

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 JAN 18 AM 9:42  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 FEB 4 15 MAIL CENTER

KY PROLIFE POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

291 CLUB OAK CT

Check if different than previously reported. (ACC)

LOUISVILLE

1 KY

40223

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000164004

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

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

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

10 / 01 / 2011

through

12 / 31 / 2011

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

JUSAN K KENNEY

Signature of Treasurer

Jusan K Kenney

Date

01 / 10 / 2012

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

12030710292

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KY PRO LIFE POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

To:

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text"/>	<input type="text" value="9,048.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="822.48"/>	<input type="text"/>
(c) Total Receipts (from Line 19) .....	<input type="text" value="499,794"/>	<input type="text" value="550,294"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="582,042"/>	<input type="text" value="640,782"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="3556.7"/>	<input type="text" value="943.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="5464.75"/>	<input type="text" value="5464.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text"/>	<input type="text"/>



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

12030710293

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*KY PROLIFE POLITICAL ACTION COMMITTEE*

Report Covering the Period: From: **10** / **01** / **2011** To: **12** / **31** / **2011**

**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).....

205000

225000

(ii) Unitemized.....

294794

325294

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

499794

550294

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

499794

550294

**12. Transfers From Affiliated/Other Party Committees.....**

**13. All Loans Received.....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

**17. Other Federal Receipts (Dividends, Interest, etc.).....**

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

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

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

499794

550294

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

499794

550294

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**DETAILED SUMMARY PAGE  
of Disbursements**

**II. Disbursements**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	355,67	94,307
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	355,67	94,307
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	355,67	94,307
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	355,67	94,307

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	499,794	550,294
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	499,794	550,294
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	355,67	943,07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	355,67	943,07

12030710296

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

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

FOR LINE NUMBER: PAGE 1 OF 3  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**KY PROLIFE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **KING, PATRICK**

Mailing Address

**2602 NEWBURG Rd**

City

**Louisville**

State

**KY**

Zip Code

**40205**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 14 2011**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

B. **BAKER, JUDITH**

Mailing Address

**2903 CRAB ORCHARD Rd**

City

**MT. VERNON**

State

**KY**

Zip Code

**40456**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**ROCK CASTLE REGIONAL HOSP.**

Occupation

**REGISTERED NURSE**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**12 07 2011**

Amount of Each Receipt this Period

**1500.00**

Full Name (Last, First, Middle Initial)

C. **HILLENMEYER III, Louis**

Mailing Address

**466 WOOD LAKE WAY**

City

**LEXINGTON**

State

**KY**

Zip Code

**40502**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 07 2011**

Amount of Each Receipt this Period

**500.00**

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

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

**1150.00**

**1150.00**

12030710297

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

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

FOR LINE NUMBER: PAGE 2 OF 3  
(check only one)  
 11a  11b  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)  
KY PROLIFE POLITICAL ACTION COMMITTEE

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

Mailing Address  
3411 MOUNT RAINIER DR

City Louisville State KY Zip Code 40241

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000

Date of Receipt  
12 ' 07 ' 2011

Amount of Each Receipt this Period  
20000

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

Mailing Address  
10110 LEDBURY WAY

City Louisville State KY Zip Code 40223

FEC ID number of contributing federal political committee. C

Name of Employer INTEGRATED BENEFITS Occupation INSURANCE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000

Date of Receipt  
12 ' 07 ' 2011

Amount of Each Receipt this Period  
20000

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

Mailing Address  
8021 CHRISTIAN CT #120

City Louisville State KY Zip Code 40222

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000

Date of Receipt  
12 ' 07 ' 2011

Amount of Each Receipt this Period  
25000

SUBTOTAL of Receipts This Page (optional) ..... ▶ 65000

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

12030710298

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 3

(check only one)

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

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NAME OF COMMITTEE (In Full)

KY PROLIFE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEIDEN, MARTHA

Mailing Address

3308 STRATFORD AVE

City Louisville

State KY

Zip Code 40218

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

12 / 07 / 2011

Amount of Each Receipt this Period

250.00

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 ▼

[Empty box for aggregate year-to-date]

Date of Receipt

[Empty date box]

Amount of Each Receipt this Period

[Empty amount box]

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 ▼

[Empty box for aggregate year-to-date]

Date of Receipt

[Empty date box]

Amount of Each Receipt this Period

[Empty amount box]

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

2050.00

12030710299



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF /				
	<input type="checkbox"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
**KY PROLIFE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>POSTMASTER</b>		Date of Disbursement <b>10 / 28 / 2011</b>
Mailing Address <b>ST MATTHEWS</b>		Amount of Each Disbursement this Period <b>35567</b>
City <b>Louisville</b>	State <b>KY</b>	
Zip Code <b>40207</b>		Category/ Type
Purpose of Disbursement <b>MAILING PAC FUNDRAISING LETTER</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>35567</b>
TOTAL This Period (last page this line number only) .....	

12030710300

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

12030710301

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1/11/12</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
**PREPARER**

*1/18/11*  
**DATE PREPARED**