbursement this Period			
Senate Primary General Other (specify) ▼  Memo Item	Offic									
State: Other (specify) ▼ Memo Item	Onic									
State: District:		President				Memo Item				
1000.00	Stat	e: District:				Ivie	no nem			
1000 0						-		4000.00		
SUBTOTAL of Disbursements This Page (optional)	SUBT	<b>TOTAL</b> of Disbursements This Page (optional)			·····•		-	1000.00		
TOTAL This Period (last page this line number only)	ТОТА	L This Period (last page this line number only)	)					5002.48		