

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

ADDRESS (number and street) 4965 US Highway 42  
Suite 2000  
 Check if different than previously reported. (ACC)  
Louisville KY 40222

2. **FEC IDENTIFICATION NUMBER** 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 01 01 2007 through 06 30 2007

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 Susan Bornstein

Signature of Treasurer Electronically Filed by Susan Bornstein Date 07 30 2007

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

**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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">34085.36</td></tr></table>	34085.36
Y	Y	Y	Y									
2	0	0	7									
34085.36												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">34085.36</td></tr></table>	34085.36										
34085.36												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">34765.68</td></tr></table>	34765.68	<table border="1" style="width: 100%;"><tr><td align="right">34765.68</td></tr></table>	34765.68								
34765.68												
34765.68												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">68851.04</td></tr></table>	68851.04	<table border="1" style="width: 100%;"><tr><td align="right">68851.04</td></tr></table>	68851.04								
68851.04												
68851.04												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">50513.65</td></tr></table>	50513.65	<table border="1" style="width: 100%;"><tr><td align="right">50513.65</td></tr></table>	50513.65								
50513.65												
50513.65												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">18337.39</td></tr></table>	18337.39	<table border="1" style="width: 100%;"><tr><td align="right">18337.39</td></tr></table>	18337.39								
18337.39												
18337.39												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	15200.00	15200.00
(i) Itemized (use Schedule A) .....	17950.00	17950.00
(ii) Unitemized .....	33150.00	33150.00
(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) .....	33150.00	33150.00
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) .....	1340.00	1340.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	275.68	275.68
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)) .....	34765.68	34765.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34765.68	34765.68

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	38073.65	38073.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	38073.65	38073.65
22. Transfers to Affiliated/Other Party Committees.....	12440.00	12440.00
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.....	0.00	0.00
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))..	50513.65	50513.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50513.65	50513.65

**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) .....	33150.00	33150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33150.00	33150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38073.65	38073.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1340.00	1340.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36733.65	36733.65

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Donald C. Barton, Md		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 1014 Circle Dr		Transaction ID: AB567BF7EEA06427FAF8	
City Corbin	State KY	Zip Code 40701-2118	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Donald C. Barton, MD	Occupation Retired Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David J. Bensema, Md		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2108 Woodmont Dr		Transaction ID: ABA13CEB02D984D96B16	
City Lexington	State KY	Zip Code 40502-3062	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer David J. Bensema, MD, PSC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas E. Bunnell, Md		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 3246 New Orleans Dr		Transaction ID: A3C985AE6AF014E1EB75	
City Edgewood	State KY	Zip Code 41017-2664	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Internal Medicine of Northern KY	Occupation Retired 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) .....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Robert W. Cameron, Md		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 780 Joe Lewis Rd		<b>Transaction ID:</b> AEE80596207F94E088B1	
City Somerset	State KY	Zip Code 42503-4252	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lake Cumberland Cardiovascular Assoc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John W. Collins		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 1014 Richmond Rd		<b>Transaction ID:</b> A3CBE7CA27E6A4399BFF	
City Lexington	State KY	Zip Code 40502-1610	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lexington Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> J. Gregory Cooper		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 386 Culpepper Dr		<b>Transaction ID:</b> A8694A54BB992463F93A	
City Cynthiana	State KY	Zip Code 41031-5916	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Family Care Associates PSC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

2007 membership contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn B. Daley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 3111 Maria Dr		<b>Transaction ID:</b> A3F294A7B04504D00B6D	
City Lexington	State KY	Zip Code 40516-9616	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert J. Emslie, Md		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 936 Fairway St		<b>Transaction ID:</b> A4760904CCF3241C2808	
City Bowling Green	State KY	Zip Code 42103-2400	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Graves Gilbert Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert J. Emslie, Md		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 936 Fairway St		<b>Transaction ID:</b> A32C0C148582241BE8BA	
City Bowling Green	State KY	Zip Code 42103-2400	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Graves Gilbert Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher J. Frost, Md		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 488 Leaf Ln		Transaction ID: ADC0C46C3636D47EAA8C	
City Somerset	State KY	Zip Code 42503-4662	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dermatology Centr of Lake Cumberland	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sandra K. Frost		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 488 Leaf Ln		Transaction ID: AC8AD12DE250B435CBDB	
City Somerset	State KY	Zip Code 42503-4662	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Citizens For Affordable Healthcare		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address C Chad Wiggins, Md, Treasurer 500 Thomas More Pkwy Ste. 5		Transaction ID: A01CECBCFFA574AA4991	
City Crestview Hills	State KY	Zip Code 41017-3471	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Citizens for Affordable Healthcare PAC	Occupation PAC Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 / 24
	<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)

Full Name (Last, First, Middle Initial) <b>A. Naren James</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 115 Vista Ct		<b>Transaction ID: AB0267003886342FB973</b>	
City State Zip Code Stanford KY 40484-1400	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		2007 contribution	
Name of Employer Stanford Family Medicine & Obstetrics	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Shawn C. Jones, Md</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 8 W. Vale		<b>Transaction ID: AF8AD9C4FC77549DFAE3</b>	
City State Zip Code Paducah KY 42001-6786	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Purchase DERM/ENT LLC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Philip K. Lichtenstein, Md</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2007	
Mailing Address 601 Stanley Ave		<b>Transaction ID: AEE964B2C453C4C1996C</b>	
City State Zip Code Cincinnati OH 45226-1736	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Healthpoint Family Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 24
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> John W. McClellan, Jr. Md Mailing Address 848 Woodspoint Dr City Henderson State KY Zip Code 42420-2119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> AD34DC9980167454A812 Amount of Each Receipt this Period 500.00
Name of Employer John W. McClellan, Jr. MD PSC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> William P. McElwain, Md Mailing Address PO Box 1859 City Mount Vernon State KY Zip Code 40456-1859 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> A86BABB826E224198922 Amount of Each Receipt this Period 350.00 Additional contribution
Name of Employer Mt Vernon Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Juan J. Ortiz, Md Mailing Address 3121 N. Hwy 393 City Lagrange State KY Zip Code 40031-8637 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> AC3E3C17EDDE54CA1887 Amount of Each Receipt this Period 250.00
Name of Employer River Cities Cardiology MPC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew R. Pulito, Md		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 809 Westchester Dr		<b>Transaction ID:</b> A0493598911F54C28B66	
City Lexington	State KY	Zip Code 40502-3327	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Kentucky	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> K. Thomas Reichard, Md		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 2425 Cherokee Pkwy		<b>Transaction ID:</b> AC99E92D1ACB142D9A15	
City Louisville	State KY	Zip Code 40204-2216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisville Bone & Joint Specialists PS	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mary-Stuart Reichard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 2425 Cherokee Pkwy		<b>Transaction ID:</b> A127CE6E3ED0547908D5	
City Louisville	State KY	Zip Code 40204-2216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Homemaker		
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) ..... ▶	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 24
<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas K. Slabaugh, Sr.		Date of Receipt MM / DD / YYYY 02 / 16 / 2007
Mailing Address 2132 Island Dr		<b>Transaction ID:</b> A881ADDA47F6D4809A98
City Lexington State KY Zip Code 40502-3114	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Urologic Associates Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Sublett, Md		Date of Receipt MM / DD / YYYY 02 / 16 / 2007
Mailing Address 11406 Ridge Rd		<b>Transaction ID:</b> A6A1CC253BA50475F8AC
City Louisville State KY Zip Code 40223-2444	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Family Allergy & Asthma Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>C.</b> Gordon R. Tobin, II MD		Date of Receipt MM / DD / YYYY 06 / 04 / 2007
Mailing Address 1505 Northwind Rd		<b>Transaction ID:</b> ADD05B6C450014109B58
City Louisville State KY Zip Code 40207-1636	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 350.00
Name of Employer University Surgical Associates PSC Occupation 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) .....	<b>1350.00</b>
<b>TOTAL</b> 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 14 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Alice G. Zoeller

Mailing Address 1024 Fisher Ln

City Elizabethtown State KY Zip Code 42701-9103

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

Name of Employer Rejuvenation MediSpa Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

**Transaction ID:** AFCCBE8CEEABB43158C3

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David J. Zoeller

Mailing Address 1024 Fisher Ln

City Elizabethtown State KY Zip Code 42701-9103

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

Name of Employer Primecare PSC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

**Transaction ID:** A89EA677CEFC44B25A38

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 24	
	(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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City State Zip Code  
Louisville KY 40222

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Transaction ID: A2A28FFB75EDC4226A48

Amount of Each Receipt this Period  
1340.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1340.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1340.00



# 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)

PAGE 17 / 24

<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</p> <p>Purpose of Disbursement Monthly admin fee &amp; INV # DL07065</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> B055F63990DEF48FA8AA</p> <p>Date of Disbursement 04 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2968.66</p>
<p><b>B.</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</p> <p>Purpose of Disbursement Monthly Admin Reimbursement &amp; INV#DL0708</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> B02C17273F13943C5BEA</p> <p>Date of Disbursement 04 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 2971.31</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</p> <p>Purpose of Disbursement Monthly Admin reimbursement &amp; INV#DL0710</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> B4E7A00572249493D8F8</p> <p>Date of Disbursement 05 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 2444.47</p>

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

8384.44

**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 18 / 24

<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</p> <p>Purpose of Disbursement 6/07 Admin Fee; Invoice #DL07112 &amp; #DL07</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> B22CA56D65D394B63B7A</p> <p>Date of Disbursement 06 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 7419.09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Upper Crust, Inc.</p> <p>Mailing Address 4433-D Kiln Ct.</p> <p>City Louisville State KY Zip Code 40218</p> <p>Purpose of Disbursement Catering for KEMPAC board meeting</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> B4D1E0DC063EB4EA085A</p> <p>Date of Disbursement 01 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 219.42</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chilton &amp; Medley PLC</p> <p>Mailing Address 2500 Meidinger Tower 462 South Fourth Street</p> <p>City Louisville State KY Zip Code 40202-3466</p> <p>Purpose of Disbursement Progress Billing #2 for 2006 audit//Clie</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> BFD5A223D14C1445E8BC</p> <p>Date of Disbursement 01 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

8638.51

**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 / 24

<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> Chilton &amp; Medley PLC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2500 Meidinger Tower 462 South Fourth Street</p> <p>City Louisville State KY Zip Code 40202-3466</p> <p>Purpose of Disbursement Progress Billing #3 Yr End 2006 Audit/CI</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> BC3B2082FC62041ADAEB</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="900.00"/></p>
<p><b>B.</b> Marshall E. White, III</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40208-2248</p> <p>Purpose of Disbursement 3/07 Political Consultant 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> B856FE9B2DC144AA9B0F</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p><b>C.</b> Marshall E. White, III</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40208-2248</p> <p>Purpose of Disbursement 4/07 Political Consultant 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> BB2F30FEA0C0E4E67A71</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/></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)

PAGE 20 / 24

<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) Marshall E. White, III</p>		<p><b>Transaction ID:</b> BD3C64A6B01E94245842</p>																					
<p>Mailing Address 1304 S. 6th St</p>		<p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	3	1	/	2	0	0	7														
<p>City Louisville</p>	<p>State KY</p>	<p>Zip Code 40208-2248</p>	<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p>	100.00																			
100.00																							
<p>Purpose of Disbursement 5/07 Political Consultant Fee</p>		<p>Category/Type</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>B.</b> Full Name (Last, First, Middle Initial) Marshall E. White, III</p>		<p><b>Transaction ID:</b> B7761B982DA28469BABF</p>																					
<p>Mailing Address 1304 S. 6th St</p>		<p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	3	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	3	0	/	2	0	0	7														
<p>City Louisville</p>	<p>State KY</p>	<p>Zip Code 40208-2248</p>	<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p>	100.00																			
100.00																							
<p>Purpose of Disbursement 6/07 Political Consultant Fee</p>		<p>Category/Type</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>																					

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

200.00

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

37743.06

**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 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)

Full Name (Last, First, Middle Initial) <b>A. American Medical Association PAC</b>		<b>Transaction ID:</b> BAE5FFD927FBE4E45BF8
Mailing Address 1101 Vermont Avenue NW		Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
City Washington	State DC	Amount of Each Disbursement this Period  50.00
Zip Code 20005		
Purpose of Disbursement Transfer to Federal Affiliated PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Medical Association PAC</b>		<b>Transaction ID:</b> B827EFCEDB6CA42E0B7E
Mailing Address 1101 Vermont Avenue NW		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
City Washington	State DC	Amount of Each Disbursement this Period  2510.00
Zip Code 20005		
Purpose of Disbursement Transfer to Federal Affiliated PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Medical Association PAC</b>		<b>Transaction ID:</b> B94101CA332F341D3AD3
Mailing Address 1101 Vermont Avenue NW		Date of Disbursement MM / DD / YYYY 05 / 31 / 2007
City Washington	State DC	Amount of Each Disbursement this Period  200.00
Zip Code 20005		
Purpose of Disbursement Transfer to Federal Affiliated PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2760.00**

**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)

PAGE 22 / 24

<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)

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: BC22B45F4822E45A4BEC

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

950.00

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: BBE1AB44944A246DD976

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

800.00

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: BA99747EC806E4D669BC

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1010.00

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

2760.00

**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)

PAGE 23 / 24

<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)

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: B7D4B1E3D307B4861872

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1920.00

Full Name (Last, First, Middle Initial)

**B.** Kentucky Physicians Pac State (KPPAC-State)

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Transfer to open KPPAC State account

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BC3792926E2CC45A4A0A

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

5000.00

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

6920.00

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

12440.00

Image# 27990415273

Form/Schedule: **F3XN**

Transaction ID:

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