Image# 14960623066 PAGE 1 / 9

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A Fo	r Other Than An Au	thorized Commit	tee		Office Use Only
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typover the lines.	ping, type	12FE4M5	
Kentucky Medical Assoc	ciation PAC(Kentud	cky Physicians	PAC Feder	al-KPPAC	C Federal)
ADDRESS (number and street)	4965 US Hwy 42				
Check if different than previously	Suite 2000 Louisville			KY	46220
reported. (ACC)					
2. FEC IDENTIFICATION NUM	IBER ▼ C	ITY ▲	S	STATE A	ZIP CODE ▲
C C00016444		IS THIS X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	ab 20 (M2)	May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		ar 20 (M3)	Jun 20 (M6)	H	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		or 20 (M4)	Jul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day	Primary (12	PP)	General ((12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention	(12C)	Special (12S)
January 31 Year-End Report (YE)	Floor	ion on	/ D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30	0G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for the:	ion on	/ D D /	Y = Y = Y	in the State of
5. Covering Period 01	01 / 2014	through	03	/ 31 /	2014
I certify that I have examined this	•	,	belief it is true	e, correct and	I complete.
Type or Print Name of Treasurer	Doctor Nancy Swikert MD				
Signature of Treasurer Doctor	Nancy Swikert MD	[Electronica	lly Filed] Da	ate 04	09 / 2014
NOTE: Submission of false, erroneo	us, or incomplete informati	on may subject the pe	erson signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 73079.13 January 1, 2014 (b) Cash on Hand at 73079.13 Beginning of Reporting Period..... 2080.58 2080.58 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 75159.71 75159.71 6(a) and 6(c) for Column B)..... 6280.12 6280.12 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 68879.59 68879.59 (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)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:	01 2014	To: 03 / 31 / 2014		
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				
Than Political Committees (i) Itemized (use Schedule A)	246.00	246.00		
(ii) Unitemized(iii) TOTAL (add	, 1832.00	1832.00		
Lines 11(a)(i) and (ii)	2078.00	2078.00		
(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	2078.00	2078.00		
Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
to Federal Candidates and Other Political Committees	0.00	0.00		
(Dividends, Interest, etc.)	2.58	2.58		
(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))▶	2080.58	2080.58		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2080.58	2080.58		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —	iotai iiiio i Gilou	Calcilual Teal-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
400 AU - 1 AU - 1	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	6280.12	6280.12		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))▶	6280.12	6280.12		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other	0.00	0.00		
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		
-				
Other Disbursements	0.00	0.00		
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) "Lovin" Sharo	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00			
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6280.12	6280.12		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	6280.12	6280.12		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2078.00	2078.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2078.00	2078.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6280.12	6280.12	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	6280.12	6280.12	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:			PAGE	:	6	OF	9			
(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 (Last, First, Middle Initial) Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 2014 City State Zip Code Transaction ID: SA11AI.5409 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Credit Card Contribution Name of Employer Occupation Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 03 14 2014 City State Zip Code Transaction ID: SA11AI.5418 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Credit Card Contribution Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 03 14 2014 City Zip Code State Transaction ID: SA11AI.5417 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 С federal political committee. Credit Card Contribution Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify)

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 9				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orling	′	7		
	Detailed Summary Page	X 21b	22 23	24 25 26		
Г		27	28a 28b	28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or us me and address of any polition	sed by any perso cal committee to	on for the purpose of some solicit contributions from	soliciting contributions om such committee.		
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	C(Kentucky Physicia	ins PAC Fe	ederal-KPPAC F	ederal)		
Full Name (Last, First, Middle Initial)						
A. Kentucky Medical Association (KN	MA)		Date of Disburseme	ent		
Mailing Address 4965 US Hwy 42 Suite 2000			01 15	_2014		
City	State Zip Code		Transaction ID : S	P04B 5270		
Louisville	KY 40222		Transaction ID : S	0BZ1B.5378		
Purpose of Disbursement January Administration Fee		001	Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type		604.00		
Office Sought: House Disburse	ement For:	31	,	,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)	4.4.\		Data of Diaburaama	unt.		
B. Kentucky Medical Association (KN	/IA)		Date of Disburseme			
Mailing Address 4965 US Hwy 42 Suite 2000			01 31	2014		
City	State Zip Code					
Louisville	KY 40222		Transaction ID : S	6B21B.5379		
Purpose of Disbursement Fedex Shipping Charge		001	Amount of Each Dis	sbursement this Period		
Candidate Name		Category/				
		Type		19.78		
	ment For:					
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Kentucky Medical Association (KN	Λ Δ\		Date of Disburseme	ent		
- Trontacky Wedical Accordance (14)	<i>"</i> ''		M M / D D	/		
Mailing Address 4965 US Hwy 42 Suite 2000			02 15	2014		
City	State Zip Code					
Louisville	KY 40222		Transaction ID : S	6B21B.5405		
Purpose of Disbursement Monthly Conference Call Charge for Board Meetin	g and Fedex Shipping					
Charge Candidate Name	g and i cack comprising	001	Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type		119.24		
Office Sought: House Disburse	ement For:	Турс	7			
Senate	Primary General					
President	Other (specify) ▼					
State: District:	1					
SUBTOTAL of Disbursements This Page (optional)		·····		743.02		
TOTAL Tide Desired (feet	Δ.					
TOTAL This Period (last page this line number only	/)					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Onlook only	—			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 30b		
Any information copied from such Reports and State	nents may not be sold or us					
or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	ederal-KPPAC F	Federal)		
Full Name (Last, First, Middle Initial)						
A. Kentucky Medical Association (KN)	IA)		Date of Disbursem			
Mailing Address 4965 US Hwy 42			02 15	2014		
Suite 2000						
,	State Zip Code		Transaction ID:	SB21B.5406		
Louisville Purpose of Disbursement	KY 40222					
February Administration Fee		001	Amount of Each D	isbursement this Period		
Candidate Name		Category/		204.00		
		Type		604.00		
	ment For:					
Senate President	Primary General Other (specify) ▼					
State: District:	Other (opeony)					
Full Name (Last, First, Middle Initial)						
B. Kentucky Medical Association (KM	IA)		Date of Disbursem			
Mailing Address 4965 US Hwy 42			03 15	2014		
Suite 2000						
City Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.5419		
Purpose of Disbursement	40222					
March Administration Fee		001	Amount of Each D	isbursement this Period		
Candidate Name		Category/		604.00		
Office Sought: House Disburse	ment For:	Туре		001.00		
Senate Dispurse	Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
C. Kentucky Medical Association (KM	IA)		Date of Disbursem	ent		
Mailing Address 4965 US Hwy 42			03 15	2014		
Suite 2000						
•	State Zip Code		Transaction ID :	SB21B.5420		
Louisville Purpose of Disbursement	KY 40222					
Postage and Conference Call Charges		001	Amount of Each D	isbursement this Period		
Candidate Name		Category/	Amount of Each B			
		Type		134.25		
	ment For:					
Senate President	Primary General Other (specify) ▼					
State: District:	Other (opcony)					
<u> </u>						
SUBTOTAL of Disbursements This Page (optional)				1342.25		
		<u> </u>				
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 9			
•	Use separate schedule(s)	FOR LINE (check only	NOMBELL.	9	
ITEMIZED DISBURSEMENTS	for each category of the	Crieck only	22 23 24 25 C	7 26	
	Detailed Summary Page	27			
Γ				30b	
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions	5	
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
│	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)		
<u>/</u>					
Full Name (Last, First, Middle Initial)			D (D)		
A. Mountjoy Chilton Medley			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address 2000 Meidinger Tower			02 04 2014		
462 S Fourth Street	State Zin Code				
,	State Zip Code KY 40202		Transaction ID: SB21B.5404		
Louisville Purpose of Disbursement	KY 40202				
Progress Billing 1 on Audit for the Year Ended Dec	31, 2013	001	Amount of Each Disbursement this Perio	ad	
Candidate Name	,	001	Amount of Each dispulsement this Pend	Ju	
Candidate Name		Category/	2050.00		
Office Country House		Туре			
Office Sought: House Disbursen					
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
B. Mountjoy Chilton Medley			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address 2000 Meidinger Tower			03 04 2014		
462 S Fourth Street					
•	State Zip Code		Transaction ID : SB21B.5421		
Louisville Purpose of Disbursement	KY 40202				
Final Progress Billing of Audit for the Year Ending D	ec 31, 2013		Amount of Each Disbursement this Perio	ad	
Candidate Name	,		Amount of Each Dispulsement this Fend	Ju	
Candidate Name		Category/	2000.00		
Office Sought: House Disbursen	ant For	Туре			
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)			D (D)		
C.			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address					
016	7: 0: 1:				
City	State Zip Code				
Purpose of Disbursement					
r dipose of bisbursement					
Candidate Name			Amount of Each Disbursement this Perio	od	
Candidate Name		Category/			
Office Sought: House Disbursen	ent For:	Туре	7 7 7		
	Primary General				
	•				
State: District:	Other (specify) ▼				
Glate. District.					
			4050.00		
SUBTOTAL of Disbursements This Page (optional)			=		
<u> </u>		·····•	9		