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Image# 201607069020343289

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than An A	uthorized Committe	ee		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typir	ng, type	12FE4M5	25
COMMITTEE (in full)		over the lines.	L	121 14113	
Kentucky Medical	Association PAC(Kentu	ıcky Physicians P	AC Feder	al-KPPAC	C Federal)
ADDRESS (number and stre					
Check if different than previously					
reported. (ACC)	Louisville			KY L	46220
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY A	S	TATE ▲	ZIP CODE ▲
C C00016444	3.		IEW N) OR	AM (A)	IENDED
4. TYPE OF REPOR (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	lun 20 (M6)	Sep	20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Re July 15 Quarterly Re	(c) 12-Day	Primary (12P)	General ((12G) Runoff (12R)
October 15	Report for the	: Convention (12C)	Special (12S)
Quarterly Re		M = M /	D D /	Y Y Y Y	in the
Year-End Re July 31 Mid-	/oor	ction on			State of
Report (Non- Year Only) (N	election MY) POST-Election Report for the		i)	Runoff (3	OR) Special (30S)
Termination F (TER)		ction on	D D /	Y	in the State of
5. Covering Period	04 01 201		06	/ 30 /	2016
I certify that I have exami	ned this Report and to the best	of my knowledge and b	pelief it is true	e, correct and	l complete.
Type or Print Name of Tre	easurer Monalisa Tailor MD				
Signature of Treasurer	Monalisa Tailor MD	[Electronically	Filed] Da	ate 07	/ DDD / YDY Y 2016
NOTE: Submission of false.	erroneous, or incomplete informa	ation may subject the pers	son signina thi	s Report to th	ne penalties of 2 U.S.C. §437a.
Office		.,, po.	- 5 5	- p	FEC FORM 3X
Use Only					Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84350.75 January 1. 2016 (b) Cash on Hand at 80228.07 Beginning of Reporting Period..... 19442.92 24580.92 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 108931.67 99670.99 6(a) and 6(c) for Column B)..... 23611.15 32871.83 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 76059.84 76059.84 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Contributions (other than loans) From:							
a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	16613.00	20259.00					
(ii) Unitemized	2827.50	4317.00					
Lines 11(a)(i) and (ii)	, 19440.50	24576.00					
b) Political Party Committees	0.00	0.00					
· ·	0.00	0.00					
	 						
Totals to Line 33, page 5)▶	19440.50	24576.00					
Fransfers From Affiliated/Other							
Party Committees	0.00	0.00					
	0.00	0.00					
All Loans Received	0.00	0.00					
oan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures							
Refunds, Rebates, etc.)							
Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made							
o Federal Candidates and Other							
Political Committees	0.00	0.00					
Other Federal Receipts							
Dividends, Interest, etc.)	2.42	4.92					
Fransfers 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 Transfers (add 18(a) and 18(b))	0.00	0.00					
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: - (a) Allocated Federal/Non-Federal 		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0044.45	14074.05
Expenditures(c) Total Operating Expenditures	6611.15	14371.83
(add 21(a)(i), (a)(ii), and (b))▶	6611.15	14371.83
2. Transfers to Affiliated/Other Party	200	200
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Scriedule F)	7 7 7	0.00
. Loan Repayments Made	0.00	0.00
i	0.00	0.00
. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	17000.00	18500.00
. Guidi Bidadi domente il	7	
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(, 222 2 2022		
(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	3.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		2027122
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23611.15	32871.83
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23611.15	32871.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19440.50	24576.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19440.50	24576.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6611.15	14371.83
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	6611.15	14371.83

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

OF

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) George Beard MD Date of Receipt Mailing Address 8005 Kendrick Crossing Lane 2016 02 City Zip Code State Transaction ID: SA11AI.6494 KY Louisville 40291 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Retired Physician Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor David J. Bensema MD Date of Receipt Mailing Address 2108 Woodmont Drive 04 13 2016 City State Zip Code Transaction ID: SA11AI.6467 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Memo Item Name of Employer Occupation Central Baptist Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 875.00 Full Name (Last, First, Middle Initial) c. Doctor Marian E. Bensema MD Date of Receipt Mailing Address 2108 Woodmont Drive 04 13 2016 City State Zip Code Transaction ID: SA11AI.6468 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing С 875.00 federal political committee. Memo Item Name of Employer Occupation Pathology & Cytology Labs Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor C. William Briscoe MD Date of Receipt Mailing Address 775 Scuffletown Road 04 2016 City Zip Code State Transaction ID: SA11AI.6497 Corbin KY 40701 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Corbin Psychiatric & counseling Servic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor J. Gregory Cooper MD Date of Receipt Mailing Address 386 Culpepper Drive 04 13 2016 City State Zip Code Transaction ID: SA11AI.6469 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Family Care Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) c. Doctor Robert H. Couch MD Date of Receipt Mailing Address 10606 Hobbs Station Road 04 13 2016 City Zip Code State Transaction ID: SA11AI.6471 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation Southern Emerg Med Specialists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 1400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 29 Use separate schedule(s) for each category of the (check only one)

TEMIZED RECEIPTS		Detailed Summary Page	X	11a 13		11k		11c		12	17
Any information copied from such Reports or for commercial purposes, other than using				or the		pose					ons
NAME OF COMMITTEE (In Full)											
Kentucky Medical Associati	on PAC(Kent	ucky Physicians PAC	Fede	ral-K	PF	PA	C F∈	edera	al)		
Full Name (Last, First, Middle Initial) Doctor Robert Granacher MD				ate of	Re	ceip	ot				
Mailing Address 1401 Harrodsburg Road	I			M - M 04	/	D	15	/ Y		016	Y
City	State KY	Zip Code 40504		Trans							
Lexington	N1	40504	_ A	mount	of	Eac	h Rec	eipt th	is P	eriod	
FEC ID number of contributing federal political committee.	C					7		7	_	75.0	0
Name of Employer	Occupation		<u> </u>	Mer	no II	tem					
Information Requested	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		450.00									
Full Name (Last, First, Middle Initial) 3. Doctor Robert Granacher MD	1		Date of Receipt								
Mailing Address 1401 Harrodsburg Road				M = M	/	D	16	/ Y)16	Y
City	State	Zip Code		Transa	acti	on I	ID : SA	11AI.	650	5	
Lexington	KY	40504	A	mount	of	Eac	h Rec	eipt th	is P	eriod	
FEC ID number of contributing federal political committee.	C			_		7	_	7		75.0	0
Name of Employer Information Requested	Occupation Physician		ا [Mer	no I	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]								
Full Name (Last, First, Middle Initial) C. Mrs. Nancy Harrison	<u> </u>			Date of	Re	ceir	ot				
Mailing Address 4045 Foxtail Place				M M M	/		26	/ Y)16	Y
City	State	Zip Code		Trans	acti	ion	ID : S	411AI.	652	0	
Owensboro	KY	42303	A	mount	of	Eac	h Rec	eipt th	is P	'eriod	
FEC ID number of contributing federal political committee.	C				_	,		,	_	250.0	0
Name of Employer	Occupation		- L	Mer	no l	ltem					
Self	Homemake	r									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.00									
SUBTOTAL of Receipts This Page (option	nal)			-	-	-	-	-	-	400.0	0
TOTAL This Period (last page this line nu			<u> </u>	÷		7	=	7	=	-	Ħ
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor William C. Harrison MD Date of Receipt Mailing Address 4045 Foxtail Place 2016 26 City State Zip Code Transaction ID: SA11AI.6519 Owensboro KY 42303 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation RIC Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Hughes MD Date of Receipt Mailing Address 1611 Fincastle Road 05 18 2016 City State Zip Code Transaction ID: SA11AI.6515 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Kentucky Ear Nose & Throat Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Doctor Evelyn Montgomery Jones MD Date of Receipt Mailing Address 8 West Vale 28 06 2016 City State Zip Code Transaction ID: SA11AI.6589 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Purchase Dermatology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Shawn C. Jones MD Date of Receipt Mailing Address 8 West Vale 2016 City Zip Code State Transaction ID: SA11AI.6588 Paducah KY 42001 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Purchase ENT Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor James Keller MD Date of Receipt Mailing Address 315 Summit Lane 04 18 2016 City State Zip Code Transaction ID: SA11AI.6483 KY Ft. Mitchell 41011 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Doctor Rishi Kumar MD Date of Receipt Mailing Address 1809 Round Ridge Road 02 05 2016 City Zip Code State Transaction ID: SA11AI.6491 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Eric Lydon MD Date of Receipt Mailing Address 2000 Long Knife Ct 2016 City State Zip Code Transaction ID: SA11AI.6474 Louisville KY 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Eric Lydon MD Date of Receipt Mailing Address 2000 Long Knife Ct 05 16 2016 City State Zip Code Transaction ID: SA11AI.6506 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Doctor Eric Lydon MD Date of Receipt Mailing Address 2000 Long Knife Ct 06 16 2016 City Zip Code State Transaction ID: SA11AI.6528 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

	FC	FOR LINE NUMBER:						12	OF	29
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Detailed Summary Page	>	X 11a		11b		11c		12		
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ITEMIZED RECEIPTS 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) Mrs. Geraldine Montgomery Date of Receipt Mailing Address 6414 Stinespring Dr 05 2016 City State Zip Code Transaction ID: SA11AI.6504 Paducah KY 42001-8674 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer Occupation Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Wally Montgomery MD Date of Receipt Mailing Address 117 N 2nd St Ste 2202 05 05 2016 City State Zip Code Transaction ID: SA11AI.6503 KY Paducah 42001-0741 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750,00 Full Name (Last, First, Middle Initial) c. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 04 13 2016 City Zip Code State Transaction ID: SA11AI.6472 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	13 OF	29
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 29 (check only one)

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NAME OF COMMITTEE (In Full)	g the name and a	ddress of any political committee	e to soli	cit cor	itrib	utic	ons fro	om su	ich d	commit	tee.	_
Kentucky Medical Association	on PAC(Kent	ucky Physicians PAC I	Fede	ral-K	PF	PA	CF	ede	ral))		
Full Name (Last, First, Middle Initial) Doctor Richard E. Park MD			D	ate of	Re	cei	pt					
Mailing Address 11299 Ross Court				м - м 05	/	ľ	18	/		y y y 2016	Υ	
City Union	State KY	Zip Code 41091		Trans								
	KI	41091	_	mount	of	Ead	ch Re	ceipt	this	Period		
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Name of Employer	Occupation		 	Mer	no II	tem	1					
Independent Anesthesiologists PSC	Physician											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) John Rhodes MD			D	Date of Receipt								
Mailing Address 3615 Woodside Place				M = M 06	/		02	/		2016	Y	
City	State	Zip Code		Transa	acti	on	ID : S	A11A	1.65	26		
Louisville	KY	40222	A	mount	of	Ead	ch Re	ceipt	this	Period		
FEC ID number of contributing federal political committee.	C					7	_		_	500.	00	
Name of Employer	Occupation		□ L	Mer	no l	ltem	1					
Retired	Retired Phy	sician										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		, 500.00										
Full Name (Last, First, Middle Initial) Doctor Eugene H Shively MD			D	ate of	Re	cei	pt					
Mailing Address 803 Lebanon Ave				M M	/		03	/		y y 2016	Y	
City Campbelsville	State KY	Zip Code 42718		Trans								
FEC ID number of contributing		72710		mount	Of	Ead	cn Re	ceipt	this	Period		
federal political committee.	C				_	7	_	- 7	_	250.	00	
Name of Employer	Occupation		- L	Mer	no I	ltem	1					
University Surgical Associates PSC	Physician											
Receipt For: Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
SURTOTAL of Receipts This Page (antion	al)		. [_	T			-	1250.	00	

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for each category of the Detailed Summary Page	X 11a 11l	o 11c	12	
	13 14	15	16	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) Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 04 2016 15 City State Zip Code Transaction ID: SA11AI.6477 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 05 16 2016 City State Zip Code Transaction ID: SA11AI.6508 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.00 Full Name (Last, First, Middle Initial) c. Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 06 16 2016 City State Zip Code Transaction ID: SA11AI.6530 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing С 73.00 federal political committee. Memo Item Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 438.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association P.	AC(Kentucky Physicians PA	C Federal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City Union FEC ID number of contributing federal political committee. Name of Employer Retired Physician Receipt For: Primary General Other (specify)	State Zip Code KY 41091 C Occupation Retired Physician Aggregate Year-to-Date ▼	Date of Receipt O4 15 2016 Transaction ID: SA11AI.6478 Amount of Each Receipt this Period 73.00 Memo Item
Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City Union FEC ID number of contributing federal political committee. Name of Employer Retired Physician Receipt For: Primary General Other (specify) Other (specify)	State Zip Code KY 41091 C Occupation Retired Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City Union FEC ID number of contributing federal political committee. Name of Employer Retired Physician Receipt For: Primary General Other (specify)	State Zip Code KY 41091 C Occupation Retired Physician Aggregate Year-to-Date ▼ 438.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		219.00
TOTAL This Period (last page this line number of	only)	

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Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
_ come common , age		13		14		15	16		717

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) Kishor Vora MD Date of Receipt Mailing Address 4204 Hunter Pointe 04 2016 City State Zip Code Transaction ID: SA11AI.6462 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Owensbor Medical Practice. PLL Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Carolyn Watson MD Date of Receipt Mailing Address 2501 Kentucky Ave 04 27 2016 City State Zip Code Transaction ID: SA11AI.6486 KY 42003 Paducah Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) c. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct 04 19 2016 City Zip Code State Transaction ID: SA11AI.6484 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing С 2500.00 federal political committee. Memo Item Name of Employer Occupation **Pulmonary Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 18 OF	F 29
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
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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) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 04 2016 City Zip Code State Transaction ID: SA11AI.6465 Hazard KY 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 04 25 2016 City State Zip Code Transaction ID: SA11AI.6485 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600,00 Full Name (Last, First, Middle Initial) c. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 04 29 2016 City Zip Code State Transaction ID: SA11AI.6490 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing С 75.00 federal political committee. Memo Item Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	19 O	F	29
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 16 2016 City Zip Code State Transaction ID: SA11AI.6514 Hazard KY 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 06 01 2016 City State Zip Code Transaction ID: SA11AI.6534 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 825.00 Full Name (Last, First, Middle Initial) c. Doctor Fred A. Williams Jr, MD Date of Receipt Mailing Address 430 Twinbrook Rd 26 05 2016 City State Zip Code Transaction ID: SA11AI.6517 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation **Endocrine & Diabetes Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FO	R LINE	NU	IMBER	:	PAGE	: 2	20 O	F	29
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for each category of the Detailed Summary Page	×	1 1a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Sally Williams Date of Receipt Mailing Address 100 E Liberty St Ste 400 2016 26 City State Zip Code Transaction ID: SA11AI.6518 KY Louisville 40202-1434 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \blacktriangledown 250.00 Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

Full Name (Last, First, Middle Initial)		
.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

C.

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TEMIZED DISBURSEMENTS	Use separate scl for each category Detailed Summai	of the	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC				
Full Name (Last, First, Middle Initial)				
Kentucky Medical Association (KM	4)			Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000				04 15 2016
Louisville	tate Zip Co KY 40222			Transaction ID : SB21B.6539
Purpose of Disbursement April Monthly Administration Fee		Г	001	Amount of Each Disbursement this Period
Candidate Name			Category/ Type	577.00
Senate President	nent For: 2016 Primary 0 Other (specify)	General	.,,,,,	Memo Item
State: District: Full Name (Last, First, Middle Initial) Kentucky Medical Association (KM/ Mailing Address 4965 US Hwy 42 Suite 2000	A)			Date of Disbursement M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City	itate Zip Co KY 40222			Transaction ID : SB21B.6541
Purpose of Disbursement Food for Meeting and FedEx shipping charges			001	Amount of Each Disbursement this Period
Candidate Name			Category/ Type	260.88
Senate X I	nent For: 2016 Primary G Other (specify)	General	31	Memo Item
Full Name (Last, First, Middle Initial) - Kentucky Medical Association (KMA	۹)			Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000				04 30 2016
Louisville	tate Zip Co KY 40222			Transaction ID : SB21B.6542
Purpose of Disbursement Printing and mailing charges for a mailing to membe	rship		001	Amount of Each Disbursement this Period
Candidate Name			Category/ Type	4342.83
				Name a Maria
		General		Memo Item

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any pointe	ai committee to	Solicit contributions from such committee.
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Kentucky Medical Association (KM)	A)		Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000			05 15 2016
,	state Zip Code		Transaction ID : SB21B.6550
Louisville Purpose of Disbursement	KY 40222		
May Monthly Administration Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	F77.00
		Type	577.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. Kentucky Medical Association (KM.)	A)		Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000			06 15 2016
Louisville	State Zip Code KY 40222		Transaction ID : SB21B.6592
Purpose of Disbursement June Administration Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	577.00
	nent For: Primary General Other (specify) ▼		Memo Item
State: District:	·		
Full Name (Last, First, Middle Initial) C. Kentucky Medical Association (KM/	۹)		Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000			06 30 2016
City	state Zip Code		Transaction ID : SB21B.6593
Louisville Purpose of Disbursement	KY 40222		
Postage and KPPAC Board Meeting Expenses		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	182.24
	nent For: Primary General Other (specify)	туре	Memo Item
State: District:			
			1000.01
SUBTOTAL of Disbursements This Page (optional)		·····•	1336.24
TOTAL This Period (last nage this line number only)			6516.95

SCHEDULE B (FEC Form 3X)	Lloo concrete delegativi (-)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	To and address of any point		Solick Collections from Cach Collination.
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Adam Koenig for State Representa	itive		Date of Disbursement
Mailing Address 170 Herrington Court #12			05 03 / 2016
•	State Zip Code		Transaction ID : SB29.6569
Erlanger Purpose of Disbursement	KY 41018		
Primary Election Contribution to Adam Koenig Cam	paign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
	nent For: 2016 Primary General Other (specify)		Memo Item
State: KY District: 69			
Full Name (Last, First, Middle Initial) B. Albert Robinson for State Senate			Date of Disbursement
Mailing Address 1249 South Main Street			05 03 7 2016
City S London	State Zip Code KY 40741		Transaction ID : SB29.6579
Purpose of Disbursement Primary Election Contribution to Albert Robinson Ca	ampaign Committee	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
	nent For: 2016 Primary General Other (specify)		Memo Item
State: KY District: 21			
Full Name (Last, First, Middle Initial) C. Andy Barr for Congress			Date of Disbursement
Mailing Address PO Box 2059			05 03 7 2016
•	State Zip Code KY 40588		Transaction ID : SB29.6557
Purpose of Disbursement Primary Election Contribution to Andy Barr Campaig	gn Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1500.00
	nent For: 2016 Primary General Other (specify)	1,700	Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2500.00
		<u> </u>	
TOTAL This Period (last page this line number only)			

ress of any politica	al committee to	22 23 24 25 26 28a 28b 28c × 29 30 on for the purpose of soliciting contributions solicit contributions from such committee. deral-KPPAC Federal) Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
zip Code 40515 und General	ons PAC Ference of the committee to the	Date of Disbursement Transaction ID: SB29.6558 Amount of Each Disbursement this Period Memo Item Date of Disbursement
Zip Code 40515 und	011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
40515 und 2016 General	Category/	Transaction ID: SB29.6558 Amount of Each Disbursement this Period 500.00 Memo Item Date of Disbursement
40515 und 2016 General	Category/	Transaction ID: SB29.6558 Amount of Each Disbursement this Period 500.00 Memo Item Date of Disbursement
40515 und 2016 General	Category/	Amount of Each Disbursement this Period 500.00 Memo Item Date of Disbursement
40515 und 2016 General	Category/	Amount of Each Disbursement this Period 500.00 Memo Item Date of Disbursement
2016 General	Category/	Date of Disbursement
General		Date of Disbursement
General		Date of Disbursement
		M = M / D = D / Y = Y = Y
		M = M / D = D / Y = Y = Y
		05 03 2016
Zip Code 40203		Transaction ID: SB29.6577
	011	Amount of Each Disbursement this Period
	Category/ Type	500.00
2016 General cify)		Memo Item
		Date of Disbursement
		05 03 2016
Zip Code 42420		Transaction ID: SB29.6582
t	011	Amount of Each Disbursement this Period
"	Category/ Type	1000.00
2016 General cify) ▼		Memo Item
		2000.00
2 2 2	General Zip Code 42420 Constant Control Control General Control Gener	Type 2016

SCHEDULE B (FEC Form 3X)	11	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22
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NAME OF COMMITTEE (In Full)	address of drift pointing	55	The second secon
Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	-4i		Date of Disbursement
A. Dennis Keene for State Representa	ative		Date of Disbursement
Mailing Address 1040 Johns hills road			05 03 2016
•	State Zip Code		Transaction ID : SB29.6568
Wilder Purpose of Disbursement	KY 41076		
Purpose of Disbursement Primary Election Contribution to Dennis Keene Cam	npaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	nent For: 2016 Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)			
B. Donna Mayfield for State Represer	ntative		Date of Disbursement
Mailing Address 2059 Elkin Station Road			05 03 2016
Winchester	State Zip Code KY 40391		Transaction ID : SB29.6571
Purpose of Disbursement Primary Election Contribution to Donna Mayfield Ca	ımpaign Fund	011	Amount of Each Disbursement this Period
Candidate Name	-	Category/ Type	500.00
	nent For: 2016 Primary General Other (specify) ▼	,,	Memo Item
State: KY District: 73			
Full Name (Last, First, Middle Initial) C. Jeffery Hoover for State Represent	ative		Date of Disbursement
Mailing Address PO Box 985			05 03 2016
,	State Zip Code		Transaction ID : SB29.6566
	KY 42629		
Purpose of Disbursement Primary Election Contribution to Jeffery Hoover Can Candidate Name	npaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2016 Primary General Other (specify)	.,,,,	Memo Item
State: KY District: 83			
CURTOTAL of Dishuman and This Board (a. " . "			2500.00
SUBTOTAL of Disbursements This Page (optional)		······•	2300.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 26 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na		ed by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PA	C(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	1		Date of Disbursement
A. John Bam Carney Campaign Fund	ı		M M / D D / Y Y Y Y
Mailing Address 202 Southside Ave			05 03 2016
City	State Zip Code		Transaction ID : SB29.6562
Campbellsville Purpose of Disbursement	KY 42718		
Primary Election Contribution to John Carney Cam	paign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Sought:	ment For: 2016	Туре	NA
Senate	Primary General		Memo Item
President	Other (specify) ▼		
State: KY District: 51			
Full Name (Last, First, Middle Initial) John Schickel Campaign fund			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 2147 Natchez Trace			05 03 2016
City Union	State Zip Code KY 41091		Transaction ID : SB29.6581
Purpose of Disbursement			
Primary Election Contribution to John Schickel Car	mpaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Candidate Name Office Sought: House Disburse	ment For: 2016		1000.00 Memo Item
Candidate Name Office Sought: House Disburse Senate	ment For: 2016 Primary General		
Candidate Name Office Sought: House Disburse	ment For: 2016		
Candidate Name Office Sought: House Disburse Senate President	ment For: 2016 Primary General		Memo Item
Candidate Name Office Sought: House Senate President State: District:	ment For: 2016 Primary General Other (specify)		Memo Item Date of Disbursement
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General Other (specify)		Memo Item
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Gr	ment For: 2016 Primary General Other (specify) Teer State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Gramman Address PO Box 1007 City Brandenburg	ment For: 2016 Primary General Other (specify)		Date of Disbursement
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Grammal Mailing Address PO Box 1007 City	ment For: 2016 Primary General Other (specify) Teer State Zip Code KY 40108	Type	Date of Disbursement Mos / Dos / 2016 Transaction ID: SB29.6564
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Gr Mailing Address PO Box 1007 City Brandenburg Purpose of Disbursement	ment For: 2016 Primary General Other (specify) Teer State Zip Code KY 40108	Type O11	Date of Disbursement Mos / Dog / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Green Campa Candidate Name	ment For: 2016 Primary General Other (specify) Geer State Zip Code KY 40108 ign Fund	Type	Date of Disbursement Mos / Dos / 2016 Transaction ID: SB29.6564
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Keep State Representative Jeff Gramman Address PO Box 1007 City Brandenburg Purpose of Disbursement Primary Election Contribution to Jeff Greer Campa Candidate Name Office Sought: House Disburse	ment For: 2016 Primary General Other (specify) Teer State Zip Code KY 40108 ign Fund ment For: 2016	Type 011 Category/	Date of Disbursement Mos / Dog / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Keep State Representative Jeff Green Campa Candidate Name	ment For: 2016 Primary General Other (specify) Geer State Zip Code KY 40108 ign Fund	Type 011 Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Keep State Representative Jeff Gramman Mailing Address PO Box 1007 City Brandenburg Purpose of Disbursement Primary Election Contribution to Jeff Greer Campa Candidate Name Office Sought: House Senate	ment For: 2016 Primary General Other (specify) Geer State Zip Code KY 40108 ign Fund ment For: 2016 Primary General	Type 011 Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Keep State Representative Jeff Gramman Mailing Address PO Box 1007 City Brandenburg Purpose of Disbursement Primary Election Contribution to Jeff Greer Campa Candidate Name Office Sought: House Senate President Disburse Senate President	ment For: 2016 Primary General Other (specify) State Zip Code KY 40108 ign Fund ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Keep State Representative Jeff Grandle Mailing Address PO Box 1007 City Brandenburg Purpose of Disbursement Primary Election Contribution to Jeff Greer Campa Candidate Name Office Sought: House Senate President State: KY District: 27	ment For: 2016 Primary General Other (specify) Geer State Zip Code KY 40108 ign Fund ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement Mos / Do D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	Hoe consusts sales date ()	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
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NAME OF COMMITTEE (In Full)	said address of any point	55.1111111100 10	The second secon
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	-1-1		Date of Dishursement
A. Kimberly Moser for STate Represe	ntative		Date of Disbursement
Mailing Address 3216 High Ridge Drive			05 03 2016
,	State Zip Code		Transaction ID : SB29.6574
Taylor Mill Purpose of Disbursement	KY 41051		
Primary Election Contribution to Kimberly Moser Ca	mpaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	nent For: 2016 Primary General Other (specify)		Memo Item
State: KY District: 41			
Full Name (Last, First, Middle Initial)			B (B) .
B. Rocky Adkins Campaign Fund			Date of Disbursement
Mailing Address PO Box 688			05 03 2016
Sandy Hook	State Zip Code KY 41171		Transaction ID : SB29.6554
Purpose of Disbursement Primary Election Contribution to Campaign Fund for	r Representative Rocky	044	Amount of Fook Dichards and this B
Candidate Name	Troprosoniative rooky	011 Category/ Type	Amount of Each Disbursement this Period 1000.00
	nent For: 2016 Primary General Other (specify)	.,,,,	Memo Item
State: KY District: 99			
Full Name (Last, First, Middle Initial) C. Russell Webber Campaign Fund			Date of Disbursement
Mailing Address PO Box 6605			05 03 2016
Shepherdsville	State Zip Code KY 41065		Transaction ID : SB29.6583
Purpose of Disbursement Primary Election Contribution to Russell Webber Ca	impaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Senate President	nent For: 2016 Primary General Other (specify)	.,,,,,	Memo Item
State: KY District: 26			
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 28 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
	e and address of any political	i committee to	Solicit Contributions from Such Committee.
NAME OF COMMITTEE (In Full)	(Kantuaky Physisian	o DAC For	doral KDDAC Endoral)
Kentucky Medical Association PAC	(Kentucky Physician	S PAC FE	derai-RPPAC rederai)
Full Name (Last, First, Middle Initial)			
Sannie Overly for State Representa	ative		Date of Disbursement
Mailing Address 340 Main Street			05 03 2016
City	tate Zip Code		
	KY 40361		Transaction ID: SB29.6576
Purpose of Disbursement Primary Election Contribution to Sannie Overly Cam	paign fund	011	Amount of Each Disbursement this Period
Candidate Name	I	Category/	1000.00
		Type	1000.00
	nent For: 2016		Memo Item
	Primary General Other (specify)		
State: KY District: 72	Other (specify)		
Full Name (Last, First, Middle Initial)			
 Senate Republican Caucus Campa 	ign Committee		Date of Disbursement
Mailing Address PO Box 1068			06 22 2016
			2010
•	tate Zip Code KY 40602		Transaction ID : SB29.6596
Frankfort Purpose of Disbursement	KY 40602		
General Election Contribution to the Senate Republi	can Caucus Campaign	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	2500.00
	ent For: 2016		Memo Item
	Primary X General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Susan Westrom Campaign Fund			M M / D D / Y Y Y Y
Mailing Address P.O. Box 22778			05 03 2016
City	itate Zip Code		
•	KY 40522		Transaction ID : SB29.6584
Purpose of Disbursement			
Primary Election Contribution to Susan Westrom Ca	mpaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursem	ent For: 2016	Туре	
	Primary General		Memo Item
	Other (specify)		
State: District:	,		
·			
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00

SCHEDULE B (FEC Form 3X)	Hee consists astrodule()	FOR LINE I	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	nents may not be sold or use	d by any perso	
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)		D.4.0. =	1 14DD40 5 1 3
Kentucky Medical Association PAC	(Kentucky Physician	is PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Suzanne Miles for State Representative			Date of Disbursement
Mailing Address PO Box 21592			05 03 2016
	State Zip Code		Transaction ID : SB29.6573
Owensboro Purpose of Disbursement	KY 21592		Transaction ID 1 GDZ010070
Primary Election Contribution to Suzanne Miles Campaign Fund 011		011	Amount of Each Disbursement this Period
		Category/	500.00
Office Sought: House Disbursem	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Tom Burch Campaign Fund			Man / Dab / Yayayay
Mailing Address 4012 Lambert Avenue			05 03 2016
	State Zip Code KY 40218		Transaction ID : SB29.6560
Purpose of Disbursement			
Primary Election Contribution to Tom Burch Campaign Fund 011			Amount of Each Disbursement this Period
Candidate Name	'	Category/	500.00
Office Sought: House Disbursem	nent For: 2016	Туре	Memo Item
	Primary General		Memoritani
	Other (specify) ▼		
State: KY District: 30 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
		Amount of Each Disbursement this Period	
Candidate Name		Category/	
Office Sought: House Disbursem	nent For:	Туре	□ Mana Ram
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1000.00
age (optional)			
TOTAL This Period (last nage this line number only)			17000.00