

**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
REPORTNEW
(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 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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y 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 Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

M M M /

D D D /

Y 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
07 01 2014 To: M M / D D / Y Y Y Y Y Y
09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		73079.13
(b) Cash on Hand at Beginning of Reporting Period.....	72661.51	
(c) Total Receipts (from Line 19)	20300.82	45107.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92962.33	118186.33
7. Total Disbursements (from Line 31)	27084.51	52308.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65877.82	65877.82
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	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

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).....

15553.00

31456.50

(ii) Unitemized

4745.00

12642.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

20298.00

44099.06

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20298.00

45099.06

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.).....

2.82

8.14

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)).....▶

20300.82

45107.20

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20300.82

45107.20

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	5284.51	18008.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5284.51	18008.51
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	21800.00	34300.00
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)) ..	27084.51	52308.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27084.51	52308.51

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)	20298.00	45099.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20298.00	45099.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5284.51	18008.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5284.51	18008.51

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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 Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2014

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Medical Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5724

Amount of Each Receipt this Period

100.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 32

<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 Brian Baker MD

Mailing Address 3 Tower Circle

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology of Southern Kentucky

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doctor Brian Baker MD

Mailing Address 3 Tower Circle

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology of Southern Kentucky

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
0	8		0	7		2	0	1	4

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor James F. Beattie Jr, MD

Mailing Address 796 Grider Pond Rd

City

Bowling Green

State

KY

Zip Code

42104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bowling Green Associated Pathologists

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
0	9		1	6		2	0	1	4

Transaction ID : SA11AI.5688

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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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. Cheryl Broster

Mailing Address 3629 Winding Woods Ln.

City Lexington State KY Zip Code 40515

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : SA11AI.5654

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Bruce E. Burton MD

Mailing Address 3106 Oakridge Court

City Owensboro State KY Zip Code 42303

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Doctor Craig C. Cartia MD

Mailing Address 400 Stonegate Drive

City Nicholasville State KY Zip Code 40356

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 ▼

225.00

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5718

Amount of Each Receipt this Period

25.00

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

1025.00

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:
(check only one)

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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 John W. Collins MD

Mailing Address 1014 Richmond Road

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Mrs. Peggy Collins

Mailing Address 1014 Richmond Road

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sell-Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert H. Couch MD

Mailing Address 10606 Hobbs Station Road

City

Louisville

State

KY

Zip Code

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 ▼

500.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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 Douglas Crutcher MD

Mailing Address 1210 KY Hwy 36E

City State Zip Code
 Cynthiana KY 41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5696

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doctor James Donley MD

Mailing Address 5002 Lago Dr

City State Zip Code
 Madisonville KY 42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5712

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doctor Rita M. Egan MD

Mailing Address 2349 Abbeywood Road

City State Zip Code
 Lexington KY 40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arthritis Center of Lexington

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 31 / 2014

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period

300.00

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

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

1550.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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 Ronald Hall MD

Mailing Address 169 Burt Road

City Lexington State KY Zip Code 40503

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 ▼

500.00

Date of Receipt

07 / 21 / 2014

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Naren James MD

Mailing Address PO Box 388

City Stanford State KY Zip Code 40484

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Stanford Family Medicine & Obstetrics

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 21 / 2014

Transaction ID : SA11AI.5626

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doctor John Johnstone MD

Mailing Address 819 W. Main Street

City Richmond State KY Zip Code 40475

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 ▼

225.00

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5719

Amount of Each Receipt this Period

25.00

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

1525.00

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:
(check only one)

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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 David E. Jones MD

Mailing Address 1236 Woodbridge Trail

City State Zip Code
 Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Eye Center

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
 09 / 04 / 2014

Transaction ID : SA11AI.5669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Michael Kuduk MD

Mailing Address 375 Bobwhite Lane

City State Zip Code
 Winchester KY 40391

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.5713

Amount of Each Receipt this Period

250.00

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

Information Requested

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
 08 / 06 / 2014

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Rice Leach MD

Mailing Address PO Box 1497

City State Zip Code
 Frankfort KY 40602

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lexington-Fayette Co Health Dept

Occupation
 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
 09 / 16 / 2014

Transaction ID : SA11AI.5704

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Doctor Glenn Loomis MD

Mailing Address 7 Harvard Drive

City State Zip Code
 Ft. Mitchell KY 41017

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doctor Alvin Martin MD

Mailing Address 10720 Hobbs Station Road

City State Zip Code
 Louisville KY 40223

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period

300.00

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

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

1500.00

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

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

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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. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.25

Date of Receipt

07 / 15 / 2014

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.25

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.25

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5720

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

503.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period

50.00

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 ▼

553.25

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.5660

Amount of Each Receipt this Period

50.00

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 ▼

603.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2014

Transaction ID : SA11AI.5721

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 James Patrick Murphy MD

Mailing Address 9901 Melissa Drive

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Murphy Pain Center

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
09 / 16 / 2014

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Preston Nunnelley Jr., MD

Mailing Address 1740 Nicholasville Rd

City State Zip Code
Lexington KY 40503

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.5680

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor H Michael Oghia MD

Mailing Address 4538 Highway 15 South

City State Zip Code
Jackson KY 41339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Urology Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period

30.00

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

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

630.00

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

Use separate schedule(s)
for each category of the
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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 H Michael Oghia MD

Mailing Address 4538 Highway 15 South

City State Zip Code
 Jackson KY 41339

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jackson Urology Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Doctor H Michael Oghia MD

Mailing Address 4538 Highway 15 South

City State Zip Code
 Jackson KY 41339

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jackson Urology Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5725

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Doctor Tracy Ragland MD

Mailing Address 7101 W Hwy 22

City State Zip Code
 Crestwood KY 40014

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 ▼

300.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period

250.00

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

310.00

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
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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 K. Thomas Reichard MD

Mailing Address 2425 Cherokee Pkwy

City State Zip Code
Louisville KY 40204

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 ▼

300.00

Date of Receipt

08 / 07 / 2014

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mrs. Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City State Zip Code
Louisville KY 40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 07 / 2014

Transaction ID : SA11AI.5646

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor John L. Roberts MD

Mailing Address 6007 Two Springs Lane

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Neonatal Associates PSC

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period

500.00

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

1100.00

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
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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 Janet Smith MD

Mailing Address 6007 Two Springs Lane

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Associates

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
09 / 16 / 2014

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Steven Stack MD

Mailing Address 2083 Bridgeport Drive

City State Zip Code
Lexington KY 40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph East Hospital

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
09 / 16 / 2014

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period

300.00

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 ▼

664.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period

73.00

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

873.00

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
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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 ▼

737.25

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period

73.00

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 ▼

810.25

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5722

Amount of Each Receipt this Period

73.00

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

Retired Physician

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.25

Date of Receipt

07 / 15 / 2014

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period

73.00

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
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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 ▼

737.25

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.5662

Amount of Each Receipt this Period

73.00

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 ▼

810.25

Date of Receipt

09 / 22 / 2014

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period

73.00

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

Occupation

Pulmonary Associates

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

500.00

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

646.00

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
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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 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 ▼

500.00

Date of Receipt

07 / 08 / 2014

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Mark J. Zalla MD

Mailing Address 1018 Colina Drive

City

Villa Hills

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates of Northern KY,

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert Zaring MD

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisville Pathology Associates PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 16 / 2014

Transaction ID : SA11AI.5709

Amount of Each Receipt this Period

275.00

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

1025.00

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

15553.00

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

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

670.00

MM / DD / YYYY

670.00

08 / 22 / 2014

2940.30

4280.30

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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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	8				2	2		2	0	1	4		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Mileage, Postage, and Conference Call Fees

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5742**

Amount of Each Disbursement this Period

107.01

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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	9				1	5		2	0	1	4		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
September Administration Fee

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5744**

Amount of Each Disbursement this Period

670.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	5		2	0	1	4		

Mailing Address PO Box 105658

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Paypal Processing Fees

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5747**

Amount of Each Disbursement this Period

130.55

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

907.56

5187.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. Brandon Smith Campaign Fund

Mailing Address PO Box 846

City	State	Zip Code
Hazard	KY	41702

Purpose of Disbursement	011 Category/ Type
General Election Contribution to Brandon Smith Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: KY District: 30	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5753

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Campaign Fund of Mike Nemes

Mailing Address 5318 Westhall Avenue

City	State	Zip Code
Louisville	KY	40214

Purpose of Disbursement	011 Category/ Type
General Election Contribution to Mike Nemes Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: KY District: 49	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5765

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Floyd Campaign Fund

Mailing Address 102 Maywood Avenue

City	State	Zip Code
Bardstown	KY	40004

Purpose of Disbursement	011 Category/ Type
General Election Contribution to David Floyd Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: KY District: 50	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5760

Amount of Each Disbursement this Period

500.00

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. David Osborne Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2014

Mailing Address PO Box 8

City	State	Zip Code
Prospect	KY	40059

Transaction ID : SB29.5766Purpose of Disbursement
General Election Contribution to David Osborne Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 59

Full Name (Last, First, Middle Initial)

B. Gerald Watkins Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2014

Mailing Address 4317 Pines Road

City	State	Zip Code
Paducah	KY	42001

Transaction ID : SB29.5770Purpose of Disbursement
General Election Contribution to Gerald Watkins Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 03

Full Name (Last, First, Middle Initial)

C. House Republican Caucus Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2014

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40502

Transaction ID : SB29.5782Purpose of Disbursement
General Election Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

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

3500.00

**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. Jared Carpenter Campaign Fund

Mailing Address PO Box 100

City	State	Zip Code
Berea	KY	40403

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Jared Carpenter Campaign Fund	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 34

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5776

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jeff Greer Campaign Fund

Mailing Address PO Box 401

City	State	Zip Code
Brandenburg	KY	40108

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Jeff Greer Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 27

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5778

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Jill York Campaign Fund

Mailing Address PO Box 591

City	State	Zip Code
Grayson	KY	41143

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Jill York Camapaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 96

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5774

Amount of Each Disbursement this Period

500.00

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. Jimmie Lee Campaign Fund

Mailing Address 901 Dogwood Drive

City	State	Zip Code
Elizabethtown	KY	42701

Purpose of Disbursement	011 Category/ Type
General Election Contribution to Jimmie Lee Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 25	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5763

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kentucky Chamber PAC

Mailing Address 464 Chenault Drive

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement	004 Category/ Type
Advertising and Respective Share for Candidate Reception	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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
09	/	16	/	2014

Transaction ID : SB29.5787

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Kentucky Democratic Party

Mailing Address PO Box 694

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement	011 Category/ Type
General Election Contribution	

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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
09	/	16	/	2014

Transaction ID : SB29.5784

Amount of Each Disbursement this Period

1000.00

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

1800.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(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. Kentucky House Democratic Caucus Campaign Committee

Mailing Address PO Box 4204

City	State	Zip Code
Frankfort	KY	40604

Purpose of Disbursement
General Election Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5781

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kentucky Senate Democratic Caucus Campaign Committee

Mailing Address PO Box 4582

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement
General Election Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5786

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kim King Campaign Fund

Mailing Address 250 Bright Leaf Drive

City	State	Zip Code
Harrodsburg	KY	40330

Purpose of Disbursement
General Election Contribution to Kim King Campaign Fund

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 55

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5761

Amount of Each Disbursement this Period

500.00

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

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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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. Larry Clark for State Representative

Mailing Address 5913 Whispering Hills Blvd

City	State	Zip Code
Louisville	KY	40219

Purpose of Disbursement
General Election Contribution to Larry Clark Campaign Fund

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5748

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn Bechler Campaign Fund

Mailing Address 2359 Brown Mines Road

City	State	Zip Code
Marion	KY	42064

Purpose of Disbursement
General Election Contribution to Lynn Bechler Campaign Fund

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5758

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Republican Party of Kentucky

Mailing Address 105 West 3rd Street

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement
General Election Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5783

Amount of Each Disbursement this Period

1000.00

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)
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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. Russell Webber Campaign Fund

Mailing Address PO Box 6605

City	State	Zip Code
Shepherdsville	KY	41065

Purpose of Disbursement	<div>011</div> Category/ Type
General 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: 2014
State: KY	District: 26	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5772

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ryan Schwartz Campaign Fund

Mailing Address 1425 Griers Creek Road

City	State	Zip Code
Versailles	KY	40383

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Ryan Schwartz Campaign Fund	

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014
State: KY	District: 56	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5768

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sannie Overly for State Representative

Mailing Address 340 Main Street

City	State	Zip Code
Paris	KY	40361

Purpose of Disbursement	<div>011</div> Category/ Type
General 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: 2014
State: KY	District: 72	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5751

Amount of Each Disbursement this Period

1000.00

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. Senate Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
General Election Contribution

Candidate Name

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

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5785

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Thomas M. McKee Campaign Fund

Mailing Address 162 Culpepper Drive

City	State	Zip Code
Cynthiana	KY	41031

Purpose of Disbursement
General Election Contribution to Thomas McKee Campaign Fund

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 78

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
09	/	16	/	2014

Transaction ID : SB29.5764

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tommy Thompson Campaign Fund

Mailing Address PO Box 458

City	State	Zip Code
Owensboro	KY	42302

Purpose of Disbursement
General Election Contribution for Tommy Thompson Campaign Fund

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 14

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB29.5756

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

21800.00
