

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street)

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Monalisa Tailor MD

Signature of Treasurer

Monalisa Tailor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

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

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

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

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16613.00

20259.00

(ii) Unitemized

2827.50

4317.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

19440.50

24576.00

(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)

19440.50

24576.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

2.42

4.92

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 Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

19442.92

24580.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

19442.92

24580.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	6611.15	14371.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6611.15	14371.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	17000.00	18500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	23611.15	32871.83
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19440.50	24576.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19440.50	24576.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6611.15	14371.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6611.15	14371.83

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

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

FOR LINE NUMBER: PAGE 6 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. George Beard MD

Mailing Address 8005 Kendrick Crossing Lane

City State Zip Code
 Louisville KY 40291

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired Physician

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Transaction ID : SA11AI.6494

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor David J. Bensema MD

Mailing Address 2108 Woodmont Drive

City State Zip Code
 Lexington KY 40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period

875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Marian E. Bensema MD

Mailing Address 2108 Woodmont Drive

City State Zip Code
 Lexington KY 40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Pathology & Cytology Labs

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.6468

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

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

2250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor C. William Briscoe MD

Mailing Address 775 Scuffletown Road

City State Zip Code
 Corbin KY 40701

FEC ID number of contributing federal political committee.

C

Name of Employer

Corbin Psychiatric & counseling Serv

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor J. Gregory Cooper MD

Mailing Address 386 Culpepper Drive

City State Zip Code
 Cynthiana KY 41031

FEC ID number of contributing federal political committee.

C

Name of Employer

Family Care Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.6469

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Robert H. Couch MD

Mailing Address 10606 Hobbs Station Road

City State Zip Code
 Louisville KY 40223

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern Emerg Med Specialists PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1400.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Robert Granacher MD

Mailing Address 1401 Harrodsburg Road

City State Zip Code
 Lexington KY 40504

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2016

Transaction ID : SA11AI.6473

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Robert Granacher MD

Mailing Address 1401 Harrodsburg Road

City State Zip Code
 Lexington KY 40504

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 16 2016

Transaction ID : SA11AI.6505

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mrs. Nancy Harrison

Mailing Address 4045 Foxtail Place

City State Zip Code
 Owensboro KY 42303

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 26 2016

Transaction ID : SA11AI.6520

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor William C. Harrison MD

Mailing Address 4045 Foxtail Place

City State Zip Code
 Owensboro KY 42303

FEC ID number of contributing federal political committee.

C

Name of Employer

RIC

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11AI.6519

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth Hughes MD

Mailing Address 1611 Fincastle Road

City State Zip Code
 Lexington KY 40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Ear Nose & Throat

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 Y Y
 05 / 18 / 2016

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Evelyn Montgomery Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing federal political committee.

C

Name of Employer

Purchase Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Shawn C. Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Purchase ENT

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6588

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor James Keller MD

Mailing Address 315 Summit Lane

City State Zip Code
 Ft. Mitchell KY 41011

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Rishi Kumar MD

Mailing Address 1809 Round Ridge Road

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Transaction ID : SA11AI.6491

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Psychiatric Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.6474

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Psychiatric Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.6506

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Psychiatric Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mrs. Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired - Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.6504

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Wally Montgomery MD

Mailing Address 117 N 2nd St Ste 2202

City

Paducah

State

KY

Zip Code

42001-0741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City

Taylor Mill

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2016

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.6507

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Richard E. Park MD

Mailing Address 11299 Ross Court

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent Anesthesiologists PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Rhodes MD

Mailing Address 3615 Woodside Place

City State Zip Code
 Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.6526

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Doctor Eugene H Shively MD

Mailing Address 803 Lebanon Ave

City State Zip Code
 Campbelsville KY 42718

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates 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 Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.6496

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.6477

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.6508

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11AI.6530

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

219.00

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

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

FOR LINE NUMBER: PAGE 16 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2016

Transaction ID : SA11AI.6478

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 16 2016

Transaction ID : SA11AI.6509

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 16 2016

Transaction ID : SA11AI.6531

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

219.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kishor Vora MD

Mailing Address 4204 Hunter Pointe

City State Zip Code
 Owensboro KY 42303

FEC ID number of contributing federal political committee.

C

Name of Employer

Owensbor Medical Practice, PLL

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : SA11AI.6462

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Carolyn Watson MD

Mailing Address 2501 Kentucky Ave

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing federal political committee.

C

Name of Employer

Pathology Associates of Paducah PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016

Transaction ID : SA11AI.6486

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor John White MD

Mailing Address 712 Tamarack Ct

City State Zip Code
 Richmond KY 40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Pulmonary Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11AI.6484

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

State

Zip Code

Hazard

KY

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hazard Clinic

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2016

Transaction ID : SA11AI.6465

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

State

Zip Code

Hazard

KY

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hazard Clinic

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

State

Zip Code

Hazard

KY

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hazard Clinic

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 29

<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)

A. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2016

Transaction ID : SA11AI.6514

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doctor Mitchell Wicker MD

Mailing Address P.O. Box 719

City

Hazard

State

KY

Zip Code

41702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2016

Transaction ID : SA11AI.6534

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doctor Fred A. Williams Jr, MD

Mailing Address 430 Twinbrook Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endocrine & Diabetes Associates

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
05		26		2016

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 20 OF 29
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mrs. Sally Williams

Mailing Address 100 E Liberty St Ste 400

City State Zip Code
 Louisville KY 40202-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired - Self

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11AI.6518

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

16613.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 29

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	5		2	0	1	6		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
April Monthly Administration Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6539

Amount of Each Disbursement this Period

577.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	5		2	0	1	6		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Food for Meeting and FedEx shipping charges

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6541

Amount of Each Disbursement this Period

260.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	1	6		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Printing and mailing charges for a mailing to membership

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6542

Amount of Each Disbursement this Period

4342.83

☐ Memo Item

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

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

5180.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 29

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	5		2	0	1	6		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
May Monthly Administration Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6550

Amount of Each Disbursement this Period

577.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	5		2	0	1	6		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
June Administration Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6592

Amount of Each Disbursement this Period

577.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

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

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Postage and KPPAC Board Meeting Expenses

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.6593

Amount of Each Disbursement this Period

182.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1336.24

6516.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Adam Koenig for State Representative

Mailing Address 170 Herrington Court #12

City	State	Zip Code
Erlanger	KY	41018

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Adam Koenig Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 69	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6569

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Albert Robinson for State Senate

Mailing Address 1249 South Main Street

City	State	Zip Code
London	KY	40741

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Albert Robinson Campaign Committee	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 21	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6579

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Andy Barr Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6557

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

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

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

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Robert Benvenuti

Mailing Address 2384 Abbeywood Road

City	State	Zip Code
Lexington	KY	40515

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Robert Benvenuti Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KY	District: 88

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6558

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darryl Owens Campaign Fund

Mailing Address 1018 South Fourth Street Suite 100

City	State	Zip Code
Louisville	KY	40203

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Darryl Owens Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KY	District: 43

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6577

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David A. Watkins Campaign Fund

Mailing Address 512880 Taransay Drive

City	State	Zip Code
Henderson	KY	42420

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to David Watkins Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6582

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dennis Keene for State Representative

Mailing Address 1040 Johns hills road

City	State	Zip Code
Wilder	KY	41076

Purpose of Disbursement
Primary Election Contribution to Dennis Keene Campaign Fund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6568

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donna Mayfield for State Representative

Mailing Address 2059 Elkin Station Road

City	State	Zip Code
Winchester	KY	40391

Purpose of Disbursement
Primary Election Contribution to Donna Mayfield Campaign Fund

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 73

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6571

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffery Hoover for State Representative

Mailing Address PO Box 985

City	State	Zip Code
Jamestown	KY	42629

Purpose of Disbursement
Primary Election Contribution to Jeffery Hoover Campaign Fund

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 83

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6566

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 29

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John Bam Carney Campaign Fund

Mailing Address 202 Southside Ave

City	State	Zip Code
Campbellsville	KY	42718

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to John Carney Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 51	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6562

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Schickel Campaign fund

Mailing Address 2147 Natchez Trace

City	State	Zip Code
Union	KY	41091

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to John Schickel Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6581

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Keep State Representative Jeff Greer

Mailing Address PO Box 1007

City	State	Zip Code
Brandenburg	KY	40108

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Jeff Greer Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 27	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6564

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

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

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kimberly Moser for STate Representative

Mailing Address 3216 High Ridge Drive

City	State	Zip Code
Taylor Mill	KY	41051

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Kimberly Moser Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 41	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6574

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rocky Adkins Campaign Fund

Mailing Address PO Box 688

City	State	Zip Code
Sandy Hook	KY	41171

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Campaign Fund for Representative Rocky Adkins	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 99	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6554

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Russell Webber Campaign Fund

Mailing Address PO Box 6605

City	State	Zip Code
Shepherdsville	KY	41065

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Russell Webber Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6583

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sannie Overly for State Representative

Mailing Address 340 Main Street

City	State	Zip Code
Paris	KY	40361

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Sannie Overly Campaign fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 72	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6576

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Senate Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement	011 Category/ Type
General Election Contribution to the Senate Republican Caucus Campaign Committee	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SB29.6596

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Westrom Campaign Fund

Mailing Address P.O. Box 22778

City	State	Zip Code
Lexington	KY	40522

Purpose of Disbursement	011 Category/ Type
Primary Election Contribution to Susan Westrom Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6584

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 29

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Suzanne Miles for State Representative

Mailing Address PO Box 21592

City	State	Zip Code
Owensboro	KY	21592

Purpose of Disbursement	<div>011</div> Category/ Type
Primary Election Contribution to Suzanne Miles Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6573

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Burch Campaign Fund

Mailing Address 4012 Lambert Avenue

City	State	Zip Code
Louisville	KY	40218

Purpose of Disbursement	<div>011</div> Category/ Type
Primary Election Contribution to Tom Burch Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 30

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : SB29.6560

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

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

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

1000.00

17000.00
