



**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="2014"/>		73079.13
(b) Cash on Hand at Beginning of Reporting Period.....	65877.82	
(c) Total Receipts (from Line 19) .....	4166.86	49274.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70044.68	122353.19
7. Total Disbursements (from Line 31).....	7924.64	60233.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62120.04	62120.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**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).....	3379.86	34836.36
(ii) Unitemized .....	787.00	13429.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4166.86	48265.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4166.86	49265.92
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.).....	0.00	8.14
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))..... ▶	4166.86	49274.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4166.86	49274.06

**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
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 .....	3424.64	21433.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3424.64	21433.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	4500.00	38800.00
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)) ..	7924.64	60233.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7924.64	60233.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4166.86	49265.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4166.86	49265.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3424.64	21433.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3424.64	21433.15

**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 13
	<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

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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : SA11AI.5822**  
 Amount of Each Receipt this Period 100.00

**B. Doctor John Johnstone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 W. Main Street  
 City Richmond State KY Zip Code 40475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : SA11AI.5817**  
 Amount of Each Receipt this Period 25.00

**C. Doctor Glenn Lambert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1511 Northwind Road  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Healthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2014  
**Transaction ID : SA11AI.5811**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**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 13
<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. Mr. Cory Meadows**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4965 US Hwy 42  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kentucky Medical Association Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2014  
**Transaction ID : SA11AI.5806**  
 Amount of Each Receipt this Period 100.00

**B. Mrs. Kimberly Moser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 High Ridge Dr  
 City Taylor Mill State KY Zip Code 41015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.25

Date of Receipt 10 / 15 / 2014  
**Transaction ID : SA11AI.5818**  
 Amount of Each Receipt this Period 50.00

**C. Doctor Neal J. Moser MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 High Ridge Drive  
 City Taylor Mill State KY Zip Code 41075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Elizabeth Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.25

Date of Receipt 10 / 15 / 2014  
**Transaction ID : SA11AI.5819**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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 13
	<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 H Michael Oghia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4538 Highway 15 South  
 City Jackson State KY Zip Code 41339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Urology Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : SA11AI.5823**  
 Amount of Each Receipt this Period **300.00**

**B. Mrs. Rhonda K. Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3615 Woodside Place  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3028.86**

Date of Receipt **10 / 07 / 2014**  
**Transaction ID : SA11AI.5824**  
 Amount of Each Receipt this Period **2578.86**  
 In-kind - Food and Parking for KPPAC Fundraiser

**C. Doctor Donald 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 Family Practice Residency Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **883.25**

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : SA11AI.5820**  
 Amount of Each Receipt this Period **73.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2681.86</b>
<b>TOTAL</b> 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: PAGE 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Physician Retired Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 883.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.5821**

Amount of Each Receipt this Period  
 73.00

**B.** 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3379.86

**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

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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. Kentucky Medical Association (KMA)**

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
October Administration Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

Transaction ID : SB21B.5826

Amount of Each Disbursement this Period

670.00

Full Name (Last, First, Middle Initial)

**B. Kentucky Medical Association (KMA)**

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Printing Expenses

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2014

Transaction ID : SB21B.5827

Amount of Each Disbursement this Period

175.78

Full Name (Last, First, Middle Initial)

**C. Mrs. Rhonda K. Rhodes**

Mailing Address 3615 Woodside Place

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
In-kind - Food and Parking for KPPAC Fundraiser

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : SB21B.5825

Amount of Each Disbursement this Period

2578.86

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

3424.64

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

3424.64

**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. Alan Braden Campaign Fund**

Mailing Address 2113 York Drive

City Owensboro State KY Zip Code 42301

Purpose of Disbursement  
General Election Contribution to Alan Braden Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5830**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alice Forgy Kerr for State Senate**

Mailing Address PO Box 910342

City Lexington State KY Zip Code 40591

Purpose of Disbursement  
General Election Contribution to Alice Forgy Kerr Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5834**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Danny Carroll Campaign Fund**

Mailing Address 220 Cimmaron Way

City Paducah State KY Zip Code 42001

Purpose of Disbursement  
General Election Contribution to Danny Carroll Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5840**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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. James Tipton Campaign Fund**

Mailing Address 8151 Little Mount Road

City State Zip Code  
Taylorsville KY 40071

Purpose of Disbursement  
General Election Contribution to James Tipton Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 53

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : SB29.5844**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Jobe for Kentucky**

Mailing Address Basement Floor  
101 North Public Square

City State Zip Code  
Glasgow KY 42141

Purpose of Disbursement  
General Election Contribution to Jeff Jobe Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : SB29.5832**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Keith Travis for State Representative**

Mailing Address PO Box 754

City State Zip Code  
Benton KY 42025

Purpose of Disbursement  
General Election Contribution to Keith Travis Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

**Transaction ID : SB29.5838**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00
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**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. Miller for State Representative**

Mailing Address PO Box 36

City Edgewood State KY Zip Code 40018

Purpose of Disbursement  
General Election Contribution to Jerry Miller Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5842**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Phil Moffett for State House**

Mailing Address 812 Brookhill Road

City Louisville State KY Zip Code 40223

Purpose of Disbursement  
General Election Contribution to Phil Moffett Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 32

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5836**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard Marris Campaign Fund**

Mailing Address 1929 Blairmore Road

City Lexington State KY Zip Code 40502

Purpose of Disbursement  
General Election Contribution to Richard Marris Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 76

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB29.5846**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

4500.00