



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		26643.47
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	43526.18									
(c) Total Receipts (from Line 19) .....	9178.58	11091.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52704.76	37734.48								
7. Total Disbursements (from Line 31) .....	21466.24	93330.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31238.52	-55596.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	3450.00	3450.00
(i) Itemized (use Schedule A) .....	5680.00	5680.00
(ii) Unitemized .....	9130.00	9130.00
(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) .....	9130.00	9130.00
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	1728.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	48.58	232.70
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)) .....	9178.58	11091.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9178.58	11091.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	6685.64	31080.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6685.64	31080.36
22. Transfers to Affiliated/Other Party Committees.....	4410.00	51880.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	10370.60	10370.60
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))..	21466.24	93330.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21466.24	93330.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	9130.00	9130.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9130.00	9130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6685.64	31080.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1728.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6685.64	29352.05

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip A. Decker, Md	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Mailing Address 2801 New Hartford Rd	<b>Transaction ID:</b> A6FBB85986F6E4BAFB8E
	City State Zip Code Owensboro KY 42303	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GTV Surgical Associates PSC Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Philip A. Decker, Md	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Mailing Address 2801 New Hartford Rd	<b>Transaction ID:</b> AB1E1658F3BC34D29809
	City State Zip Code Owensboro KY 42303	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GTV Surgical Associates PSC Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia M. Elliott-Williams	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1111 Medical Center Dr	<b>Transaction ID:</b> AC61BA9FD025D43298E4
	City State Zip Code Mayfield KY 42066	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Morgan-Haugh Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia M. Elliott-Williams	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1111 Medical Center Dr	<b>Transaction ID:</b> ABF5875A9753B47B097D
	City State Zip Code Mayfield KY 42066	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Morgan-Haugh Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James M. Donley, Md	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Mailing Address 5002 Lago Dr	<b>Transaction ID:</b> AB47422244C4C4FB6B14
	City State Zip Code Madisonville KY 42431-9435	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center for Orthopaedic Services Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James M. Donley, Md	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Mailing Address 5002 Lago Dr	<b>Transaction ID:</b> AE30EDAD8661F41A3B88
	City State Zip Code Madisonville KY 42431-9435	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center for Orthopaedic Services Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Leonor S. Pagtakhan-So, Md

Mailing Address 156 Island Creek Medical Bldg  
PO Box 2708

City State Zip Code  
Pikeville KY 41502

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

**Transaction ID:** ADBB20DFBAB63488C85E

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Leonor S. Pagtakhan-So, Md

Mailing Address 156 Island Creek Medical Bldg  
PO Box 2708

City State Zip Code  
Pikeville KY 41502

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

**Transaction ID:** A4646B024FD684059A0E

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Rolando M. Puno

Mailing Address 5956 Timber Ridge Dr Suite 101

City State Zip Code  
Prospect KY 40059-8147

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

Name of Employer Occupation  
Spine Institute PSC Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

**Transaction ID:** A66CF08622A9748F386A

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rolando M. Puno		Date of Receipt
	Mailing Address 5956 Timber Ridge Dr Suite 101		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Prospect	KY	40059-8147
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A0D386B9E2BD148B8990
Name of Employer Spine Institute PSC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald S. Dubin		Date of Receipt
	Mailing Address 705 N 12 St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Middlesboro	KY	40965
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A10313700F1C14D1DA0C
Name of Employer Dubin Orthopedic Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald S. Dubin		Date of Receipt
	Mailing Address 705 N 12 St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Middlesboro	KY	40965
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AEDCF84DFC17E4F6A835
Name of Employer Dubin Orthopedic Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick J. Withrow, Md		Date of Receipt MM / DD / YYYY 11 / 03 / 2008		
	Mailing Address 6205 Houser Rd		<b>Transaction ID:</b> A257A333196154BEC8D9		
	City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Heart Group	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Djen H. So		Date of Receipt MM / DD / YYYY 11 / 04 / 2008		
	Mailing Address PO Box 2229		<b>Transaction ID:</b> AE0E9A38F87DF4DEB853		
	City Pikeville	State KY	Zip Code 41502-2229	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Leonor S. Pagtakhan-So, Md		Date of Receipt MM / DD / YYYY 11 / 04 / 2008		
	Mailing Address 156 Island Creek Medical Bldg PO Box 2708		<b>Transaction ID:</b> AB6784156D97A4827956		
	City Pikeville	State KY	Zip Code 41502	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	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			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leonor S. Pagtakhan-So, Md		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 156 Island Creek Medical Bldg PO Box 2708		<b>Transaction ID:</b> A7726854DF3BC4D0DAA9
	City Pikeville	State KY	Zip Code 41502
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self-employed physician Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick J. Withrow, Md		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 6205 Houser Rd		<b>Transaction ID:</b> ADBCD1BAA81854E29BBE
	City Paducah	State KY	Zip Code 42003
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Djen H. So		Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address PO Box 2229		<b>Transaction ID:</b> A8D6F89C5872E4539997
	City Pikeville	State KY	Zip Code 41502-2229
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	3450.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address 2500 Lime Kiln Lane		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40222-6240
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A31293391853C4947B85
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="11.49"/>
		<input type="text" value="211.04"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address 2500 Lime Kiln Lane		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40222-6240
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AC8ED2C33655F4252906
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="6.69"/>
		<input type="text" value="232.70"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address 2500 Lime Kiln Lane		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40222-6240
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AD046EA0E52604729913
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.43"/>
		<input type="text" value="211.04"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="33.61"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 19  
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)  
PNC Bank

Mailing Address 2500 Lime Kiln Lane

City State Zip Code  
Louisville KY 40222-6240

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.70

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 0 8

Transaction ID: A55F2CA18420C4DB3B61

Amount of Each Receipt this Period  
14.97

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	48.58

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
KPPAC Dinner Comp Tickets (Bronze, Silver, Gold Level)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B1EED0F7E91C8406390B

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1740.00

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
MEW mileage, expenses from AMPAC mtg., WM Flight, luggage, Parking, AMPAC Mtg, KPPAC Dinner Speaker T

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B198FC35925DE4CC7812

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

3146.52

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
October Admin Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BA046087C28584C3C8D3

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

584.00

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

5470.52

**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)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement credit card merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFD18DCD1019C4BCDB8E</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.02"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 10/08 Political Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4A24485FA3044CF5998</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 11/08 Political Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4F6CC247EF8F4248982</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>

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

**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement November Admin. Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCE1865E85D6E4CEBA43</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 584.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement PNC October 2008 Credit Card Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCCA706F237C247C9B8B</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 140.34</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement Postage, Mileage, Fedex Charge, KPPAC Petty Cash Charges, KY Telco Charges ( Jack Fry Restaurant, OI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B056CF7ABF1E34E24995</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 202.26</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>926.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6629.14</b>

# 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 17 / 19

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Medical PAC</p> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <p>City Washington State DC Zip Code 20001-7400</p> <p>Purpose of Disbursement Transfer to Affiliated PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> BAC4B87E4A3FB4A6E86A</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 760.00</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Medical PAC</p> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <p>City Washington State DC Zip Code 20001-7400</p> <p>Purpose of Disbursement Transfer to Affiliated PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> B542099F8D490432EBF8</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1150.00</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222</p> <p>Purpose of Disbursement Transfer funds to state account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> B9A252439A98545B79A8</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

4410.00

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

4410.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 92.7 The Wave</p> <p>Mailing Address PO Box 927</p> <p>City Columbia State KY Zip Code 42728-0927</p> <p>Purpose of Disbursement State Candidate Independent Expenditure: Radio spot for David Givens' race</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF91CF396E1F041CB8D0</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 801.00</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SA Creative</p> <p>Mailing Address 10801 Electron Drive, Suite 102</p> <p>City Louisville State KY Zip Code 40299-3880</p> <p>Purpose of Disbursement Largest Portion considered State Independent Expenditure 2008 General Election supported David Given</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB156F8F5EDDE4D32B61</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1596.25</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jobe Publishing</p> <p>Mailing Address</p> <p>City Cave City State KY Zip Code 42127</p> <p>Purpose of Disbursement State Candidate Independent Expenditure newspaper ad in Edmonton Herald News (2 twice in weekly)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2A204FCDD99B470E9FA</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 562.80</p> <p>Category/Type</p>

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

2960.05

**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)

PAGE 19 / 19

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WHSX-FM</p> <p>Mailing Address 1130 South Dixie Street</p> <p>City Horse Cave State KY Zip Code 42749-1462</p> <p>Purpose of Disbursement State Candidate Independent Expenditure: radio spot for David Givens' race</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> BAEB981A723A24DC981B</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 512.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WVLE</p> <p>Mailing Address PO Box 70163 1727 U.S. 31-W Bypass</p> <p>City Bowling Green State KY Zip Code 42102-7163</p> <p>Purpose of Disbursement State Candidate Independent Expenditure: Radio spot for David Givens' race</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> BC2622E4D13CB460E88F</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1680.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222</p> <p>Purpose of Disbursement Transfer funds to KPPAC-State for Stae Leg. Candidate Independent Expenditures of State Candidates (</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B9A1AF138524442E1BC0</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 5022.80</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

7214.80

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

10174.85