

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

ADDRESS (number and street)

Suite 2000

4965 US Highway 42

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00016444

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary-Stuart Reichard

Signature of Treasurer

Electronically Filed by Mary-Stuart Reichard

Date

10

04

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110462.09
(b) Cash on Hand at Beginning of Reporting Period	86501.75	
(c) Total Receipts (from Line 19)	17097.01	71678.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103598.76	182140.59
7. Total Disbursements (from Line 31)	36153.51	114695.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67445.25	67445.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

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	5900.00	16900.00
(i) Itemized (use Schedule A)	10630.00	53430.00
(ii) Unitemized	16530.00	70330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	16530.00	70330.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	567.01	1348.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	17097.01	71678.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17097.01	71678.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6013.51	31005.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6013.51	31005.34
22. Transfers to Affiliated/Other Party Committees.....	4140.00	18690.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	26000.00	64000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36153.51	114695.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36153.51	114695.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16530.00	70330.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16530.00	69330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6013.51	31005.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6013.51	31005.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Keith J. Alexander, MD

Mailing Address 3633 Winding Wood Ln

City State Zip Code
 Lexington KY 40515-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Ear, Nose & Thro-
at

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 6

Transaction ID: R7563

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. Jeffrey T. Dardinger, MD

Mailing Address 500 Thomas More Pkwy Ste 5

City State Zip Code
 Crestview Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: R7582

Amount of Each Receipt this Period

300.00

Check

Full Name (Last, First, Middle Initial)

C. Patricia M. Elliott-Williams, MD

Mailing Address 1111 Medical Center Dr

City State Zip Code
 Mayfield KY 42066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morgan-Haugh Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: R7618

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Christopher J. Frost, MD Mailing Address 488 Leaf Ln City Somerset State KY Zip Code 42503-4662 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Transaction ID: R7607 Amount of Each Receipt this Period 1000.00 Check
Name of Employer Dermatolgy Centr of Lake Cumberland Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial) Sandra K. Frost Mailing Address 488 Leaf Ln City Somerset State KY Zip Code 42501 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Transaction ID: R7608 Amount of Each Receipt this Period 1000.00 Check
Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			
C. Full Name (Last, First, Middle Initial) Citizens for Affordable Healthcare Mailing Address 500 Thomas More Pkwy Ste 5 City Crestview Hills State KY Zip Code 41017 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Transaction ID: R7622 Amount of Each Receipt this Period 500.00 Check
Name of Employer Mr. C. Chad Wiggins, Treasurer Occupation Health Care PAC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) David J. Lubbers, MD Mailing Address 808 Windgate Ct City State Zip Code Villa Hills KY 41017-1311 FEC ID number of contributing federal political committee. C Name of Employer Radiology Associates of Northern KY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Transaction ID: R7593 Amount of Each Receipt this Period 150.00 Check
B. Full Name (Last, First, Middle Initial) William B. Monnig, MD Mailing Address 111 Crystal Ln City State Zip Code Covington KY 41015-9537 FEC ID number of contributing federal political committee. C Name of Employer Monnig, Elicker, Creevy, Schwartz Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 Transaction ID: R7653 Amount of Each Receipt this Period 500.00 Check
C. Full Name (Last, First, Middle Initial) Eric W. Neils, MD Mailing Address 904 Squire Oaks Dr City State Zip Code Villa Hills KY 41017-1371 FEC ID number of contributing federal political committee. C Name of Employer Radiology Associates of Northern KY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Transaction ID: R7598 Amount of Each Receipt this Period 150.00 Check

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Gary M. Schmitt, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1355 Custer Ave		Transaction ID: R7601
City State Zip Code Cincinnati OH 45208-2556	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Radiology Associates of Northern KY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Orville J. Stein, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 475 Goodin Rd		Transaction ID: R7641
City State Zip Code Somerset KY 42503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer	Occupation Retired physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Sean D. Wells, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1723 Grandview Drive		Transaction ID: R7606
City State Zip Code Hebron KY 41048-7957	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Radiology Associates of Northern KY	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)
John Robert White, MD

Mailing Address 1218 Summitt Dr

City State Zip Code
 Lexington KY 40502-2273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 6

Transaction ID: R7658

Amount of Each Receipt this Period

1100.00

Check

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

5900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code
 Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: R7560

Amount of Each Receipt this Period

133.29

Check

B. Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code
 Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R7580

Amount of Each Receipt this Period

140.75

Cash

C. Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code
 Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: R7623

Amount of Each Receipt this Period

144.59

Cash

SUBTOTAL of Receipts This Page (optional)

418.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code
 Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: R7662

Amount of Each Receipt this Period

148.38

Cash

SUBTOTAL of Receipts This Page (optional)

148.38

TOTAL This Period (last page this line number only)

567.01

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
7/06 Admin Fee (Rent, phone, mail,
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1372

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1646.00

supplies)

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse for PAC mailing 108.42; PAC
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1373

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

226.12

Supplies 117.70 (Invoice
#DL06094)

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
08/06 Admin Fee (rent, phone, mail,
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1379

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1646.00

supplies)

SUBTOTAL of Disbursements This Page (optional)

3518.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
09/06 Admin Fee (rent, phone, mail,
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1429

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1646.00

supplies)

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse for PAC Mail (\$11.50), PAC
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1430

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

18.56

Annual Meeting Supplies
(\$7.06), Invoice#DL06126

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse for PAC Staff Travel Expenses
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1431

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

277.10

SUBTOTAL of Disbursements This Page (optional)

1941.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1376

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

B. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1381

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

12.42

Full Name (Last, First, Middle Initial)

C. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1435

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

22.81

SUBTOTAL of Disbursements This Page (optional)

38.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Mrs. Jeanette M. Thompson

Mailing Address 7604 Willow Bend Drive

City State Zip Code
Crestwood KY 40014

Purpose of Disbursement
Reimburse for travel expenses for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1433

Date of Disbursement

/ /

Amount of Each Disbursement this Period

215.00

Full Name (Last, First, Middle Initial)

B. Marshall E. White

Mailing Address 1304 S. Sixth Street

City State Zip Code
Louisville KY 40206-2248

Purpose of Disbursement
07/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Marshall E. White

Mailing Address 1304 S. Sixth Street

City State Zip Code
Louisville KY 40206-2248

Purpose of Disbursement
08/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Marshall E. White

Mailing Address 1304 S. Sixth Street

City
Louisville

State
KY

Zip Code
40206-2248

Purpose of Disbursement
09/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

6013.51

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal-Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to federal affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1377

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1340.00

SUBTOTAL of Disbursements This Page (optional)

4140.00

TOTAL This Period (last page this line number only)

4140.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Adam Koenig Campaign Fund

Mailing Address 3346 Canterbury Ct.

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Non-Federal Adam Koenig (KY-69-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1412

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alice Forgy Kerr Campaign Fund

Mailing Address PO Box 911188

City Lexington State KY Zip Code 40591-1188

Purpose of Disbursement
Non-Federal Alice Forgy Kerr (KY-12-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Farmer Campaign Fund

Mailing Address 3361 Squire Oak Drive

City Lexington State KY Zip Code 40515

Purpose of Disbursement
Non-Federal William P. Farmer (KY-88-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Bob DeWeese Campaign Fund

Mailing Address 6206 Glen Hill Rd

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Non-Federal Bob M. DeWeese (KY-48-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1405

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brad Montell Campaign Fund

Mailing Address 543 Main Street

City Shelbyville State KY Zip Code 40066

Purpose of Disbursement
Non-Federal Brad Montell (KY-58-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1409

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brandon D. Smith Campaign Fund

Mailing Address 350 Kentucky Blvd.

City Hazard State KY Zip Code 41701

Purpose of Disbursement
Non-Federal Brandon D. Smith (KY-84-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1416

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Brent Yonts Campaign Fund

Mailing Address 232 Norman Circle

City Greenville State KY Zip Code 42345-1824

Purpose of Disbursement
Non-Federal Brent Yonts (KY-15-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1397

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carolyn Belcher Campaign Fund

Mailing Address PO Box 44

City Preston State KY Zip Code 40366

Purpose of Disbursement
Non-Federal Carolyn R. Belcher (KY-72-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1413

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Charles R. Hoffman Campaign Fund

Mailing Address 406 Bourbon Street

City Georgetown State KY Zip Code 40324-1813

Purpose of Disbursement
Non-Federal Charles R. Hoffman (KY-62-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1410

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Charlie Borders Campaign Fund

Mailing Address PO Box Q

City Russell State KY Zip Code 41169

Purpose of Disbursement
Non-Federal Charlie Borders (KY-18-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1388

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dan McGary Campaign Fund

Mailing Address 740 Homewood Drive

City Madisonville State KY Zip Code 42431

Purpose of Disbursement
Non-Federal Dan McGary (KY-R-6)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1384

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dan Seum Campaign Fund

Mailing Address 1107 Holly Avenue

City Fairdale State KY Zip Code 40118

Purpose of Disbursement
Non-Federal Daniel Seum (KY-38-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1389

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. David A. Watkins Campaign Fund

Mailing Address 1413 N Elm St Ste 106

City Henderson State KY Zip Code 42420

Purpose of Disbursement
Non-Federal David A. Watkins, MD

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1393

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

(KY-11-D)

Full Name (Last, First, Middle Initial)

B. David L. Williams Campaign Fund

Mailing Address PO Box 666

City Burkesville State KY Zip Code 42717-0666

Purpose of Disbursement
Non-Federal David L. Williams (KY-16-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1387

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Tori Campaign Fund

Mailing Address 2851 S. Wilson Road

City Radcliff State KY Zip Code 40160

Purpose of Disbursement
Non-Federal Elizabeth Tori (KY-10-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1385

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Hubert Collins Campaign Fund

Mailing Address 72 Collins Drive

City
Wittensville

State
KY

Zip Code
41274-9021

Purpose of Disbursement
Non-Federal Hubert Collins (KY-97-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1420

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeff Greer Campaign Fund

Mailing Address 45 Knollwood Rd.

City
Brandenburg

State
KY

Zip Code
40108

Purpose of Disbursement
Non-Federal Jeff Greer (KY-27-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1422

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jim DeCesare Campaign Fund

Mailing Address 136 Cedar Trail

City
Bowling Green

State
KY

Zip Code
42101-7422

Purpose of Disbursement
Non-Federal Jim DeCesare (KY-21-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1400

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Jim Gooch Campaign Fund

Mailing Address 714 N. Broadway B-4

City State Zip Code
Providence KY 42450-1164

Purpose of Disbursement
Non-Federal Jim Gooch, Jr. (KY-12-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jim Stewart Campaign Fund

Mailing Address HC 76, Box 556

City State Zip Code
Flat Lick KY 40935-9802

Purpose of Disbursement
Non-Federal James Stewart (KY-86-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joe Bowen Campaign Fund

Mailing Address 2031 Fieldcrest Drive

City State Zip Code
Owensboro KY 42301

Purpose of Disbursement
Non-Federal Joe Bowen (KY-13-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Joseph M. Fischer Campaign Fund

Mailing Address 126 Dixie Place

City
Ft Thomas

State
KY

Zip Code
41075-1377

Purpose of Disbursement
Non-Federal Joseph M. Fischer (KY-68-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1411

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kentucky Legislative Trust

Mailing Address PO Box 1068

City
Frankfort

State
KY

Zip Code
40602

Purpose of Disbursement
Contr. Kentucky Legislative Trust (KY-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1382

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kevin Locke Campaign Fund

Mailing Address 3335 Shannon Run Rd.

City
Versailles

State
KY

Zip Code
40383

Purpose of Disbursement
Non-Federal Kevin Locke (KY-56-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Marvin Wilson Campaign Fund

Mailing Address PO Box 460

City Eddyville State KY Zip Code 42038

Purpose of Disbursement
Non-Federal Marvin Wilson (KY-6-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1392

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Melvin B. Henley Campaign Fund

Mailing Address 1305 S. 16th Street

City Murray State KY Zip Code 42071

Purpose of Disbursement
Non-Federal Melvin B. Henley (KY-5-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1391

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mike Czerwonka Campaign Fund

Mailing Address 2006 Camargo Road

City Louisville State KY Zip Code 40207

Purpose of Disbursement
Non-Federal Mike Czerwonka (KY-43-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1404

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Mike Harmon Campaign Fund

Mailing Address PO Box 458

City State Zip Code
Junction City KY 40440

Purpose of Disbursement
Non-Federal Michael Harmon (KY-54-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Milward Dedman Campaign Fund

Mailing Address 1561 Lexington Rd

City State Zip Code
Harrodsburg KY 40330

Purpose of Disbursement
Non-Federal Milward Dedman (KY-55-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Myron Dossett Campaign Fund

Mailing Address 7155 Salubria Springs Rd.

City State Zip Code
Pembroke KY 42266

Purpose of Disbursement
Non-Federal Myron B. Dossett (KY-9-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Ralph A. Alvarado Campaign Fund

Mailing Address 120 Casa Landa Way

City Winchester State KY Zip Code 40391-8768

Purpose of Disbursement
Non-Federal Ralph A. Alvarado (KY-73-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1414

Date of Disbursement

0 9 / 2 9 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Henderson Campaign Fund

Mailing Address 60 Myers Cemetary Rd.

City Jeffersonville State KY Zip Code 40337

Purpose of Disbursement
Non-Federal Richard D. Henderson

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1425

Date of Disbursement

0 9 / 2 9 / 2 0 0 6

Amount of Each Disbursement this Period

250.00

(KY-74-D)

Full Name (Last, First, Middle Initial)

C. Robert Damron Campaign Fund

Mailing Address 231 Fairway West

City Nicholasville State KY Zip Code 40536

Purpose of Disbursement
Non-Federal Robert R. Damron (KY-39-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1403

Date of Disbursement

0 9 / 2 9 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Robert J. Leeper Campaign Fund-

Mailing Address 229 South Friendship Road

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Non-Federal Robert J. Leeper (KY-2-I)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1383

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Russ Mobley Campaign Fund

Mailing Address 900 Holly Street

City Campbellsville State KY Zip Code 42718

Purpose of Disbursement
Non-Federal Russ Mobley (KY-51-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1406

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sal Santoro Campaign Fund

Mailing Address 596 Waterlot Ct

City Florence State KY Zip Code 41041

Purpose of Disbursement
Non-Federal Sal Santoro (KY-60-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1424

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Sheldon Baugh Campaign Fund

Mailing Address 252 West Valley Driv

City Russellville State KY Zip Code 42276

Purpose of Disbursement
Non-Federal Sheldon E. Baugh (KY-16-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1398

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steve R. Nunn Campaign Fund

Mailing Address 136 Fairway Place

City Glasgow State KY Zip Code 42141

Purpose of Disbursement
Non-Federal Stephen R. Nunn (KY-23-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1401

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven J. Rudy Campaign Fund

Mailing Address 221 Mount Pleasant Rd

City LaCenter State KY Zip Code 42056

Purpose of Disbursement
Non-Federal Steven J. Rudy (KY-1-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1390

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Susan Westrom Campaign Fund

Mailing Address 2965B Candlelight Way

City Lexington State KY Zip Code 40502-2825

Purpose of Disbursement
Non-Federal Susan Westrom (KY-79-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1415

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terry Shelton Campaign Fund

Mailing Address 7725 N. Jackson Hwy

City Magnolia State KY Zip Code 42754

Purpose of Disbursement
Non-Federal Terry Shelton (KY-19-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1399

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tim Moore Campaign Fund

Mailing Address 417 Bates Rd

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement
Non-Federal Tim Moore (KY-26-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1402

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Tommy Thompson Campaign Fund

Mailing Address 4460 Highway 142

City
Owensboro

State
KY

Zip Code
42303

Purpose of Disbursement
Non-Federal Tommy N. Thompson (KY-14-D)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

26000.00