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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Authorized Committee							Office Use Only					
1. NAME OF COMMITTEE (in full)	YPE OR I	PRINT ▼	Exampl over the	e: If typin e lines.	g, type	12FE4M	5						
Kentucky Medical Asso	ciation	PAC(Kentuck	y Physic	cians P	AC Fedei	al-KPPA	C Federal)						
ADDRESS (number and street)	9300 She	elbyville Road			1 1 1 1	I I I I	1 1 1 1	.					
▼	Suite 850)											
Check if different than previously reported. (ACC)	Louisville) 				KY	40222	-					
2. FEC IDENTIFICATION NUI	MBER ▼	CIT	Y 🛦		S	STATE A	ZIP C	ODE 🛦					
C C00016444			S THIS EPORT		IEW N) OR	AN (A)	MENDED						
4. TYPE OF REPORT (Choose One)	(b) Mon Rep Due	ort On:	20 (M2)	=	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)					
(a) Quarterly Reports:		Mar	20 (M3)		un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)					
April 15	,	Apr	20 (M4)	J	ul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)					
Quarterly Report (Q1	(C)	12-Day PRE-Election	Prir	mary (12P))	General	(12G)	Runoff (12R)					
Quarterly Report (Q2 October 15	2)	Report for the:	Cor	nvention (1	12C)	Special (12S)						
Quarterly Report (Q3		Electio	n on	M = M /	D D /	Y	in the						
Year-End Report (YE July 31 Mid-Year Report (Non-election	(d)	30-Day POST-Election		neral (30G		Runoff (3		Special (30S)					
Year Only) (MY) Termination Report		Report for the:		nerai (300	''	Tidiloli (c	Jorry	opeciai (000)					
(TER)		Electio	n on	M = M /	D D /	Y " Y " Y " Y	in the State						
5. Covering Period 07	/ 01	2018		through	M M M 09	30	2018]					
I certify that I have examined this	Report a	nd to the best of	my knowled	dge and b	elief it is tru	e, correct an	d complete.						
Type or Print Name of Treasurer	Couch, F	Robert, , , MD											
Signature of Treasurer Couch,	. Robert , , , !	MD	[Eld	ectronically	<i>Filed]</i> D	ate 10	10 /	2018					
NOTE: Submission of false, erroned	ous, or inco	omplete information	ı may subjed	ct the pers	on signing th	is Report to the	ne penalties of 5	52 U.S.C. § 3010					
Office Use Only							FEC FO Rev. 05						

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

07 01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 79034.94 January 1. 2018 (b) Cash on Hand at 54492.09 Beginning of Reporting Period..... 14042.94 38809.60 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 117844.54 68535.03 6(a) and 6(c) for Column B)..... 44380.40 93689.91 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 24154.63 24154.63 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From:	07 01 / 2018 To:	09 / 30 / 2018
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)	7600.48	27151.12
(ii) Unitemized	4990.00	10197.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12590.48	37348.44
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	1000.00	1000.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	13590.48	38348.44
Party Committees		0.00
13. All Loans Received		0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		0.00
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin F		461.16
(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))	14042.94	38809.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14042.94	38809.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
	erating Expenditures: Allocated Federal/Non-Federal		Calcinati Toul to Buto			
(α)	Activity (from Schedule H4)					
	(i) Federal Share	0.00	0.00			
	(ii) Non-Federal Share	0.00	0.00			
(b)	Other Federal Operating		4 4			
(5)	Expenditures	6380.40	22189.91			
(c)	Total Operating Expenditures	47. 47. 45.	4 4			
	(add 21(a)(i), (a)(ii), and (b))▶	6380.40	22189.91			
	nsfers to Affiliated/Other Party					
	mmitteesntributions to	0.00	0.00			
Fed	deral Candidates/Committees	0.00	0.00			
	Other Political Committees	0.00	0.00			
(us	ependent Expenditures e Schedule E)	0.00	0.00			
Co	ordinated Party Expenditures U.S.C. § 30116(d))	4 4	45 45 45			
(us	e Schedule F)	0.00	0.00			
		4 4	4 4			
Loa	an Repayments Made	0.00	0.00			
Loa	ans Madefunds of Contributions To:	0.00	0.00			
	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		4 4			
` '	(add Lines 28(a), (b), and (c))	0.00	0.00			
		45 45 45	4 4			
Oth	ner Disbursements (Including					
No	n-Federal Donations)	38000.00	71500.00			
For	deral Election Activity (52 U.S.C. § 30101(2	201)				
	Allocated Federal Election Activity	20))				
(\$)	(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			
, .	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			
_ ,	al Diskussion () III () 21() 25					
	al Disbursements (add Lines 21(c), 22,					
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	44380.40	93689.91			
Tot	al Federal Disbursements					
	btract Line 21(a)(ii) and Line 30(a)(ii)					
	m Line 31)	44380.40	20000.01			
	,	44300.40	93689.91			

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) 13590.48 38348.44 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 38348.44 13590.48 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 6380.40 22189.91 (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 6380.40 22189.91 (subtract Line 37 from Line 36)

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 Alvarado, Ralph, , Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 2018 City Zip Code State Transaction ID: SA11AI.7664 KY Winchester 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alvarado, Ralph, , Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 15 2018 City State Zip Code Transaction ID: SA11AI.7733 Winchester KY 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Alvarado, Ralph, Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 14 2018 City State Zip Code Transaction ID: SA11AI.7819 KY Winchester 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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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 Bunnell, Nancy, , Mrs., Date of Receipt Mailing Address 3246 New Orleans 2018 City Zip Code State Transaction ID: SA11AI.7662 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Homemaker Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 206.25 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bunnell, Thomas, , Doctor, MD Date of Receipt Mailing Address 3246 New Orleans 2018 City State Zip Code Transaction ID: SA11AI.7663 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 206.25 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2018 City State Zip Code Transaction ID: SA11AI.7668 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.31 Other (specify) 220.83 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 Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2018 15 City Zip Code State Transaction ID: SA11AI.7741 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 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 09 2018 City State Zip Code Transaction ID: SA11AI.7822 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 749.97 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ciochetty, David, , , MD Date of Receipt Mailing Address 1548 Stillwater Ct 26 2018 City State Zip Code Transaction ID: SA11AI.7743 KY **Bowling Green** 42103 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) Interventional Pain Specialist Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1166.66 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 Ganzel, Toni, , , MD Date of Receipt Mailing Address 2513 Poplar Crest Road 2018 City Zip Code State Transaction ID: SA11AI.7750 KY Louisville 40207 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) University of Louisville Physi 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. Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 09 2018 City State Zip Code Transaction ID: SA11AI.7826 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kuduk, Michael, , Doctor, MD Date of Receipt Mailing Address 375 Bobwhite Lane 2018 City State Zip Code Transaction ID: SA11AI.7763 KY Winchester 40391 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) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 825.00 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 Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 2018 City Zip Code State Transaction ID: SA11AI.7670 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) Sensible Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 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 2018 City State Zip Code Transaction ID: SA11AI.7764 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) Sensible Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 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 14 2018 City State Zip Code Transaction ID: SA11AI.7829 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) Sensible Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Meadows, Cory, , Mr., Date of Receipt Mailing Address 4965 US Hwy 42 2018 City Zip Code State Transaction ID: SA11AI.7771 KY Louisville 40222 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) Kentucky Medical Association Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Monnig, William, , , MD Date of Receipt Mailing Address 111 Crystal Lane 2018 City State Zip Code Transaction ID: SA11AI.7778 KY Covington 41015 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) Retired Retired Physicians 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. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 17 2018 Zip Code City State Transaction ID: SA11AI.7660 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 375.00 Other (specify) 1425.00 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 Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 2018 City Zip Code State Transaction ID: SA11AI.7661 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) Ashland Advanced Eye Care Cent 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. Park, Richard, E., Doctor, MD Date of Receipt Mailing Address 11299 Ross Court 2018 City State Zip Code Transaction ID: SA11AI.7782 KY Union 41091 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) Independent Anesthesiologists 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. Reichard, K. Thomas, , Doctor, MD Date of Receipt Mailing Address 2425 Cherokee Pkwy 23 2018 City State Zip Code Transaction ID: SA11AI.7787 KY Louisville 40204-2216 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) 875.00 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 Reichard, Mary-Stuart, , Mrs., Date of Receipt Mailing Address 2425 Cherokee Pkwy 2018 City Zip Code State Transaction ID: SA11AI.7788 KY Louisville 40204-2216 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) 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. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 07 2018 City State Zip Code Transaction ID: SA11AI.7665 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) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 15 2018 City State Zip Code Transaction ID: SA11AI.7789 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) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 450.00 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 Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 2018 City Zip Code State Transaction ID: SA11AI.7832 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) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 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 07 2018 City State Zip Code Transaction ID: SA11AI.7671 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) 511.00 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 15 2018 City State Zip Code Transaction ID: SA11AI.7795 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 584.00 Other (specify) 246.00 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 Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2018 City Zip Code State Transaction ID: SA11AI.7833 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 657.00 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 07 2018 City State Zip Code Transaction ID: SA11AI.7672 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) 511.00 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 2018 City State Zip Code Transaction ID: SA11AI.7796 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 584.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2018 City Zip Code State Transaction ID: SA11AI.7834 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 657.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tobin, Gordon, , Doctor, II, MD Date of Receipt Mailing Address 1505 Northwind Rd 2018 City State Zip Code Transaction ID: SA11AI.7797 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 300.00 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 Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 17 2018 City State Zip Code Transaction ID: SA11AI.7669 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 583.31 Other (specify) 456.33 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 Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 2018 15 City Zip Code State Transaction ID: SA11AI.7800 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 666.64 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 09 2018 City State Zip Code Transaction ID: SA11AI.7835 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) 749.97 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. White, John, Doctor, MD Date of Receipt Mailing Address 712 Tamarack Ct 2018 City State Zip Code Transaction ID: SA11AI.7802 KY Richmond 40475 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) **Pulmonary Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 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 Detailed Summary Page

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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 2018 City Zip Code State Transaction ID: SA11AI.7659 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 1050.00 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 07 2018 City State Zip Code Transaction ID: SA11AI.7673 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) 1125.00 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 09 2018 City State Zip Code Transaction ID: SA11AI.7803 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 1200.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information c 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 2018 City Zip Code State Transaction ID: SA11AI.7804 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 1275.00 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 09 2018 City State Zip Code Transaction ID: SA11AI.7836 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) 1350.00 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 28 2018 City Zip Code State Transaction ID: SA11AI.7837 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1425.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... 7600.48 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kent	cucky Physicians PAC	Federal-KPPAC Federal)				
Full Name of Individual (Last, First, Middle I Citizens for Affordable Healthcare	nitial) or Full C	organization Name	Date of Receipt				
Mailing Address C/O 375 Thomas More Park Suite 209			07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Crestview Hills	State KY	Zip Code 41017	Transaction ID : SA11C.7674 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		1000.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item PAC Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name	Date of Receipt				
Mailing Address			M = M / D = D / Y = Y = Y				
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	_				

Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Mailing Address	Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code C Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1000.00

1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 39 (check only one)				
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(K	Centucky Physicians PAC	Federal-KPPAC Federal)				
Full Name of Individual (Last, First, Middle Initial) or F A. Kentucky Humanities Council, Inc	Full Organization Name	Date of Receipt				
Mailing Address 206 E. Maxwell St		09 15 2018				
City Stat Lexington KY	e Zip Code 40508	Transaction ID : SA17.7843 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		450.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Refund of Speaker fee for cancelled event at annua				
Receipt For: Primary General Other (specify) ▼ Aggre	egate Year-to-Date ▼ 450.00	meeting				
Full Name of Individual (Last, First, Middle Initial) or F B. Mailing Address	Full Organization Name	Date of Receipt				
City	e Zip Code					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Initial) or F	Full Organization Name	Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City Stat	e Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary Other (specify) Aggre	egate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		450.00				

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

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 39					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	· _ ·				
			Summary Page	X 21b 28a	22 23 28c 28c	26 27 29 30b			
Δr	ny information copied from such Reports and State	 ments_may_r	not he sold or us						
	for commercial purposes, other than using the nar								
\setminus	NAME OF COMMITTEE (In Full)								
	Kentucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC Fe	ederal-KPPAC F	ederal)			
Δ	Full Name (Last, First, Middle Initial)				Date of Disbursement				
Λ.	Highnote				M M / D D	/ Y Y Y Y			
	Mailing Address 11750 Diode Court				07 31	2018			
	City Louisville	State KY	Zip Code 40299		FEC Identification N	lumber			
	Purpose of Disbursement		10200		С				
	Printing Expense for Solicitation Mailing			004	Transaction ID	: SB21B.7732			
	Candidate Name			Category/		sbursement this Period			
	Office Sought: House Disburse	ment For: 2	2018	Туре		1212.54			
	Senate	Primary	✗ General		7	7			
	President	Other (spec	cify) ▼		Memo Item				
_	State: District:								
В.	Full Name (Last, First, Middle Initial) Kentucky Chamber PAC				Date of Disburseme	ent			
	Remacky Chamber 1 AC				M M / D D	/ Y Y Y Y Y			
	Mailing Address 464 Chenault Drive				08 31	2018			
	,	State KY	Zip Code 40601		FEC Identification N	lumber			
	Frankfort Purpose of Disbursement		С						
	Participation fee in the Chamber PAC Roundtable	Event		001	Transaction ID	· SR21R 7809			
	Candidate Name			Category/		sbursement this Period			
	Office Sought: House Disburser	ment For: 2	2019	Туре		500.00			
	Senate Signate	Primary	General		4	4			
	President	Other (spec	cify)		Memo Item				
_	State: District:				Ц				
C	Full Name (Last, First, Middle Initial) Kentucky Chamber PAC				Date of Disburseme	ent			
•	Remarky Chamber 1 AC				M M / D D	/ Y Y Y Y Y			
	Mailing Address 464 Chenault Drive				08 31	2018			
	City	State	Zip Code		FEC Identification N	lumber			
	Frankfort Purpose of Disbursement	KY	40601						
	Check misfeed - had to reissue on check # 1531			001	C	2D24D 7040			
	Candidate Name			Category/	Transaction ID Amount of Each Dis	sbursement this Period			
	Office Sought: House Disburse	mont Com	2040	Type		0.00			
	Office Sought: House Disbursel Senate	ment For: 2 Primary	2018 General		0.00				
	President	Other (spec	_~		Memo Item				
_	State: District:				Michie Ifelii				
8	SUBTOTAL of Disbursements This Page (optional)			>		1712.54			
\vdash	<u> </u>								
T	OTAL This Period (last page this line number only))							

SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 23 OF 39				
ITEMIZED DISBURSEMENTS	Use separate		(check only	E NOMBER.				
	for each cate Detailed Sum		X 21b	22 23 26 27				
		,	28a	28b 28c 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
Kentucky Medical Association PAC	C(Kentucky	Physicia	ns PAC Fe	deral-KPPAC Federal)				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
A. Kentucky Medical Association (KM	(A)			M M / D D / Y Y Y Y				
Mailing Address 9300 Shelbyville Road Suite 850				07 15 2018				
City Louisville		o Code .0222		FEC Identification Number				
Purpose of Disbursement	1111	OZZZ		C				
Monthly Administration Fee			001	Transaction ID : SB21B.7677				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser	ment For: 2018	<u> </u>	.,,,,	780.00				
Senate	Primary	General						
President	Other (specify)	▼		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)	١٨\			Date of Disbursement				
B. Kentucky Medical Association (KM	iA)			M M / D D / Y Y Y Y				
Mailing Address 9300 Shelbyville Road Suite 850		07 15 2018						
City		Code		FEC Identification Number				
Louisville Purpose of Disbursement	KY 4	10222						
Reimburse for Extra Lapel Pins for Contributors			001	C				
Candidate Name				Transaction ID : SB21B.7679 Amount of Each Disbursement this Period				
			Category/ Type	Amount of Each disbursement this Fellou				
Office Sought: House Disburser	ment For: 2018	3		301.80				
Senate		General						
President State: District:	Other (specify)			Memo Item				
Full Name (Last, First, Middle Initial)								
C. Kentucky Medical Association (KM	A)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road Suite 850				07 15 2018				
	State Zip	o Code		FEC Identification Number				
Louisville	KY 4	10222						
Purpose of Disbursement Reimburse postage expense			001	C				
Candidate Name			Category/	Transaction ID: SB21B.7680 Amount of Each Disbursement this Period				
Office Occupies			Type	20.07				
Office Sought: House Disburser Senate	ment For: 2018 Primary	¬ • ·		38.07				
President	Other (specify)			П., .				
State: District:	(oposity)	*		Memo Item				
CURTOTAL of Dishuranments This Days (setting 1)				1119.87				
SUBTOTAL of Disbursements This Page (optional)			······	7				
TOTAL This Period (last page this line number only))							

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 24 OF 39				
ITEMIZED DISBURSEMENTS		parate schedule(s)	(check only	only one)				
		category of the Summary Page	X 21b	22 23 26 27				
			28a	28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)				
Full Name (Last, First, Middle Initial)	4.4.\			Date of Dichura mant				
A. Kentucky Medical Association (KM	/IA)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road Suite 850				07 15 2018				
City	State KY	Zip Code		FEC Identification Number				
Louisville Purpose of Disbursement	N I	40222						
Reimburse Conference Call Expense for Board Me	eeting		001	C				
Candidate Name			Category/	Transaction ID: SB21B.7681 Amount of Each Disbursement this Period				
			Type					
Office Sought: House Disburse	ment For:	2018		28.97				
Senate	Primary	✗ General						
State: District:	Other (spe	ecity) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Kentucky Medical Association (KN	1 Δ)			Date of Disbursement				
Remacky Medical Association (Riv	/I/\'\			M M / D D / Y Y Y Y				
Mailing Address 9300 Shelbyville Road Suite 850		07 15 2018						
City	State	Zip Code		FEC Identification Number				
Louisville Purpose of Disbursement	KY	40222						
Reimburse for KPPAC website domain name			001	C				
Candidate Name				Transaction ID : SB21B.7682 Amount of Each Disbursement this Period				
			Category/ Type	Amount of Each dispulsement this Penou				
Office Sought: House Disburse	ment For:	2018		20.17				
Senate	Primary	✗ General		4 4				
President	Other (spe	ecify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) C. Kentucky Medical Association (KM	ΛA)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road				08				
Suite 850 City	State	Zip Code						
Louisville	KY	40222		FEC Identification Number				
Purpose of Disbursement Monthly Administration Fee		- 1		C				
			001	Transaction ID : SB21B.7807				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:	2019	Type	780.00				
Senate Disburse	Primary	2018 General		7				
President	Other (spe			Mome Item				
State: District:	, ,			Memo Item				
SUBTOTAL of Disbursements This Page (optional).				829.14				
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SCHEDULE B (FEC Form 3X)			EOD LINE	IE NUMBER: PAGE 25 OF 39					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check o			NE NUMBER: FAGE 23 OF 39 only one)					
		category of the Summary Page	` X 21b	22 23 26 27					
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Any information copied from such Reports and Stater or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)		71							
Kentucky Medical Association PAC	C(Kentud	cky Physicia	ans PAC Fe	deral-KPPAC Federal)					
Full Name (Last, First, Middle Initial)									
A. Kentucky Medical Association (KM	A)			Date of Disbursement					
Mailing Address 9300 Shelbyville Road Suite 850		I		08 15 2018					
City Louisville	State KY	Zip Code 40222		FEC Identification Number					
Purpose of Disbursement		40222		C					
Reimburse Postage Expenses			001	Transaction ID : SB21B.7814					
Candidate Name			Category/	Amount of Each Disbursement this Period					
			Type	157.01					
	ment For: 2			157.91					
Senate President	Primary Other (spec			П., .					
State: District:	(-1	- 3,		Memo Item					
Full Name (Last, First, Middle Initial)									
B. Kentucky Medical Association (KM	IA)			Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address 9300 Shelbyville Road Suite 850				08 15 2018					
,	State KY	Zip Code		FEC Identification Number					
Louisville Purpose of Disbursement	KI	40222		С					
Reimburse Conference Call Charges			001						
Candidate Name			Category/	Transaction ID: SB21B.7815 Amount of Each Disbursement this Period 40.67					
			Type						
	ment For:								
Senate President	Primary Other (spec	General							
State: District:	Other (spec	ony)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Kentucky Medical Association (KM	A)			Date of Disbursement					
Matter Address Coop D. H. H. D.				M M / D D / Y Y Y Y					
Mailing Address 9300 Shelbyville Road Suite 850				08 15 2018					
	State	Zip Code		FEC Identification Number					
Louisville	KY	40222							
Purpose of Disbursement Reimburse Postage Expense for Solicitation Mailing	9		004	C Transaction ID - SD24D 7046					
Candidate Name			Category/	Transaction ID: SB21B.7816 Amount of Each Disbursement this Period					
Office Occupies			Type	04440					
Office Sought: House Disburser Senate	ment For: 2 Primary			914.12					
President	Other (spe			П., .					
State: District:	(560)	<i>37</i> ₹		Memo Item					
SUBTOTAL of Disbursements This Page (optional)			·····	1112.70					
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 26 OF 39		
ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only	one)		
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			28a	28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)	44)			Date of Disbursement		
A. Kentucky Medical Association (KN	/IA) 			M M / D D / Y Y Y Y Y		
Mailing Address 9300 Shelbyville Road Suite 850				08 15 2018		
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40222		0		
Reimburse KPPAC Speaker Fee for Annual Meeti	ng		004	C		
Candidate Name	Candidate Name Catagory/			Transaction ID : SB21B.7817 Amount of Each Disbursement this Period		
			Category/ Type	Amount of Each Dispulsement this Fellou		
Office Sought: House Disburse	ement For: 20	018		450.00		
Senate	Primary x General					
President	Other (spec	ify) 🔻		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) B. Kentucky Medical Association (KN	10)			Date of Disbursement		
2. Remucky Medical Association (Riv	viA)			M M / D D / Y Y Y Y		
Mailing Address 9300 Shelbyville Road Suite 850				08 15 2018		
City	State	Zip Code		FEC Identification Number		
Louisville	KY	40222				
Purpose of Disbursement Reimburse FedEx charges			001	C		
Candidate Name				Transaction ID : SB21B.7818		
			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For: 2	018		195.20		
Senate						
President Other (specify)				Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) C. Kentucky Medical Association (KN	ЛА)			Date of Disbursement		
Mailing Addross 2000 Challes III - Danid				09 15 2018		
Mailing Address 9300 Shelbyville Road Suite 850				09 19 2016		
City	State	Zip Code		FEC Identification Number		
Louisville	KY	40222				
Purpose of Disbursement Monthly Administration Fee			004	C		
Candidate Name			001	Transaction ID : SB21B.7839		
Candidate Hame			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For: 20	 018	.,,,,	780.00		
Senate	Primary	✗ General				
President	Other (speci	ify) ▼		Memo Item		
State: District:				ш		
SUBTOTAL of Disbursements This Page (optional).			·····•	1425.20		
TOTAL This Period (last page this line number only	/)					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 27 OF 39
ITEMIZED DISBURSEMENTS		parate schedule(s)	(check only	NOMBELL.
		category of the Summary Page	X 21b	22 23 26 27
			28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	4.4.\			Data of Dishursament
A. Kentucky Medical Association (KN	/IA) 			Date of Disbursement
Mailing Address 9300 Shelbyville Road Suite 850				09 15 2018
City	State	Zip Code		FEC Identification Number
Louisville Purpose of Disbursement	KY	40222		0
Reimburse FedEx Charges			001	C
Candidate Name				Transaction ID : SB21B.7841
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	2018		92.67
Senate	Primary	✗ General		
President	Other (spe	ecify) 🔻		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)	4.4.\			Date of Disbursement
B. Kentucky Medical Association (KN	MA)			
Mailing Address 9300 Shelbyville Road Suite 850				09 15 2018
City	State	Zip Code		FEC Identification Number
Louisville	KY	40222		
Purpose of Disbursement Reimburse printing costs			004	C
Candidate Name			001	Transaction ID : SB21B.7842
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	2018	.,,,,,	16.00
Senate	Primary General			7 7
President	Other (spe	ecify)		Memo Item
State: District:				<u> </u>
Full Name (Last, First, Middle Initial) C.				Date of Disbursement
o .				M M / D D / Y Y Y Y
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:		, ypc	
Senate	Primary	General		7 7 7
President	Other (spe	ecify) 🔻		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional).			.	108.67
				2222 /2
TOTAL This Period (last page this line number only	y)			6308.12

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Associate weather associate from south Domester and Obstant			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			B (B) .
A. Adam Koenig for State Representa	tive		Date of Disbursement
Mailing Address 170 Herrington Court #12			07 18 2018
City	State Zip Code		FEC Identification Number
ago.	KY 41018		
Purpose of Disbursement General Election Contribution to Adam Koenig Camp	paign Fund	011	C
Candidate Name			Transaction ID : SB29.7716
		Category/ Type	Amount of Each Disbursement this Period
Office Sought:	nent For: 2018		1000.00
Senate Primary General			
	Other (specify) ▼		Memo Item
State: KY District: 69 Full Name (Last, First, Middle Initial)			_
B. Alice Forgy Kerr for State Senate			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 3274 Gondola Drive	_		07 18 2018
-	State Zip Code		FEC Identification Number
Lexington Purpose of Disbursement	KY 40513		
General Election Contribution to Alice Forgy Kerr Ca	ampaign Fund	011	C
Candidate Name		Category/	Transaction ID : SB29.7700 Amount of Each Disbursement this Period
		Type	100000
\vdash \circ \cdot \cdot \cdot \cdot \cdot \cdot	nent For: 2018		1000.00
x Senate Primary x General President Other (specify)			
State: KY District: 12	oo. (opcoy)		Memo Item
Full Name (Last, First, Middle Initial)			
C. Bart Rowland Campaign Fund			Date of Disbursement
Mailing Address D.O. D. 1999			M M / D D / Y Y Y Y
Mailing Address P.O. Box 336			07 18 2018
City	State Zip Code		FEC Identification Number
	KY 42167		
Purpose of Disbursement General Election Contribution to Bart Rowland Camp	paign Fund	011	C
Candidate Name			Transaction ID: SB29.7701
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2018		1000.00
	Primary General		
	Other (specify) ▼		Memo Item
State: KY District: 21			
SUBTOTAL of Disbursements This Page (optional)		············· <u>▶</u>	3000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 29 OF 39
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
$\Big angle$ Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Blanton for State Representative			Date of Disbursement
Maillion Address AFFO Coop Creek Book			07 18 2018
Mailing Address 1558 Coon Creek Road			07 18 2018
,	State Zip Code		FEC Identification Number
Salyersville Purpose of Disbursement	KY 41465		
General Election Contribution to John Blanton Camp	paign Fund	011	C
Candidate Name		Category/	Transaction ID: SB29.7703 Amount of Each Disbursement this Period
Office Occupies House		Type	1000.00
	nent For: 2018 Primary 🗶 General		1000.00
	Other (specify) ▼		Memo Item
State: KY District: 92			wemo item
Full Name (Last, First, Middle Initial)			5
3. Campaign of Dean Schamore			Date of Disbursement
Mailing Address PO Box 577			07 18 2018
,	State Zip Code KY 40143		FEC Identification Number
Purpose of Disbursement	10110		C
General Election Contribution to Dean Schamore Ca	ampaign Fund	011	Transaction ID : SB29.7708
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: 🗶 House Disbursem	nent For: 2018	Туре	500.00
	Primary General		4 4
	Other (specify)		Memo Item
State: KY District:			
Full Name (Last, First, Middle Initial) Danny Carroll Campaign Fund			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 220 Cimmaron Way			07 12 2018
City	State Zip Code		CCO Identification Number
Paducah	KY 42001		FEC Identification Number
Purpose of Disbursement General Election Contribution to Danny Carroll Cam	paign Fund	011	C
Candidate Name			Transaction ID: SB29.7687 Amount of Each Disbursement this Period
		Category/ Type	Amount of Each Bisbarcomont the Forted
0	nent For: 2018		1000.00
	Primary ∡ General Other (specify) ▼		П
State: KY District: 02	(-Ir 3/ ▼		Memo Item
			0500.00
SUBTOTAL of Disbursements This Page (optional)		·····•	2500.00
TOTAL This Period (last page this line number only).			

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ry information copied from such Reports and Staten for commercial purposes, other than using the name	for each conditions Detailed S	rate schedule(s) category of the summary Page	(check only 21b 28a	22 23 26 27
			1 200	28b 28c x 29 30b
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	C(Kentuck	ky Physiciar	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial) Danny R. Bentley Campaign Fund				Date of Disbursement
Danny R. Bentley Campaign Fund				M M / D D / Y Y Y Y
Mailing Address 140 Partridge Drive				07 12 2018
City S Russell	State KY	Zip Code 41169		FEC Identification Number
Purpose of Disbursement General Election Contribution to Danny Bentley Car	mnoian		1	С
Candidate Name	mpaign		011	Transaction ID : SB29.7686
Canada Namo			Category/ Type	Amount of Each Disbursement this Period
	nent For: 20 Primary	018 General		1000.00
President	Other (speci	•••		Memo Item
State: KY District: 98 Full Name (Last, First, Middle Initial)				_
Dan Seum for State Senate				Date of Disbursement
Mailing Address 1107 Holly Ave				07 18 2018
City S Fairdale	State KY	Zip Code 40118		FEC Identification Number
Purpose of Disbursement General Election Contribution to Dan Seum Campa	ign Fund		011	C
Candidate Name			Category/ Type	Transaction ID: SB29.7728 Amount of Each Disbursement this Period
	ment For: 20			2000.00
President	Other (speci	∡ General fy)		Memo Item
State: KY District: 38 Full Name (Last, First, Middle Initial)				_
David Osborne for State Represen	tative			Date of Disbursement
Mailing Address P.O. Box 219				07 12 2018
City Suppose S	State KY	Zip Code 40059		FEC Identification Number
Purpose of Disbursement				C
General Election Contribution to David Osborne Car Candidate Name	mpaign Fund		O11 Category/ Type	Transaction ID : SB29.7696 Amount of Each Disbursement this Period
Office Sought: House Disbursen	ment For: 20	018	1,750	2000.00
Senate President	Primary Other (speci	x General		
State: KY District: 59	Other (speci	''y) ▼		Memo Item

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	,		
Full Name (Last, First, Middle Initial) A. Dennis Keene for State Representation	ative		Date of Disbursement
Mailing Address 1040 Johns hills road			07 18 2018
Wilder	State Zip Code KY 41076		FEC Identification Number
Purpose of Disbursement General Election Contribution to Dennis Keene Cam Candidate Name	npaign Fund	011 Category/	Transaction ID : SB29.7715 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	Туре	1000.00 Memo Item
Full Name (Last, First, Middle Initial) B. Diane St. Onge Campaign Fund Mailing Address 523 Kluemper Court			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code KY 41011	011	FEC Identification Number
Candidate Name		Category/ Type	Transaction ID : SB29.7695 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary 🗶 General Other (specify)		1000.00 Memo Item
Full Name (Last, First, Middle Initial) 5. Ernie Harris for State Senate			Date of Disbursement
Mailing Address P.O. Box 1073			07 18 2018
,	State Zip Code KY 40014		FEC Identification Number
General Election Contribution to Ernie Harris Campa Candidate Name	aign Fund	011 Category/ Type	Transaction ID : SB29.7711 Amount of Each Disbursement this Period
x Senate	nent For: 2018 Primary 🗶 General Other (specify) 🔻	.,,,,	1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	y one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	DAO/IC. () DI	DAO E	Land KDDAO En land
Kentucky Medical Association	PAC(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Jason Nemes for State Repres	entative		Date of Disbursement
Mailing Address 10627 Gleneagle Place			07 18 2018
City Louisville	State Zip Code KY 40223		FEC Identification Number
Purpose of Disbursement General Election Contribution to Jason Neme Candidate Name	s Campaign Fund	011	Transaction ID : SB29.7722
	oursement For: 2018	Category/ Type	Amount of Each Disbursement this Period 1000.00
Senate President	Primary ★ General Other (specify) ▼		Memo Item
State: KY District: 33			<u> </u>
Full Name (Last, First, Middle Initial) B. Jimmy Higdon for State Senate	9		Date of Disbursement
Mailing Address 344 North Spalding Avenue			07 18 2018
City Lebanon	State Zip Code KY 40033		FEC Identification Number
Purpose of Disbursement General Election Contribution to Jimmy Higde	on Campaign Fund	011	Transaction ID : SB29.7712
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
x Senate	oursement For: 2018 Primary General		2000.00
President State: KY District: 14	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. Joseph Fischer Campaign Fun	d		Date of Disbursement
Mailing Address 126 Dixie Place			07 18 2018
City Ft. Thomas	State Zip Code KY 41075		FEC Identification Number
Purpose of Disbursement General Election Contribution to Joe Fischer Candidate Name	Campaign Fund	011 Category/ Type	Transaction ID : SB29.7710 Amount of Each Disbursement this Period
Senate	oursement For: 2018 Primary General		1000.00
President	Other (specify) ▼		Memo Item

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	one)
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Julia Adams for State Senator			Date of Disbursement
Mailing Address 213 South Lyndon Lane			07 18 2018
Louisville	State Zip Code KY 40222		FEC Identification Number
Purpose of Disbursement General Election Contribution to Julie Raque Adams Candidate Name	s Campaign Fund	011 Category/	Transaction ID : SB29.7713 Amount of Each Disbursement this Period
Senate President	nent For: 2018 Primary	Type	2000.00 Memo Item
State: KY District: 36 Full Name (Last, First, Middle Initial) B. Ken Flemming for State Representation Mailing Address P.O. Box 6573	ative		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code KY 40206	011	FEC Identification Number
Candidate Name		Category/ Type	Transaction ID : SB29.7688 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary 🗶 General Other (specify)		1000.00 Memo Item
Full Name (Last, First, Middle Initial) 5- Kimberly Moser for State Represen	ntative		Date of Disbursement
Mailing Address 3216 High Ridge Drive			07 12 2018
Taylor Mill Purpose of Disbursement	State Zip Code KY 41051		FEC Identification Number
General Election Contribution to Kim Moser Campaig	ign Fund	011 Category/ Type	Transaction ID : SB29.7694 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	1,466	2000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)		-tl	FOR LINE	NUMBER:	PAGE 34 OF 39
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only		26 77
		ummary Page	21b 28a		23 26 27 28c x 29 30b
Any information copied from such Reports and Staten	nents may no	t be sold or use	ed by any pers	on for the purp	
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	\/IZ I	DI COL	DAO E	L L KDD	AO (5 - 1 1)
Kentucky Medical Association PAC	(Kentuck	y Physiciai	ns PAC Fe	ederal-KPP	AC Federal)
Full Name (Last, First, Middle Initial)				5	
A. Larry Brown Campaign Fund				Date of Disk	
Mailing Address P.O. Box 550				07	18 2018
,		Zip Code		FEC Identific	cation Number
Prestonsburg	KY	41653			
Purpose of Disbursement General Election Contribution to Larry Brown Camp	General Election Contribution to Larry Brown Campaign Fund 011			C	
Candidate Name					etion ID : SB29.7717 Each Disbursement this Period
			Category/ Type	Amount of L	acti dispuisement this renou
					1000.00
Senate President	t Primary 🗶 General Other (specify) ▼				
State: KY District: 95	Other (specii	y) V		Memo It	tem
Full Name (Last, First, Middle Initial)					
B. Mark Hart for State Representative)			Date of Disk	pursement
Matter Address				M = M /	10 / Y - Y - Y - Y - Y
Mailing Address 202 W. Fourth Street				07	12 2018
-	I	Zip Code		FEC Identific	cation Number
Falmouth Purpose of Disbursement	KY	41040		C	
General Election Contribution to Mark Hart Campai	gn Fund		011		tion ID : SB29.7690
Candidate Name			Category/		Each Disbursement this Period
Office Cought: House Bishurson			Туре		750.00
Office Sought: House Disbursen	nent For: 20 Primary	118 ∡ General			750.00
	Other (specif	••		M	
State: KY District: 78				Memo It	tem
Full Name (Last, First, Middle Initial)				Data of Dial	
C. Max Wise for Kentucky State Sena	ite			Date of Disk	
Mailing Address 130 High Point Crossing				07	18 2018
City	State	Zip Code		FEC Identific	cation Number
Campbellsville	KY	42718		1.1	Salion Number
Purpose of Disbursement General Election Contribution to Max Wise Campaig	gn Fund		011		
Candidate Name			Category/		ction ID : SB29.7719 Each Disbursement this Period
			Type		
	nent For: 20				1000.00
Senate President	Primary Other (specif	General			
State: KY District: 16	outor (apeon	<i>31</i> ▼		Memo It	tem
SUBTOTAL of Disbursements This Page (optional)					2750.00
TOTAL This Period (last page this line number only)					

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Physicians Code 2345	I committee to	22 23 26 27 30b In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions solicit contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such committee. In for the purpose of soliciting contributions from such co
Physicians Code 2345 General	ons PAC Fed	Date of Disbursement FEC Identification Number C Transaction ID: SB29.7697 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General Code	011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General Code	011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General Code	Category/	FEC Identification Number C Transaction ID: SB29.7697 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General Code	Category/	FEC Identification Number C Transaction ID: SB29.7697 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General Code	Category/	Transaction ID: SB29.7697 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement 07
General Code	Category/	Transaction ID : SB29.7697 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement 07
General Code	0,	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Code		Memo Item Date of Disbursement 07
Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		07 18 2018 FEC Identification Number
		FEC Identification Number
		C
	011	Transaction ID : SB29.7720
	Category/ Type	Amount of Each Disbursement this Period
General		500.00
		Memo Item
		Date of Disbursement
		07 12 2018
Code 2103		FEC Identification Number
[011 Category/ Type	Transaction ID: SB29.7699 Amount of Each Disbursement this Period
General		2000.00
▼		Memo Item
	General	2103 O11 Category/ Type General

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SCHEDULE B (FEC Form 3X)	He company of the day	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oneok only	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Phill Moffett for State Representation	ve		Date of Disbursement
Mailing Address 657 S. Hurstbourne Pkwy, Suite 24	10		07 18 2018
Mailing Address 657 S. Hurstbodine Fkwy, Suite 24	12		07 10 2010
,	State Zip Code		FEC Identification Number
Louisville Purpose of Disbursement	KY 40222		
General Election Contribution to Phil Moffett Campa	aign Fund	011	C Transaction ID ODGG 7704
Candidate Name		Category/	Transaction ID: SB29.7721 Amount of Each Disbursement this Period
Office Sought	ment Ferr 0012	Type	750.00
Office Sought: House Disburser	nent For: 2018 Primary		730.00
President	Other (specify) ▼		Memo Item
State: KY District: 32			Wollie Kelli
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. Robert Mills Campaign Fund			M M / D D / Y Y Y
Mailing Address 2392 Cobblestone Dr.			07 12 2018
0"	O		
City Henderson	State Zip Code KY 42420		FEC Identification Number
Purpose of Disbursement	also Food		C
General Election Contribution to Robert Mills Camp Candidate Name	oaign Fund	011	Transaction ID : SB29.7691
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2018	Туро	1000.00
x Senate	Primary General		7 7
State: KY District: 04	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. Robert Mills Campaign Fund			Date of Disbursement
			M - M / D - D / Y - Y - Y - Y
Mailing Address 2392 Cobblestone Dr.			08 13 2018
City	State Zip Code		FEC Identification Number
Henderson Purpose of Disbursement	KY 42420		
Reissue General Election Conribution to Robert Mil	ls Campaign Fund	011	C Transaction ID 0000 7044
Candidate Name		Category/	Transaction ID: SB29.7811 Amount of Each Disbursement this Period
Office Occupies Lieuwe		Type	1000.00
Office Sought: House Disburser Senate	ment For: 2018 Primary		1000.00
President	Other (specify)		Memo Item
State: KY District: 04			Memo rem
			2750.00
SUBTOTAL of Disbursements This Page (optional)		·····•	2750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Hoo consusts as to study (1)	FOR LINE		PAGE 37 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliy] 26
	Detailed Summary Page	21b 28a	22 23 28c x	26 27 29 30b
Any information copied from such Reports and Statem	ents may not be sold or us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
	(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Russell Webber Campaign Fund			Date of Disburseme	nt
Mailing Address DO Day 6605			07 18	2018
Mailing Address PO Box 6605			0/ 18	2010
,	tate Zip Code		FEC Identification N	umber
Shepherdsville Purpose of Disbursement	KY 41065			
General Election Contribution to Russell Webber Ca	mpaign Fund	011	C Transaction ID	CD20 7700
Candidate Name		Category/	Transaction ID Amount of Each Dis	: SB29.7730 bursement this Period
Office County		Type		500.00
	nent For: 2018 Primary			300.00
	Other (specify)		Memo Item	
State: KY District: 26			LI Mellio Itelli	
Full Name (Last, First, Middle Initial)			Doto of Dist	nt .
B. Sal Santoro Campaign Fund			Date of Disburseme	
Mailing Address 12094 Jockey Club Dr.			07 18	2018
	1=			
,	tate Zip Code KY 41091		FEC Identification N	umber
Purpose of Disbursement	1.00		С	
General Election Contribution to Sal Santoro Campa	aign Fund	011	Transaction ID :	SB29.7726
Candidate Name		Category/		bursement this Period
Office Sought: 🗶 House Disbursem	ent For: 2018	Туре		1000.00
	Primary X General			4 4
<u> </u>	Other (specify)		Memo Item	
State: KY District: 60 Full Name (Last, First, Middle Initial)				
C. Steven Rudy Campaign Fund			Date of Disburseme	nt
			M M / D D	/ Y Y Y Y Y
Mailing Address 350 Peppers Mill Drive			07 18	2018
City	tate Zip Code		FEC Identification N	umhor
Paducah	KY 42001			umbel
Purpose of Disbursement General Election Contribution to Steven Rudy Camp	aign Fund	011	C	
Candidate Name	-		Transaction ID Amount of Each Dis	: SB29.7724 bursement this Period
		Category/ Type	, another of Each Dis	
<u></u>	nent For: 2018			1000.00
	Primary x General General General General		п.,	
State: KY District: 01	o. (opoon)/ 4		Memo Item	
SUBTOTAL of Disbursements This Page (optional)		······································		2500.00

SCHEDULE B (FEC Form 3X)	Y I I FUDITIVE					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one)		
		d Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Sta	tements may	not be sold or u				
or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	AC(Kentu	ucky Physicia	ans PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Initial)				Data of Dishurasment		
A. Steve Riley for State Representa	Date of Disbursement					
Mailing Address 189 Blue Sky Drive				07 18 2018		
City	·					
Glasgow	KY	42141		FEC Identification Number		
Purpose of Disbursement General Election Contribution to Steve Riley Car	011	C				
Candidate Name	Transaction ID: SB29.7723 Amount of Each Disbursement this Period					
Catego Type						
Office Sought: 🗶 House Disburs	sement For:	2018		1000.00 Memo Item		
Senate	Primary	✗ General				
State: KY District: 23	Other (sp	pecity) \blacktriangledown				
Full Name (Last, First, Middle Initial)						
B. Susan Westrom Campaign Fund				Date of Disbursement		
	M M / D D / Y Y Y Y					
Mailing Address P.O. Box 22778				07 18 2018		
City	State KY	Zip Code 40522		FEC Identification Number		
Lexington Purpose of Disbursement	C					
General Election Contribution to Susan Westron	n Campaign F	und	011	Transaction ID : SB29.7731		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Country			Type	1000.00		
Office Sought: X House Disburs Senate	sement For: Primary	2018 General		1000.00		
President		п.,				
State: KY District: 79	Other (sp	,,		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Tom Buford Campaign Fund				Date of Disbursement		
Mailing Address 409 West Maple St.	07 18 2018					
City	State	Zip Code		FFO Hardiffeeting No. 1		
Nicholasville	KY	40356		FEC Identification Number		
Purpose of Disbursement General Election Contribution to Tom Buford Car	C					
Candidate Name	Transaction ID : SB29.7705 Amount of Each Disbursement this Period					
			Category/ Type			
Office Sought: Disbursement For: 2018				1000.00		
X Senate	Primary ★ General Other (specify) ▼					
State: KY District: 22	Other (sp	Jecily) ▼		Memo Item		
1 2.6.1.5 2.2						
SUBTOTAL of Disbursements This Page (optiona	l)			3000.00		
TOTAL This Period (last page this line number or	ılv)					

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 OF 39				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)			
	Detailed Summary Page		21b	22 23 26 27			
[28a	28b 28c x			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PA	C(Kentu	ıcky Physicia	ns PAC Fe	ederal-KPPAC F	ederal)		
Full Name (Last, First, Middle Initial)	_			5			
A. Walker Thomas for State Represe	Date of Disbursement 07 12 2018						
Mailing Address 890 Kings Chapel Road				07 12	2016		
City	State	Zip Code		FEC Identification N	lumber		
Cadiz	KY	42211					
Purpose of Disbursement General Election Contribution to Walker Thomas (011	C					
Candidate Name	Transaction ID: SB29.7698 Amount of Each Disbursement this Period						
Category Typ							
Office Sought: X House Disburse	ement For:	2018		1000.00			
Senate	Primary General						
State: KY District: 08	Other (sp	ecify) \blacktriangledown		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Wilson Stone for State Represent	ativo			Date of Disburseme	ent		
- Wilson Stone for State Nepresent	M M / D D / Y Y Y Y						
Mailing Address 1481 Jefferson School Road				07 18	2018		
City					FEC Identification Number		
Scottsville KY 42164 Purpose of Disbursement							
General Election Contribution to Wilson Stone Ca	mpaign Fun	ıd	011	C			
Candidate Name				Transaction ID	: SB29.7729 sbursement this Period		
			Category/ Type	Amount of Each Dis	soursement this Feriod		
Office Sought: House Disburse	ement For:	2018		11	1000.00		
Senate							
President State: KY District: 22	Memo Item						
Full Name (Last, First, Middle Initial)							
C.	Date of Disbursement						
Mailing Address							
City	State	Zip Code		FEC Identification N	lumber		
Purpose of Disbursement	C						
			1				
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disburse							
Senate	Primary	General		4	4- 1-		
President	Memo Item						
State: District:				Ц			
SUBTOTAL of Disbursements This Page (optional)					2000.00		
This rage (optional)			·····	7	g- 4è'		
TOTAL This Period (last page this line number only	v)				39000.00		