PAGE 1 / 41

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKIWI 3X	For Other Than An Au	thorized Committee	•	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12I	FE4M5	
Kentucky Medical Ass	sociation PAC(Kentud	cky Physicians PA	C Federal-K	(PPAC 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	NUMBER ▼ C	ITY 🛦	STATE	ZIP CODE ▲	
C C00016444		IS THIS REPORT (N		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:		ay 20 (M5) n 20 (M6)	Aug 20 (M8) Nov 20 (Non-Electic Year Only) Sep 20 (M9) Dec 20 (Non-Electic Year Electic Year Only)	
(a) Quarterly Reports:	Ap	or 20 (M4) Ju	I 20 (M7)	Oct 20 (M10) Jan 31 (
April 15 Quarterly Report	(Q1) (c) 12-Day	Primary (12P)		General (12G) Runoff (1	12R)
July 15 Quarterly Report	(Q2) PRE-Election Report for the:	Convention (12	2C) S	Special (12S)	
October 15 Quarterly Report January 31	(Q3)	M M /	D D / Y Y	Y Y in the	-
Year-End Report		ion on		State of	
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	_ F	Runoff (30R) Special ((30S)
Termination Repo	rt	ion on	D = D / Y = Y	in the State of	
5. Covering Period	01 01 2017	through	M M / D	30 / 2017	
I certify that I have examined	this Report and to the best of Tailor, Monalisa MD	of my knowledge and be	elief it is true, cor	rect and complete.	
Type or Print Name of Treasur					
Signature of Treasurer	lor, Monalisa, , , MD	[Electronically i	Filed] Date	M M / D D / Y Y Y Y Y Y 2017	Y
NOTE: Submission of false, erro	neous, or incomplete informati	on may subject the perso	n signing this Rep	port 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) Page 2

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 65594.99 January 1. 2017 (b) Cash on Hand at 65594.99 Beginning of Reporting Period..... 35668.81 35668.81 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 101263.80 101263.80 6(a) and 6(c) for Column B)..... 15639.16 15639.16 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 85624.64 85624.64 (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. 05/2016)

Write or Type Committee Name

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

01 2017 06 30 2017 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 28392.31 28392.31 (i) Itemized (use Schedule A)..... 7269.65 7269.65 (ii) Unitemized (iii) TOTAL (add 35661.96 35661.96 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 35661.96 35661.96 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 6.85 (Dividends, Interest, etc.)..... 6.85 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))....... 35668.81 35668.81 20. Total Federal Receipts 35668.81 35668.81 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	Total This Period						
	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-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	13139.16	13139.16					
	(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1					
	(add 21(a)(i), (a)(ii), and (b))▶	13139.16	13139.16					
	Transfers to Affiliated/Other Party Committees	0.00	0.00					
	Contributions to Federal Candidates/Committees	200	0.00					
	and Other Political CommitteesIndependent Expenditures	0.00	0.00					
	(use Schedule E)	0.00	0.00					
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00					
3.	Loan Repayments Made	0.00	0.00					
		0.00						
	Loans MadeRefunds of Contributions To:	0.00	0.00					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00					
	(b) Political Party Committees	0.00	0.00					
	(c) Other Political Committees	0.00	0.00					
	(such as PACs)	0.00	0.00					
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00					
	Others Dishare a season (feet affice)	4 4	45 45					
	Other Disbursements (Including Non-Federal Donations)	2500.00	2500.00					
		4 4	4 4					
).	Federal Election Activity (52 U.S.C. § 30101(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	4 4	4 4 4					
	Entirely With Federal Funds	0.00	0.00					
	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))	15639.16	15639.16					
	Total Federal Disbursements	7 7 7 7 7	7 7 7					
	(subtract Line 21(a)(ii) and Line 30(a)(ii)							
	from Line 31)	15639.16	15639.16					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 35661.96 35661.96 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 35661.96 35661.96 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 13139.16 13139.16 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 13139.16 13139.16 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE		6	OF		41
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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 Afzal, Mohammad, , , MD Date of Receipt Mailing Address 110 Hardin Lane Suite 2B 10 2017 City Zip Code State Transaction ID: SA11AI.7050 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, William, , , MD Date of Receipt Mailing Address 204 Betsy Lane 05 2017 City State Zip Code Transaction ID: SA11AI.6994 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Commonwealth Urology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Alvarado, Ralph, Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 26 2017 City State Zip Code Transaction ID: SA11AI.6971 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	ЭR	LINE	NU	MBER	:	PAGE		7	OF		41
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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 Broster, Cheryl, , Mrs., Date of Receipt Mailing Address 3629 Winding Woods Ln. 2017 City Zip Code State Transaction ID: SA11AI.6963 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2017 City State Zip Code Transaction ID: SA11AI.6914 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) ▼ 249.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 17 2017 City State Zip Code Transaction ID: SA11AI.6950 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 333.32 Other (specify) 666.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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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 15 2017 City Zip Code State Transaction ID: SA11AI.6989 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 416.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burton, Bruce, E., Doctor, MD Date of Receipt Mailing Address 3106 Oakridge Court 04 2017 City State Zip Code Transaction ID: SA11AI.6941 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cooper, J., Gregory, Doctor, MD Date of Receipt Mailing Address 386 Culpepper Drive 22 2017 City State Zip Code Transaction ID: SA11AI.6910 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Care Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1583.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the 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 Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 2017 City Zip Code State Transaction ID: SA11AI.6909 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emerg Med Specialists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 05 2017 City State Zip Code Transaction ID: SA11AI.6993 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emerg Med Specialists PSC 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 **c.** Dave, Aroona, , Mrs., Date of Receipt Mailing Address 807 Shamrock Dr 26 2017 City Zip Code State Transaction ID: SA11AI.6968 KY Madisonville 42431-8646 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 10 OF

ITEMIZE	ED RECEIPTS		for each category of the Detailed Summary Page	11a 13	ne) 11b 11c 12 14 15 16 17						
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I \	OF COMMITTEE (In Full) ucky Medical Association	PAC(Kent	ucky Physicians PAC	Federal-KPI	PAC Federal)						
A. Eres,	me of Individual (Last, First, Middle Avi, , , MD	Initial) or Full C	rganization Name	Date of Re	eceipt						
	Address 161 N. Eagle Creek Drive Suite 400			06 /	10 / Y Y Y Y Y Y						
City Lexingt	on	State KY	Zip Code 40509		Transaction ID : SA11AI.7043 Amount of Each Receipt this Period						
	number of contributing political committee.	С			250.00						
Kentuck	of Employer (for Individual) sy Cardiology PLLC		upation (for Individual) sician	Memo	o Item						
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
	me of Individual (Last, First, Middle cis, James, Michael, Doctor,		rganization Name	Date of Re	eceipt						
	Address 3824 Wyse Square			01	31 2017						
City		State KY	Zip Code 40510		ion ID : SA11AI.6893						
	number of contributing political committee.	С	40310	Amount of	Each Receipt this Period						
	of Employer (for Individual) on Nephrology Associates		upation (for Individual)	Memo	o Item						
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	me of Individual (Last, First, Middle cis, Tracy, Lee, Mrs.,	Initial) or Full C	rganization Name	Date of Re	eceipt						
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Information Requested

Other (specify)

General

Primary

Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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COD LINE NUMBER.

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 Fulcher, Eric, , , MD Date of Receipt Mailing Address PO Box 786 2017 City Zip Code State Transaction ID: SA11AI.6960 KY Prospect 40059 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 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 05 2017 City State Zip Code Transaction ID: SA11AI.7004 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 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) ▼ 500.00 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 30 2017 City Zip Code State Transaction ID: SA11AI.7005 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

	4 4										
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500.00

Physician

Aggregate Year-to-Date ▼

Use separate schedule(s) for each category of the

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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 Harrison, William, C., Doctor, MD Date of Receipt Mailing Address 4045 Foxtail Place 15 2017 City Zip Code State Transaction ID: SA11AI.6895 KY Owenshoro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RIC Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Irwin, Leland, , Doctor, MD Date of Receipt Mailing Address 3800 Saddlecreek Lane 01 2017 City State Zip Code Transaction ID: SA11AI.6866 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Emergency Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Evelyn, Montgomery, Doctor, MD Date of Receipt Mailing Address 8 West Vale 20 2017 City State Zip Code Transaction ID: SA11AI.6961 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase Dermatology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

Central Psychiatric Services

Receipt For:

Name of Employer (for Individual)

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 41 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Jones, Shawn, C., Doctor, MD Date of Receipt Mailing Address 8 West Vale 2017 City Zip Code State Transaction ID: SA11AI.6965 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase ENT Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kumar, Rishi, , Doctor, MD Date of Receipt Mailing Address 1809 Round Ridge Road 04 2017 City State Zip Code Transaction ID: SA11AI.6964 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 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) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lydon, Eric, Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 2017 City Zip Code State Transaction ID: SA11AI.6952 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00

Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00									
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Occupation (for Individual)

Physician

Memo Item

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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 2017 City Zip Code State Transaction ID: SA11AI.6983 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 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7059 KY Louisville 40207 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) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Martin, Kevin, Doctor, MD Date of Receipt Mailing Address 5788 Brookstone Dr 13 2017 City State Zip Code Transaction ID: SA11AI.6943 OH Cincinnati 45230-3596 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Cranley Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 McCay, David, , , Date of Receipt Mailing Address 441 Carter Sims Road 2017 City Zip Code State Transaction ID: SA11AI.7039 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McCay and Association Insurance Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCay, Julie, , , MD Date of Receipt Mailing Address 441 Carter Sims Road 2017 City State Zip Code Transaction ID: SA11AI.7038 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Center Pahtologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Monnig, William, , , MD Date of Receipt Mailing Address 111 Crystal Lane 26 2017 City Zip Code State Transaction ID: SA11AI.6966 KY Covington 41015 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Urology Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Montgomery, Geraldine, , Mrs., Date of Receipt Mailing Address 6414 Stinespring Dr 2017 City Zip Code State Transaction ID: SA11AI.6996 KY Paducah 42001-8674 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montgomery, Wally, , Doctor, MD Date of Receipt Mailing Address 117 N 2nd St Ste 2202 05 2017 City State Zip Code Transaction ID: SA11AI.6997 KY Paducah 42001-0741 Amount of Each Receipt this Period FEC ID number of contributing 750.00 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) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2017 City State Zip Code Transaction ID: SA11AI.6917 KY Taylor Mill 41075 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) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 2017 City Zip Code State Transaction ID: SA11AI.6955 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 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 05 15 2017 City State Zip Code Transaction ID: SA11AI.6980 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) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2017 City Zip Code State Transaction ID: SA11AI.7056 KY Taylor Mill 41075 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) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 2017 City Zip Code State Transaction ID: SA11AI.6958 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 04 2017 City State Zip Code Transaction ID: SA11AI.6959 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City State Zip Code Transaction ID: SA11AI.6918 KY Jackson 41339 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) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 2017 City Zip Code State Transaction ID: SA11AI.6944 KY Jackson 41339 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) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 05 15 2017 City State Zip Code Transaction ID: SA11AI.6988 KY Jackson 41339 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) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City State Zip Code Transaction ID: SA11AI.7064 KY Jackson 41339 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) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Padgett, Patrick, T., Mr., Date of Receipt Mailing Address 8422 Biggin Hill Lane 2017 City Zip Code State Transaction ID: SA11AI.6927 KY Louisville 40220 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City State Zip Code Transaction ID: SA11AI.6919 KY Lexington 40503 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) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 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 17 2017 City State Zip Code Transaction ID: SA11AI.6945 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 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 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 Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City Zip Code State Transaction ID: SA11AI.6987 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City State Zip Code Transaction ID: SA11AI.7063 KY Lexington 40503 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) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Paris, Kristie, , , MD Date of Receipt Mailing Address 2803 Alta Vista Way 02 2017 City State Zip Code Transaction ID: SA11AI.7041 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentuckiana Cancer Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Park, Richard, E., Doctor, MD Date of Receipt Mailing Address 11299 Ross Court 2017 City Zip Code State Transaction ID: SA11AI.6929 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Independent Anesthesiologists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Proudfoot, Glenn, , , MD Date of Receipt Mailing Address 225 Horizon Hills Drive 19 2017 City State Zip Code Transaction ID: SA11AI.6887 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 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) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Proudfoot, Sonia, , , MD Date of Receipt Mailing Address 225 Horizon Hills Drive 19 2017 City State Zip Code Transaction ID: SA11AI.6885 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Qazi, Mubashir, , , MD Date of Receipt Mailing Address 161 N. Eagle Creek Drive Suite 400 10 2017 City Zip Code State Transaction ID: SA11AI.7045 KY Lexington 40509 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Cardiology PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rhodes, John, , , MD Date of Receipt Mailing Address 3615 Woodside Place 04 2017 City State Zip Code Transaction ID: SA11AI.6973 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rhodes, Rhonda, K., Mrs., Date of Receipt Mailing Address 3615 Woodside Place 26 2017 City Zip Code State Transaction ID: SA11AI.6972 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 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 Shively, Eugene, H, Doctor, MD Date of Receipt Mailing Address 803 Lebanon Ave 18 2017 City Zip Code State Transaction ID: SA11AI.6991 KY Campbelsville 42718 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Surgical Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.6923 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) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 219.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 17 2017 City State Zip Code Transaction ID: SA11AI.6953 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) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) 396.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 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 15 2017 City Zip Code State Transaction ID: SA11AI.6981 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 365.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7057 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) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 438.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City Zip Code State Transaction ID: SA11AI.6924 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) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2017 City Zip Code State Transaction ID: SA11AI.6954 41091 KY Union 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) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 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 05 15 2017 City State Zip Code Transaction ID: SA11AI.6982 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) 365.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7058 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) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 438.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Vora, Kishor, , , MD Date of Receipt Mailing Address 4204 Hunter Pointe 10 2017 City Zip Code State Transaction ID: SA11AI.6931 KY Owenshoro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Owensbor Medical Practice. PLL Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.6925 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 249.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 17 2017 City State Zip Code Transaction ID: SA11AI.6951 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 333.32 Other (specify) 666.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City Zip Code State Transaction ID: SA11AI.6986 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 416.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.7062 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 499.98 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Watson, Carolyn, Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 19 2017 City State Zip Code Transaction ID: SA11AI.6889 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 466.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Watson, Carolyn, , Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 18 2017 City Zip Code State Transaction ID: SA11AI.6992 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 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 2017 City State Zip Code Transaction ID: SA11AI.6911 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 02 2017 City State Zip Code Transaction ID: SA11AI.6912 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 300.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 16 2017 City Zip Code State Transaction ID: SA11AI.6926 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 375.00 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 2017 City State Zip Code Transaction ID: SA11AI.6928 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) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 12 2017 City Zip Code State Transaction ID: SA11AI.6942 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 525.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 2017 City Zip Code State Transaction ID: SA11AI.6975 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 600.00 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 05 2017 City State Zip Code Transaction ID: SA11AI.6977 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) 675.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 10 2017 City Zip Code State Transaction ID: SA11AI.7047 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 750.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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41 32 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 2017 City Zip Code State Transaction ID: SA11AI.7075 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 825.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wright, R., Brent, Doctor, MD Date of Receipt Mailing Address 104 Northwood Drive 10 2017 City State Zip Code Transaction ID: SA11AI.7048 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Louisville Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zalla, Mark, J., Doctor, MD Date of Receipt Mailing Address 1018 Colina Drive 11 2017 City Zip Code State Transaction ID: SA11AI.6938 KY Villa Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dermatology Associates of Northern KY, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1575.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 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 Zaring, Robert, , Doctor, MD Date of Receipt Mailing Address 200 Abraham Flexner Way 17 2017 City Zip Code State Transaction ID: SA11AI.6978 Louisville KY 40202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Louisville Pathology Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 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)

1000.00 SUBTOTAL of Receipts This Page (optional)..... 28392.31 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	FOR LIN			INE NUMBER: PAGE 34 OF 41					
ITEMIZED DISBURSEMENTS	\ I	eck only one)							
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	Detailed	Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and State	ements may	not be sold or us	sed by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Kentucky Medical Association PA	C(Kentu	cky Physicia	ans PAC Fe	ederal-KPPAC Federal)					
/	`			<u> </u>					
Full Name (Last, First, Middle Initial)				Data of Disham					
A. Kentucky Medical Association (KN)	/IA)			Date of Disbursement					
Mailing Address 4065 US Liver 40				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 4965 US Hwy 42 Suite 2000				01 15 2017					
City	State	Zip Code		FEO. II. III. II. N. I					
Louisville	KY	40222		FEC Identification Number					
Purpose of Disbursement				С					
January Administrative Fee			001	Transaction ID : SB21B.7012					
Candidate Name			Category/	Amount of Each Disbursement this Period					
			Type						
	ement For:			639.00					
Senate	Primary	General							
President	Other (spe	ecity) 🔻		Memo Item					
State: District:				_					
Full Name (Last, First, Middle Initial)				Data of Dishamanana					
B. Kentucky Medical Association (KN	/IA)			Date of Disbursement					
Mailing Address 4065 US Liver 40				01 31 2017					
Mailing Address 4965 US Hwy 42 Suite 2000				01 31 2017					
City	State	Zip Code		CCO Identification Number					
Louisville	KY	40222		FEC Identification Number					
Purpose of Disbursement									
KPPAC Mailing Labels - 500 Large Labels Printed	l		001	Transaction ID : SB21B.7026					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Coughts			Type	470.00					
	ement For:	Camanal		170.66					
Senate President	Primary	General							
State: District:	Other (spe	city)		Memo Item					
Full Name (Last, First, Middle Initial)									
	/ / \ \			Date of Disbursement					
C. Kentucky Medical Association (KN	// / /								
Mailing Address 4965 US Hwy 42				01 31 2017					
Suite 2000									
City	State	Zip Code		FEC Identification Number					
Louisville	KY	40222							
Purpose of Disbursement KPPAC Advertisement in For the Record Publicati		C							
	0.1	004	Transaction ID : SB21B.7027						
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburse	mont For		Туре	450.00					
Office Sought: House Disburse Senate	ement For: Primary	General	General						
President			if _t () \blacksquare						
	President								
Similar.									
SUBTOTAL of Disbursements This Page (optional)			_	1259.66					
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SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 35 OF 41		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		(check only			
		category of the Summary Page	` X 21b	22 23 26 27		
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NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	:(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)		
Tortuoty Medical Association FAC	/(T.GITTUC	ny i Hysicie				
Full Name (Last, First, Middle Initial)						
A. Kentucky Medical Association (KM)	A)			Date of Disbursement		
Mailing Address 4965 US Hwy 42				01 31 2017		
Suite 2000						
,	State	Zip Code		FEC Identification Number		
Louisville Purpose of Dishursement	KY	40222				
Purpose of Disbursement KPPAC Lapel Pins for 2017 Contributors			001	C		
Candidate Name				Transaction ID : SB21B.7028 Amount of Each Disbursement this Period		
			Category/ Type	Amount of Lacif Dispulsement this Period		
Office Sought: House Disburser	nent For:			773.03		
Senate	Primary	General				
State: President State:	Other (spec	city) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Kentucky Medical Association (KM	Δ١			Date of Disbursement		
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Mailing Address 4965 US Hwy 42		02 15 2017				
Suite 2000	<u> </u>	I =				
City Louisville	State KY	Zip Code 40222		FEC Identification Number		
Purpose of Disbursement	151	40222		С		
February Administrative Fee	Transaction ID : SB21B.7014					
Candidate Name Category/				Amount of Each Disbursement this Period		
Office Country			Type	200.00		
Office Sought: House Disbursen Senate	nent For: Primary	General		639.00		
President	Other (spec					
State: District:	551 (opoo			Memo Item		
Full Name (Last, First, Middle Initial)						
C. Kentucky Medical Association (KM	A)			Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address 4965 US Hwy 42 Suite 2000				03 15 2017		
	State	Zip Code		CCO Identification Number		
Louisville	KY	40222		FEC Identification Number		
Purpose of Disbursement March Administrative Fee				C		
Candidate Name			001	Transaction ID : SB21B.7018		
Candidate Ivallie			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	nent For:		Type	639.00		
Senate	Primary	General		4 4		
President	Other (spec	cify) 🔻		Memo Item		
State: District:				ш		
				2054.02		
SUBTOTAL of Disbursements This Page (optional)			·····	2051.03		
TOTAL This Period (last nage this line number only)			_			

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: F	PAGE 36 OF 41
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(oricon orin)	(check only one)	
		d Summary Page	X 21b 28a	22 23 26 28b 28c 29	
Assistantial formation and Old					
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NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PA	C(Kentu	ucky Physicia	ans PAC Fe	ederal-KPPAC Fede	əral)
Full Name (Last, First, Middle Initial)	4.4.\			Data of Diaburgament	
A. Kentucky Medical Association (KN	ΛA)			Date of Disbursement	YYYY
Mailing Address 4965 US Hwy 42 Suite 2000				04 07	2017
City	State	Zip Code		FEC Identification Numb	oer
Louisville	KY	40222			
Purpose of Disbursement KPPAC Solicitation Mailing			003	C	
Candidate Name				Transaction ID : SB21B.7029 Amount of Each Disbursement this I	
			Category/ Type	Amount of Each Disburs	sement this Period
Office Sought: House Disburse	ement For:				39.10
Senate	Primary	General		,	
State: District:	Other (sp	ecify) \blacktriangledown		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Kentucky Medical Association (KI	(Δ1)			Date of Disbursement	
Remacky Medical Association (Ri	vi <i>r</i> ()			M M / D D /	YYYY
Mailing Address 4965 US Hwy 42 Suite 2000	04 07 2017				
City	State	Zip Code		FEC Identification Numb	er
Louisville Purpose of Disbursement	KY	40222		С	
Mailing of Thank You Letters		04D 7000			
Candidate Name	Transaction ID : SB Amount of Each Disburs				
	Category/ Type		20.00		
	ement For:	Conoral			28.63
Senate Primary General President Other (specify)					
State: District:	_	, ,		Memo Item	
Full Name (Last, First, Middle Initial)					
C. Kentucky Medical Association (KN	ЛА)			Date of Disbursement	Y
Mailing Address 4965 US Hwy 42 Suite 2000				04 15	2017
City	State	Zip Code		FEC Identification Numb	er
Louisville Purpose of Disbursement	KY	40222			
April Administrative Fee			001	C Transaction ID : SE	321B 7022
Candidate Name			Category/	Amount of Each Disburs	
Office Sought: House Disburse	ement For:		Туре		639.00
Senate	Primary	General			000.00
President	Other (sp			Memo Item	
State: District:		<u> </u>		L Wellio item	
SUBTOTAL of Disbursements This Page (optional)					706.73
TOTAL This Period (last page this line number only	v)			1	

SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 37 OF 41		
ITEMIZED DISBURSEMENTS			Use separate schedule(s)		(check only one)		
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
	Kentucky Medical Association PAC	C(Kentuc	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)		
_	Full Name (Last, First, Middle Initial)						
A.	Kentucky Medical Association (KM	1A)			Date of Disbursement		
	Mailing Address 4965 US Hwy 42 Suite 2000		I		05 15 2017		
	City Louisville	State KY	Zip Code 40222		FEC Identification Number		
	Purpose of Disbursement	IX1	40222		C		
	May Administrative Fee			001			
	Candidate Name			Category/	Transaction ID : SB21B.7024 Amount of Each Disbursement this Period		
				Type	200,00		
		ment For:			639.00		
	Senate President	Primary Other (spec	General				
	State: District:	Other (spec	ony) 🔻		Memo Item		
	Full Name (Last, First, Middle Initial)						
В.	Kentucky Medical Association (KM	1A)			Date of Disbursement		
	Mailing Address 4965 US Hwy 42 Suite 2000		05 31 2017				
	,	State KY	Zip Code		FEC Identification Number		
	Louisville Purpose of Disbursement	KI	40222		C		
	Printing and Postage for KPPAC Contribution Solid	citation Mailir	ng	003			
Candidate Name Category/					Transaction ID : SB21B.7078 Amount of Each Disbursement this Period		
		2005.50					
	Office Sought: House Disbursement For:			3095.59			
	Senate President	Primary General Other (specify)					
	State: District:	Other (oper	ony)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	Kentucky Medical Association (KM		Date of Disbursement				
	Mailing Address 4965 US Hwy 42 Suite 2000				06 15 2017		
	City	State	Zip Code		FEC Identification Number		
	Louisville Purpose of Disbursement	KY	40222				
	Purchase of Stock Image for Flyer			004	Transaction ID : SB21B.7086		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburser	ment For:		iype	10.59		
	Senate	Primary	General				
	President	Other (spec	cify) ▼		Memo Item		
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s	UBTOTAL of Disbursements This Page (optional)			·····	3745.18		
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 38 OF 41		
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: (check only one)		
		category of the Summary Page	` X 21b	22 23 26 27		
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NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	C(Kentud	cky Physicia	ns PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)	4.4.\			Data of Dishursament		
A. Kentucky Medical Association (KM	/IA)			Date of Disbursement		
Mailing Address 4965 US Hwy 42 Suite 2000				06 15 2017		
City	State KY	Zip Code 40222		FEC Identification Number		
Louisville Purpose of Disbursement	17.1	40222		C		
June Admistration Fee			001	Transaction ID : SB21B.7088		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		туре	639.00		
Senate	Primary	General				
President	Other (spe	cify) ▼		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) B. Kentucky Medical Association (KN	ΛA)			Date of Disbursement		
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Mailing Address 4965 US Hwy 42 Suite 2000		06 15 2017				
City Louisville	State KY	Zip Code 40222		FEC Identification Number		
Purpose of Disbursement	Purpose of Disbursement					
Ribbons for KMA Annual Meeting	Transaction ID : SB21B.7090					
Candidate Name	Amount of Each Disbursement this Period					
Office Sought: House Disbursement For:				98.48		
Senate Disburse	Primary	General		30.40		
President	Other (spe			Memo Item		
State: District:	-			Wollie Roll		
Full Name (Last, First, Middle Initial)	1			Date of Disbursement		
C. Kentucky Medical Association (KM		M M / D D / Y Y Y Y				
Mailing Address 4965 US Hwy 42 Suite 2000				06 15 2017		
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40222				
KPPAC Board Conference Call	001	C Transaction ID : SB21B.7092				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		1,400	20.60		
Senate	Primary	General				
President	Other (spe	cify) ▼		Memo Item		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 OF 41	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
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NAME OF COMMITTEE (In Full)		.		
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)	
Full Name (Last, First, Middle Initial)				
A. Jeffery Hoover for State Represent	ative		Date of Disbursement	
Mailing Address PO Box 985			01 23 7 2017	
City	State Zip Code			
Jamestown	KY 42629		FEC Identification Number	
Purpose of Disbursement Refund of campaign contribution because account of	rlosed	040	C	
Candidate Name	510000	010	Transaction ID : SB29.7102	
		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburser	nent For: 2016		- 1000.00	
Senate	Primary General			
State: KY District: 83	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B. John Bam Carney Campaign Fund			Date of Disbursement	
Mailing Addross 200 Cauthaida Aug		01 31 2017		
Mailing Address 202 Southside Ave			01 31 2017	
,	State Zip Code		FEC Identification Number	
Campbellsville Purpose of Disbursement	KY 42718		C	
Void Check # 1445 because it was never cashed 010			Transaction ID : SB29.7032	
Candidate Name	Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	Туре	- 500.00		
Senate Sought.	nent For: 2016 Primary x General		500.00	
President Other (specify)			Memo Item	
State: KY District: 51			Wello tell	
Full Name (Last, First, Middle Initial)	ua Campaign Camp	nittoo	Date of Disbursement	
C. Kentucky House Democratic Cauci	us Campaign Comi	IIIIIee	M M / D D / Y Y Y Y	
Mailing Address PO Box 4204			06 07 2017	
City	State Zip Code		FEC Identification Number	
Frankfort Purpose of Disbursement	KY 40604			
Contribution to the House Minority Caucus	C			
Candidate Name		011 Category/	Transaction ID: SB29.7094 Amount of Each Disbursement this Period	
		Type		
Office Sought: House Disburser Senate	nent For: Primary General		1500.00	
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Kentucky Medical Association PA	C(Kentud	cky Physicia	ins PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Initial)						
A. Senate Republican Caucus Camp	aign Cor	mmittee		Date of Disbursement		
Mailing Address PO Box 1068				06 02 2017		
City Frankfort	State KY	Zip Code 40602		FEC Identification Number		
Purpose of Disbursement	IXI	40602		C		
Contribution to the Senate Majority Caucus			011	Transaction ID : SB29.7084		
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