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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1,0	or other man	All Authorized	Committee			Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	=/10	mple: If typir r the lines.	ng, type	12FE4M5		
Kentucky Medical Asso	ciation PAC(l	Kentucky Phy	/sicians P	AC Feder	al-KPPAC	C Federal)	
		<u> </u>			<u> </u>		
ADDRESS (number and street)	4965 US Hwy 42						
Check if different	Suite 2000						
than previously reported. (ACC)	Louisville				KY [	46220	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦
C C00016444		3. IS THIS REPORT	· ·	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1  July 15 Quarterly Report (Q2  X October 15 Quarterly Report (Q2	PRE-EI Report		Primary (12P		Oct 2 General (		Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3  January 31  Year-End Report (YE		Election on	M M /	D   D /	Y . Y . Y . Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report	POST-	Election for the:	General (300	a)	Runoff (3	OR)	Special (30S)
(TER)		Election on	M = M /	D D /	Y	in the State o	of
5. Covering Period 07	01	2014	through	09	30 /	2014	
I certify that I have examined this  Type or Print Name of Treasurer	Report and to th	-	wledge and b	pelief it is trud	e, correct and	I complete.	
Signature of Treasurer Nancy	Swikert MD		[Electronically	Filed] Di	ate 10	/ 10 /	2014
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	son signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

## 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)

2014 09 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 73079.13 January 1, 2014 (b) Cash on Hand at 72661.51 Beginning of Reporting Period..... 45107.20 20300.82 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 92962.33 118186.33 6(a) and 6(c) for Column B)..... 27084.51 52308.51 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 65877.82 65877.82 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

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

### For further information contact:

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Than Political Committees (i) Iternized (use Schedule A)	1. Contributions (other than loans) From:	Total Tillo Totloa	Outonaur Tour to Buto
(i) Itemized (use Schedule A)	• •		
(ii) Uniternized		45552.00	31456.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	(i) Itemized (use Schedule A)	15553.00	31430.30
Lines 11(a)(i) and (ii)		4745.00	12642.56
(c) Other Political Committees (such as PACs)		20298.00	44099.06
(such as PACs)	(b) Political Party Committees	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		0.00	1000.00
Totals to Line 33, page 5)			
2. Transfers From Affiliated/Other Party Committees		22222	45000.00
Party Committees		20298.00	45099.06
3. All Loans Received			
4. Loan Repayments Received	Party Committees	0.00	0.00
5. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)       (Carry Totals to Line 37, page 5)	3. All Loans Received	0.00	0.00
5. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)       (Carry Totals to Line 37, page 5)		7	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4. Loan Repayments Received	0.00	0.00
(Carry Totals to Line 37, page 5)	5. Offsets To Operating Expenditures		
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees	(Refunds, Rebates, etc.)		
to Federal Candidates and Other Political Committees	(Carry Totals to Line 37, page 5)	0.00	0.00
Political Committees	6. Refunds of Contributions Made		
7. Other Federal Receipts (Dividends, Interest, etc.)	to Federal Candidates and Other	<del> </del>	
(Dividends, Interest, etc.)	Political Committees	0.00	0.00
3. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	·		
(a) Non-Federal Account (from Schedule H3)		2.82	8.14
(from Schedule H3)			
(b) Levin Funds (from Schedule H5)	· ·		
(c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))  2. 20300.82	(from Schedule H3)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))  9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))  20300.82	(b) Lavin France (france Oaksadula 115)	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	(b) Levin Funds (irom Schedule H5)	3.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))▶ 20300.82 4510	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Fodoral Possints		20300.82	45107.20
	D. Total Federal Receipts	20005 20	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
1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I Gllow	Calcinal Tear-to-Date
	(i) Federal Share	0.00	0.00
	(,,		
	(ii) Non-Federal Share	0.00	0.00
(1	o) Other Federal Operating	F204 F4	4,000 54
(1	Expenditures c) Total Operating Expenditures	5284.51	18008.51
('	(add 21(a)(i), (a)(ii), and (b))▶	5284.51	18008.51
Т	ransfers to Affiliated/Other Party		
	committees	0.00	0.00
F	Contributions to ederal Candidates/Committees and Other Political Committees	0.00	0.00
	ndependent Expenditures	0.00	0.00
C	use Schedule E)	0.00	0.00
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
(1	doc ochedule i j	7	0.00
L	oan Repayments Made	0.00	0.00
		0.00	0.00
	oans Made lefunds of Contributions To:	0.00	0.00
(8	a) Individuals/Persons Other Than Political Committees	0.00	0.00
		4	
(1	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
((	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
C	Other Disbursements	21800.00	34300.00
F	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(1	b) Federal Election Activity Paid Entirely	7	
(,	With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	27084.51	52308.51
		7	
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	27084.51	52308.51
Iľ	rom Line 31)	27004.31	32308.31

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	201111111	
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	20298.00	45099.06
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20298.00	45099.06
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	5284.51	18008.51
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5284.51	18008.51

Winchester Medical Associates

Other (specify)

General

Receipt For:

Primary

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

FOF	LINE	NU	MBER	:	PAGE	6	OF	32
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X	11a		11b		11c	12	2	
	13		14		15	16	6	17

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 2014 15 City State Zip Code Transaction ID: SA11AI.5624 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Physician Winchester Medical Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 80 15 2014 City Zip Code State Transaction ID: SA11AI.5663 Winchester ΚY 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation

Other (specify)	800.00	
C. Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD  Mailing Address 3520 McClure Road		Date of Receipt  09 22 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.5724
Winchester	KY 40391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Winchester Medical Associates	Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	

000 00

900.00

Physician

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	·····	Ξ	Ī	7	Ξ	I	7	300	0.00	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	13	14		15	16		17

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Full Name (Last, First, Middle Initial) Doctor Brian Baker MD  Mailing Address 3 Tower Circle		Date of Receipt
waining Address 3 Tower Circle		07 31 2014
City	State Zip Code	Transaction ID : SA11AI.5634
Somerset	KY 42503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Dermotology of Southern Kentucky	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Doctor Brian Baker MD		Date of Receipt
Mailing Address 3 Tower Circle		M = M / D = D / Y = Y = Y
City	State Zip Code	08 07 2014
Somerset	KY 42503	Transaction ID : SA11AI.5647  Amount of Each Receipt this Period
FEC ID number of contributing		, and an easi recorpt this i chou
federal political committee.	C	500.00
Name of Employer	Occupation	
Dermotology of Southern Kentucky	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Doctor James F. Beattie Jr, MD	<u>'</u>	Date of Receipt
Mailing Address 796 Grider Pond Rd		09 16 2014
City Bowling Green	State Zip Code KY 42104	Transaction ID : SA11AI.5688  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Bowling Green Associated Pathologists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1000.00	

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: P	AGE 8	OF	32
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13	14	15		16	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Cheryl Broster Date of Receipt Mailing Address 3629 Winding Woods Ln. 2014 City State Zip Code Transaction ID: SA11AI.5654 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Homemaker Self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Bruce E. Burton MD Date of Receipt Mailing Address 3106 Oakridge Court 80 13 2014 City State Zip Code Transaction ID: SA11AI.5655 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Radiology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Craig C. Cartia MD Date of Receipt Mailing Address 400 Stonegate Drive 22 09 2014 City State Zip Code Transaction ID: SA11AI.5718 KY Nicholasville 40356 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Physician Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 1025.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PAGE	5 9 OF	32
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor John W. Collins MD Date of Receipt Mailing Address 1014 Richmond Road 2014 City State Zip Code Transaction ID: SA11AI.5612 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation Physician Lexington clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Peggy Collins Date of Receipt Mailing Address 1014 Richmond Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.5613 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Name of Employer Occupation Sell-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Robert H. Couch MD Date of Receipt Mailing Address 10606 Hobbs Station Road 09 16 2014 City Zip Code State Transaction ID: SA11AI.5702 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Southern Emerg Med Specialists PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Douglas Crutcher MD Date of Receipt Mailing Address 1210 KY Hwy 36E 16 2014 City State Zip Code Transaction ID: SA11AI.5696 Cynthiana KY 41031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Harrison Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor James Donley MD Date of Receipt Mailing Address 5002 Lago Dr 09 16 2014 City State Zip Code Transaction ID: SA11AI.5712 Madisonville KY 42431-9435 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Center for Orthopaedic Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Rita M. Egan MD Date of Receipt Mailing Address 2349 Abbeywood Road 07 31 2014

Zip Code

40515

State

KY

С

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

300.00

Transaction ID: SA11AI.5631

Amount of Each Receipt this Period

City

Lexington

FEC ID number of contributing

federal political committee.

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-KF	PAC Federal

<u>,                                      </u>		
Full Name (Last, First, Middle Initial)  Octor Ronald Hall MD  Mailing Address 169 Burt Road		Date of Receipt
City	State Zip Code KY 40503	07 21 2014 Transaction ID : SA11AI.5627
Lexington  FEC ID number of contributing federal political committee.	C 40503	Amount of Each Receipt this Period 500.00
Name of Employer  Information Requested  Receipt For:  Primary  General	Occupation Physician Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Doctor Naren James MD	500.00	Data of Respire
Mailing Address PO Box 388  City	State Zip Code	Date of Receipt  07 21 2014
Stanford	KY 40484	Transaction ID : SA11AI.5626  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Stanford Family Medicine & Obstetrics Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Doctor John Johnstone MD		Date of Receipt
Mailing Address 819 W. Main Street  City	State Zip Code	09 22 2014
Richmond	KY 40475	Transaction ID : SA11AI.5719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Information Requested	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1525.00
TOTAL This Period (last page this line number	er only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor David E. Jones MD Date of Receipt Mailing Address 1236 Woodbridge Trail 04 2014 City State Zip Code Transaction ID: SA11AI.5669 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Eye Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Michael Kuduk MD Date of Receipt Mailing Address 375 Bobwhite Lane 09 16 2014 City State Zip Code Transaction ID: SA11AI.5713 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Doctor Rishi Kumar MD Date of Receipt Mailing Address 1809 Round Ridge Road 06 2014 80 City Zip Code State Transaction ID: SA11AI.5638 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		I	7	Ξ	7	1750.0	00	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Doctor Rice Leach MD  Mailing Address RO Roy 1407		Date of Receipt
Mailing Address PO Box 1497		09 16 2014
City	State Zip Code	Transaction ID : SA11AI.5704
Frankfort	KY 40602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Lexington-Fayette Co Health Dept	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Doctor Glenn Loomis MD	1	Date of Receipt
Mailing Address 7 Harvard Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	08 19 2014
Ft. Mitchell	KY 41017	Transaction ID : SA11AI.5665  Amount of Each Receipt this Period
FEC ID number of contributing		Autourt of Lacif Heceipt tills I ellou
federal political committee.	C	1000.00
Name of Employer	Occupation	
St. Elizabeth Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Doctor Alvin Martin MD	1	Date of Receipt
Mailing Address 10720 Hobbs Station Roa	ad	08 06 2014
City	State Zip Code	Transaction ID : SA11AI.5652
Louisville	KY 40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	

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

FOR LINE NUMBER:					PAGE	. 1	14	OF		32
(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	n PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Nrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		07 15 2014
City	State Zip Code	Transaction ID : SA11AI.5620
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	503.25	
Full Name (Last, First, Middle Initial)  Mrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.5659
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	553.25	
Full Name (Last, First, Middle Initial)  Mrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		09 22 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.5720
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogato ical-to-Date ¥	
Other (specify) ▼	603.25	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

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

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 2014 City State Zip Code Transaction ID: SA11AI.5621 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 503.25 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 08 15 2014 City State Zip Code Transaction ID: SA11AI.5660 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 553.25 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 22 09 2014 City Zip Code State Transaction ID: SA11AI.5721 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Physician St. Elizabeth Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General

603.25

Other (specify)

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor James Patrick Murphy MD Date of Receipt Mailing Address 9901 Melissa Drive 2014 16 City State Zip Code Transaction ID: SA11AI.5697 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Murphy Pain Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Preston Nunnelley Jr., MD Date of Receipt Mailing Address 1740 Nicholasville Rd 09 16 2014 City State Zip Code Transaction ID: SA11AI.5680 KY 40503 Lexington Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Central Baptist Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

		1
Full Name (Last, First, Middle Initial)  Doctor H Michael Oghia MD		Date of Receipt
Mailing Address 4538 Highway 15 South		07 15 2014
City	State Zip Code	Transaction ID : SA11AI.5625
Jackson	KY 41339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Jackson Urology Clinic	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

630.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Octor H Michael Oghia MD		Date of Receipt
Mailing Address 4538 Highway 15 South		08 15 2014
City Jackson	State Zip Code KY 41339	Transaction ID : SA11AI.5664  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Jackson Urology Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial)  3. Doctor H Michael Oghia MD		Date of Receipt
Mailing Address 4538 Highway 15 South		09 22 2014
City Jackson	State Zip Code KY 41339	Transaction ID : SA11AI.5725  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Jackson Urology Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial)  Doctor Tracy Ragland MD		Date of Receipt
Mailing Address 7101 W Hwy 22		09 16 2014
City Crestwood	State Zip Code KY 40014	Transaction ID : SA11AI.5701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Information Requested Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	310.00
TOTAL This Period (last page this line numbe	r only)	

Other (specify)

Other (specify)

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor K. Thomas Reichard MD Date of Receipt Mailing Address 2425 Cherokee Pkwy 07 2014 City State Zip Code Transaction ID: SA11AI.5645 Louisville KY 40204 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Mary-Stuart Reichard Date of Receipt Mailing Address 2425 Cherokee Pkwy 08 07 2014 City State Zip Code Transaction ID: SA11AI.5646 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) c. Doctor John L. Roberts MD Date of Receipt Mailing Address 6007 Two Springs Lane 09 16 2014 City Zip Code State Transaction ID: SA11AI.5695 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Physician Neonatal Associates PSC Receipt For: Aggregate Year-to-Date ▼ Primary General

300.00

500.00

SUBTOTAL of Receipts This Page (optional)		7		7	110	0.00	
TOTAL This Period (last page this line number only)		7		7	_	_	

500.00

## SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 19 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X       11a       11b       11c       12       13       14       15       16       17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	on PAC(Kent	ucky Physicians PAC I	Federal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  A. Doctor Janet Smith MD  Mailing Address 6007 Two Springs Lane			Date of Receipt
City Louisville	State KY	Zip Code 40207	09 16 2014  Transaction ID : SA11AI.5691  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer  Cardiovascular Associates  Receipt For:	Occupation Physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
B. Pull Name (Last, First, Middle Initial) Doctor Steven Stack MD Mailing Address 2083 Bridgeport Drive	Date of Receipt		
City Lexington	State KY	Zip Code 40502	09 16 2014  Transaction ID : SA11AI.5684  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer St. Joseph East Hospital	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Doctor Donald Swikert MD			Date of Receipt
Mailing Address 10003 Country Hills Ct	01-1-	7in Code	07 15 2014
City Union	State KY	Zip Code 41091	Transaction ID : SA11AI.5622  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		73.00
Name of Employer  St Elizabeth Family Practice Residency Receipt For:	Occupation Physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.25	
SUBTOTAL of Receipts This Page (optional	al)	<b>_</b>	873.00
TOTAL This Period (last page this line nur	nber only)		

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

FOR LINE NUMBER (check only one)

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(check only one)										
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		13		14		15		16		17

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Doctor Donald Swikert MD  Mailing Address 10003 Country Hills Ct		Date of Receipt
City Union	State Zip Code KY 41091	08 15 2014  Transaction ID : SA11AI.5661  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 737.25	
Full Name (Last, First, Middle Initial)  3. Doctor Donald Swikert MD  Mailing Address 10003 Country Hills Ct		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5722  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 810.25	
Full Name (Last, First, Middle Initial)  Doctor Nancy Swikert MD	•	Date of Receipt
Mailing Address 10003 Country Hills Ct		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5623  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer Retired Physician	Occupation Retired Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 664.25	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	219.00
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the

FOR	PAGE	2	21	OF	32				
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 2014 City State Zip Code Transaction ID: SA11AI.5662 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 737.25 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 09 22 2014 City State Zip Code Transaction ID: SA11AI.5723 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 810.25 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct 09 16 2014 City Zip Code State Transaction ID: SA11AI.5703 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician **Pulmonary Associates** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 646.00

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

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

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

	R LINE	PAGE	2	22	OF	32			
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Doctor Fred A. Williams Jr, MD		Date of Receipt
Mailing Address 430 Twinbrook Rd		07 08 2014
City	State Zip Code	Transaction ID : SA11AI.5609
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Endocrine & Diabetes Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Doctor Mark J. Zalla MD  Mailing Address 1018 Colina Drive		Date of Receipt
TOTO COIIIIA Drive		09 16 2014
City	State Zip Code	Transaction ID : SA11AI.5673
Villa Hills	KY 41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Dermatology Associates of Northern KY,	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Doctor Robert Zaring MD		Date of Receipt
Mailing Address 200 Abraham Flexner Way		09 16 _ 2014
City	State Zip Code	Transaction ID : SA11AI.5709
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer	Occupation	
Louisville Pathology Associates PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1025.00
TOTAL This Period (last page this line number	only)	15553.00

SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER: PAGE 23 OF 32				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	X 21b 27	22   23   24   25   26   28a   28b   28c   29   30b				
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or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PA	C(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)				
Full Name (Last, First, Middle Initial)			Data of Diahuwa				
A. Kentucky Medical Association (KM	IA)		Date of Disbursement				
Mailing Address 4965 US Hwy 42			07 15 2014				
Suite 2000 City	State Zip Code						
Louisville	KY 40222		Transaction ID : SB21B.5733				
Purpose of Disbursement							
July Administration Fee		001	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	670.00				
Office Sought: House Disburse	ment For:	.,,,,					
Senate	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. Kentucky Medical Association (KN	1A)		Date of Disbursement				
Mailing Address 4965 US Hwy 42 Suite 2000			08 15 2014				
City Louisville	State Zip Code KY 40222		Transaction ID : SB21B.5739				
Purpose of Disbursement August Administration Fee		001	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	670.00				
Office Sought: House Disburse	ment For:						
Senate	Primary General						
State: President  District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. Kentucky Medical Association (KM	IA)		Date of Disbursement				
Mailing Address 4965 US Hwy 42			08 22 7 2014				
Suite 2000 City	State Zip Code						
Louisville	KY 40222		Transaction ID : SB21B.5740				
Purpose of Disbursement Printing, Copies, Labels, and Postage		004					
Candidate Name		001 Category/	Amount of Each Disbursement this Period 2940.30				
Office Sought: House Disburse	ment For:	Туре	20.000				
Senate Disburse	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional).		·····•	4280.30				
TOTAL This Period (last page this line number only	)						

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S	CHEDULE B (FEC Form 3X)		FOR LINE	IE NUMBER: PAGE 24 OF 32					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	ly one)					
		Detailed Summary Page	X 21b		24 25 26				
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Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may not be sold or us ne and address of any politi	sed by any per cal committee	son for the purpose of s to solicit contributions fro	oliciting contributions m such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)								
	Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC F	ederal-KPPAC F	ederal)				
_	Full Name (Last, First, Middle Initial)								
Α.	Kentucky Medical Association (KM.	A)		Date of Disburseme	nt / Y Y Y Y Y Y Y				
	Mailing Address 4965 US Hwy 42 Suite 2000			08 22 2014					
	,	State Zip Code KY 40222		Transaction ID : SB21B.5742					
	Louisville Purpose of Disbursement	KY 40222		_					
	Mileage, Postage, and Conference Call Fees		001	Amount of Each Dis	bursement this Period				
	Candidate Name		Category/ Type		107.01				
	Office Sought: House Disbursen								
		Primary General Other (specify) ▼							
	State: District:	Other (specify)							
_	Full Name (Last, First, Middle Initial)								
В.	Kentucky Medical Association (KM	A)		Date of Disburseme	nt				
	Mailing Address 4965 US Hwy 42 Suite 2000			09 15 2014					
	Louisville	State Zip Code KY 40222		Transaction ID : S	B21B.5744				
	Purpose of Disbursement September Administration Fee		001	Amount of Each Dis	bursement this Period				
	Candidate Name		Category/ Type		670.00				
	Office Sought: House Disbursen	nent For:							
		Primary General							
	President State: District:	Other (specify) ▼							
Ξ	Full Name (Last, First, Middle Initial)								
C.	Paypal			Date of Disburseme					
	Mailing Address PO Box 105658			09 15	2014				
		State Zip Code		Transaction ID : S	B21B 5747				
	Atlanta Purpose of Disbursement	GA 30348		_					
	Paypal Processing Fees		001	Amount of Each Dis	bursement this Period				
	Candidate Name		Category/ Type		130.55				
	Office Sought: House Disbursen	nent For:			7				
	Senate	Primary General							
		Other (specify) ▼							
	State: District:								
s	SUBTOTAL of Disbursements This Page (optional)		·····		907.56				
$\vdash$	· · · · · · · · · · · · · · · · · · ·				5407.00				
Т	OTAL This Period (last page this line number only)				5187.86				

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 32
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•		for each category of the Detailed Summary Page	21b	22 23 24 25 26
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	ny information copied from such Reports and Staten			
or	for commercial purposes, other than using the name	ne and address of any polit	ical committee to	o solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)	o//Zamato salmo Discosiais	DAO E-	danal KDDAO Eadanal)
/	Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
_	Full Name (Last, First, Middle Initial)			
A.	Brandon Smith Campaign Fund			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO Box 846			09 16 2014
	City	State Zip Code		
	Hazard	KY 41702		Transaction ID : SB29.5753
	Purpose of Disbursement			
	General Election Contribution to Brandon Smith Car	mpaign Fund	011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Office Cought: House Pickumon		Туре	1000.00
		nent For: 2014  Primary		
		Other (specify)		
	State: KY District: 30	(-		
	Full Name (Last, First, Middle Initial)			
В.	Campaign Fund of Mike Nemes			Date of Disbursement
				M = M / D = D / Y = Y = Y
	Mailing Address 5318 Westhall Avenue			09 16 2014
	City	State Zip Code		
	Louisville	KY 40214		Transaction ID : SB29.5765
	Purpose of Disbursement			
	General Election Contribution to Mike Nemes Camp	paign Fund	011	Amount of Each Disbursement this Period
	Candidate Name		Category/	500.00
	Office Sought:	nent For: 2014	Туре	7
		Primary General		
		Other (specify)		
	State: KY District: 49	·		
	Full Name (Last, First, Middle Initial)			
C.	David Floyd Campaign Fund			Date of Disbursement
	Matter Address 100 M			M M / D D / Y Y Y Y
	Mailing Address 102 Maywood Avenue			09 16 2014
	City	State Zip Code		T // ID 0000 FT00
	Bardstown	KY 40004		Transaction ID : SB29.5760
	Purpose of Disbursement General Election Contribution to David Floyd Campaign Fund			
	Candidate Name	aigir r unu	011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	500.00
	Office Sought:	nent For: 2014	Type	, , , , , , , , , , , , , , , , , , , ,
		Primary Seneral		
	President	Other (specify) ▼		
	State: KY District: 50			
				2002.20
8	SUBTOTAL of Disbursements This Page (optional)		·····	2000.00
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SCHEDULE B (FEC Form 3X)	Llos concrete calcadula(a)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  28a 28b 28c X 29 36
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NAME OF COMMITTEE (In Full)	ne and address of any pointe	ai committee to	Solicit contributions from Such committee.
Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. David Osborne Campaign Fund	David Osborne Campaign Fund		
Mailing Address PO Box 8			09 16 2014
City	State Zip Code		Transaction ID : SB29.5766
Prospect	KY 40059		Transaction ib . Ob25.5700
Purpose of Disbursement General Election Contribution to David Osborne Ca	mpaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Office Sought:    House   Disburser	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: KY District: 59			
Full Name (Last, First, Middle Initial)  Gerald Watkins Campaign Fund			Date of Disbursement
Mailing Address 4317 Pines Road			09 16 2014
maining / teat each 4517 Tilles Nodu			Ç
•	State Zip Code		Transaction ID : SB29.5770
Paducah Purpose of Disbursement	KY 42001		
General Election Contribution to Gerald Watkins Ca	ampaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: KY District: 03  Full Name (Last, First, Middle Initial)			
House Republican Caucus Campaign Committee			Date of Disbursement
Mailing Address PO Box 1068			09 16 2014
City :	State Zip Code KY 40502		Transaction ID : SB29.5782
Purpose of Disbursement			
General Election Contribution  Candidate Name		011	Amount of Each Disbursement this Period
		Category/ Type	2500.00
Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	3500.00
TOTAL This Poyled (lest ness this line number and )			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBET.
THE PRODUCTION OF THE PROPERTY	for each category of the Detailed Summary Page	` 21b	22 23 24 25 26
	Dotanos Guninary i age	27	28a 28b 28c X 29 30b
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or for commercial purposes, other than using the nam	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	.//.	D40 F	
$ \; angle$ Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Jared Carpenter Campaign Fund			Date of Disbursement
			M M / D D / Y N Y N Y
Mailing Address PO Box 100			09 16 2014
City	State Zip Code		
Berea	KY 40403		Transaction ID : SB29.5776
Purpose of Disbursement			
General Election Contribution to Jared Carpenter C	ampaign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	750.00
Office Sought: House Disburser	nent For: 2014	Туре	
	Primary		
President	Other (specify) ▼		
State: KY District: 34			
Full Name (Last, First, Middle Initial)			
B. Jeff Greer Campaign Fund			Date of Disbursement
Mailing Address PO Box 401			09 16 2014
Mailing Address PO Box 401			09 10 2014
City	State Zip Code		Transaction ID : SB29.5778
Brandonburg	KY 40108		Transaction is . Ob23.3770
Purpose of Disbursement General Election Contribution to Jeff Greer Campai	gn Fund	011	Amount of Each Disbursement this Period
Candidate Name			Table Dissertions and Tolled
		Category/ Type	750.00
Office Sought: House Disburser	nent For: 2014		
Senate	Primary General		
State: KY District: 27	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Jill York Campaign Fund			Date of Disbursement
om rom campaign rand			M M / D D / Y Y Y Y
Mailing Address PO Box 591			09 16 2014
015	75.0.4.		
City S Grayson	State Zip Code KY 41143		Transaction ID: SB29.5774
Purpose of Disbursement	,		
General Election Contribution to Jill York Camapaig	n Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Cought:	ant For said	Туре	300.00
	nent For: 2014 Primary X General		
President	Other (specify)		
State: KY District: 96	( 1 · 3/ <b>∀</b>		
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)		EC	DR I	NE NUMBER:		PA	GE 28	OF 32
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		_	TTOMBETT.			
		for each category of the Detailed Summary Page			21b 22	23	24	25	26
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or	for commercial purposes, other than using the name	ne and address of any politic	al com	mitte	e to solicit cont	ributions f	rom suc	n comm	ıπee.
$  \setminus$	NAME OF COMMITTEE (In Full)	Montualar Dhuaisis	~	۸.	Endorel I/I			ol)	
I/	Kentucky Medical Association PAC	(Kentucky Physiciai	ns P	AC	reaerai-Ki	PACI	-eaer	aı)	
<u></u>	Full Name (Last, First, Middle Initial)								
Α.	Jimmie Lee Campaign Fund	Jimmie Lee Campaign Fund				Disbursem	nent		
					M = M	/ D D	/ Y	YYY	II Y
	Mailing Address 901 Dogwood Drive				09	16		2014	
	City	State Zip Code							
	Elizabethtown	KY 42701			Transa	ction ID :	SB29.5	763	
	Purpose of Disbursement			-	╗				
	General Election Contribution to Jimmie Lee Campa	aign Fund	0	11	Amount	of Each D	isburser	nent this	Period
	Candidate Name			gory	/			50	00.00
	Office Sought:	pont For: 0044	Ту	/pe		7	7	3.	7.20
	Office Sought: House Disburser Senate	nent For: 2014 Primary X General							
	President	Other (specify)							
	State: KY District: 25	( 1 3/ <b>V</b>							
	Full Name (Last, First, Middle Initial)								
В.	Kentucky Chamber PAC				Date of I	Disbursem	nent		
					M = M	/ D D	/ Y	Y Y	II Y
	Mailing Address 464 Chenault Drive				09	16		2014	-
	City	State Zip Code			_				
	Frankfort	KY 40601			Transa	ction ID :	SB29.5	787	
	Purpose of Disbursement	poontion	_	-	<u> </u>				
	Advertising and Respective Share for Candidate Re	сериоп	0	04	Amount	of Each D	isburser	nent this	Period
	Candidate Name			gory	/			3	00.00
	Office Sought: House Disburser	nent For: 2014	1)	/pe		,	,		
	Senate	Primary Seneral							
	President	Other (specify) ▼							
_	State: District:	· · · · · · · · · · · · · · · · · · ·							
	Full Name (Last, First, Middle Initial)								
C.	Kentucky Democratic Party				Date of I	Disbursem	nent		
	Mailing Address DO Day 201					/ D D	/ Y	201 <i>4</i>	Y
	Mailing Address PO Box 694				09	16		2014	
	City	State Zip Code			T	otion ID	CDOC 5	701	
	Frankfort	KY 40602			ıransa	ction ID :	<b>3</b> B29.5	7 84	
	Purpose of Disbursement General Election Contribution			7					
	Candidate Name		0	11	Amount	of Each D	isburser	nent this	Period
	Candidate Name			egory /pe	/			100	00.00
	Office Sought: House Disburser	nent For: 2014	1 y	/pe		7	7		
	Senate	Primary Seneral							
	President	Other (specify) ▼							
_	State: District:								
							-	1 1	200
5	SUBTOTAL of Disbursements This Page (optional)				· L	7		180	00.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	) (check only 21b 27	one)  22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	no and address of any polit	ioai committee to	Concil Continuations from Such Confinities.
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	0		Data of Disharana
A. Kentucky House Democratic Cauc	cus Campaign Com	mittee	Date of Disbursement
Mailing Address PO Box 4204			09 16 2014
•	State Zip Code		Transaction ID : SB29.5781
Frankfort	KY 40604		Transaction ID : 0023.3701
Purpose of Disbursement General Election Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Senate President	ment For: 2014  Primary General  Other (specify)	Туре	
State: District:			
Full Name (Last, First, Middle Initial)  B. Kentucky Senate Democratic Cau	cus Campaign Com	nmittee	Date of Disbursement
Mailing Address PO Box 4582	Mailing Address PO Box 4582		
City Frankfort	State Zip Code KY 40601		Transaction ID : SB29.5786
Purpose of Disbursement General Election Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought:  House Senate President State: District:	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Kim King Campaign Fund			Date of Disbursement
Mailing Address 250 Bright Leaf Drive			09 16 2014
Harrodsburg	State Zip Code KY 40330		Transaction ID : SB29.5761
Purpose of Disbursement General Election Contribution to Kim King Campaig	gn Fund	011	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00
Office Sought:  House Senate President State: KY District: 55	ment For: 2014  Primary General  Other (specify) ▼	Туре	
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only	)	·····	

SCHEDULE B (FEC Form 3X)	Llos conorate cabadula (a)	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			B
A. Larry Clark for State Representative  Mailing Address 5913 Whispering Hills Blvd	<b>e</b> 		Date of Disbursement  M
,	State Zip Code KY 40219		Transaction ID: SB29.5748
General Election Contribution to Larry Clark Campai	ign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2014  Primary		
State: KY District: 46			
Full Name (Last, First, Middle Initial)  B. Lynn Bechler Campaign Fund			Date of Disbursement
Mailing Address 2359 Brown Mines Road	Mailing Address 2359 Brown Mines Road		
Marion	State Zip Code KY 42064		Transaction ID : SB29.5758
Purpose of Disbursement General Election Contribution to Lynn Bechler Camp	paign Fund	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Senate	nent For: 2014  Primary		
Full Name (Last, First, Middle Initial)  C. Republican Party of Kentucky	Full Name (Last, First, Middle Initial)		
Mailing Address 105 West 3rd Street			09 16 2014
,	State Zip Code KY 40601		Transaction ID : SB29.5783
Purpose of Disbursement Congrel Floation Contribution			
Candidate Name		011 Category/ Type	Amount of Each Disbursement this Period 1000.00
Senate	nent For: 2014  Primary General  Other (specify)	1,700	
2.55			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			2500.00

SC	CHEDULE B (FEC Form 3X)		. FOR LIN	IE NUMBER:	PAGE 31 OF 32
ITI	EMIZED DISBURSEMENTS	Use separate schedule( for each category of the	s) (check o	nly one)	
		Detailed Summary Page			24 25 26 28c X 29 30b
An	y information copied from such Reports and Staten	nents may not be sold or			
	for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
$ \rangle$	Kentucky Medical Association PAC	C(Kentucky Physic	ians PAC f	Federal-KPPAC	Federal)
_	Full Name (Last, First, Middle Initial)				
A.	Russell Webber Campaign Fund			Date of Disburse	ment
	Mailing Address PO Box 6605			09 16	
				QU IN	2014
	•	State Zip Code		Transaction ID	: SB29.5772
	Shepherdsville Purpose of Disbursement	KY 41065			
	General Election Contribution to Russell Webber Ca	ampaign Fund	011	Amount of Each	Disbursement this Period
	Candidate Name		Category/	·	500.00
	000		Type		500.00
	Office Sought: House Disbursen	nent For: 2014  Primary X General			
	President	Other (specify)			
	State: KY District: 26				
_	Full Name (Last, First, Middle Initial)				
В.	Ryan Schwartz Campaign Fund			Date of Disburse	
	Mailing Address 1425 Griers Creek Road			09 10	
	City S Versailles	State Zip Code KY 40383		Transaction ID	: SB29.5768
	Purpose of Disbursement	40303		-	
	General Election Contribution to Ryan Schwartz Ca	ımpaign Fund	011	Amount of Each	Disbursement this Period
	Candidate Name		Category/		500.00
	Office Sought:  House  Disbursen	nent For: 2014	Type		
	Senate	Primary Seneral			
	President	Other (specify) ▼			
	State: KY District: 56				
C	Full Name (Last, First, Middle Initial)			Date of Disburse	ment
•	Sannie Overly for State Representative			M M / D	
	Mailing Address 340 Main Street			09 16	2014
	City State Zip Code				
	City State Zip Code Paris KY 40361			Transaction ID	: SB29.5751
	Purpose of Disbursement General Election Contribution to Sannie Overly Campaign Fund				
	Condidate Name		Amount of Each	Disbursement this Period	
			Category/ Type		1000.00
	Office Sought: House Disbursen	ment For: 2014			
		Primary General			
	State: KY District: 72	Other (specify) ▼			
Г	Ciaco. IXI Diotriot. 12				
s	UBTOTAL of Disbursements This Page (optional)				2000.00
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T	OTAL This Period (last page this line number only)		·····		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit 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 to Thomas McKee Campaign Fund  Mailing Address 162 Culpepper Drive  City State Zip Code KY 41031  Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Mailing Address 162 Culpepper Drive  City State Zip Code KY 41031  Candidate Name  City Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Candidate Name  Office Sought: House Disbursement For: Calagory Type  Office Sought: House Disbursement For: Calagory Type  Office Sought: House Disbursement For: Calagory Type  Office Sought: House Disbursement For: Candidate Name  Date of Disbursement Units Transaction ID: SB29.5756  Amount of Each Disbursement Units Category Type  Transaction ID: SB29.5756  Amount of Each Disbursement Units Category Type  Office Sought: House Disbursement For: Candidate Name  Date of Disbursement Units Category Type  Office Sought: House Disbursement For: Candidate Name  Date of Disbursement Units Category Type  Office Sought: House Disbursement For: Category Type  Office Sought: House Disbursement For: Category Type  Office Sought: House Disbursement For: Category Type  Office Sought: House D	SCHEDULE B (FEC Form 3X)	Harris I Committee	, FOR LINE	
ANAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)  Full Name (Last, First, Middle Initia)  A. Senate Republican Caucus Campaign Committee  Mailing Address PO Box 1068  City  Condidate Name  Compaign Fund  Committee  Amount of Each Disbursement  Condidate Name  City  City  City  City  City  City  City  Compaign  Committee  Committee  City  Committee  City  Committee  Committee  City  Committee  Committee  Category/ Type  Committee  Committee  Committee  Category/ Type  Committee  City  Committee  City  Committee  Committee  Category/ Type  Committee  Committee  Category/ Type  Committee  City  Committee  Category/ Type  Comm	ITEMIZED DISBURSEMENTS		21b	22 23 24 25 26
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 KY 40602  Pripose of Disbursement General Election Contribution  Candidate Name  City State Zip Code (Category)  Type  Office Sought: House President State: KY 41031  Full Name (Last, First, Middle Initial)  B. Thomas M. McKee Campaign Fund  Mailing Address 162 Culpepper Drive  City State Zip Code KY 41031  Furpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Candidate Name  Category/ Type  Date of Disbursement  General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category/ Type  Transaction ID : S829.5764  Amount of Each Disbursement  General Election Contribution to Thomas McKee Campaign Fund  Category/ Type  Full Name (Last, First, Middle Initial)  C. Tommy Thompson Campaign Fund  Mailing Address PO Box 458  City State Zip Code KY 42302  President State: KY District: 78  City State Zip Code KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  City State Zip Code KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  City State Xip Code KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Date of Disbursement  Category/ Type  Transaction ID : S829.5756  Amount of Each Disbursement this  Category/ Type  Transaction ID : S829.5756  Amount of Each Disbursement this  Category/ Type  Transaction ID : S829.5756				
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)		ne and address of any pon	ilical committee to	Solicit contributions from such committee.
A. Senate Republican Caucus Campaign Committee  Mailing Address PO Box 1088  City State Zip Code KY 40602  Purpose of Disbursement General Election Contribution  Candidate Name  City Senate Primary General State: Disbursement For: 2014  City State: Disbursement Other (specify) V  City State: Disbursement For: 2014  Mailing Address 162 Culpepper Drive  City State: Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category' Type  City State Zip Code KY 41031  Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Candidate Name  Candidate Name  City Senate Primary General State: Senate Primary General State: RY District: 78  Full Name (Last, First, Middle Initial)  Chromy Thompson Campaign Fund  Mailing Address PO Box 458  City State Zip Code KY 42302  Prupose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Category' Type  Date of Disbursement  Transaction ID: SB29.5764  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB29.5756		C(Kentucky Physici	ans PAC Fe	deral-KPPAC Federal)
Mailing Address PO Box 1068   State				
City State Zip Code KY 40602  Transaction ID: SB29.5785  Amount of Each Disbursement Use of Disbursement	Senate Republican Caucus Campa	aign Committee		
Frankort KY 40602  Purpose of Disbursement General Election Contribution  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Disbursement For: 2014  Full Name (Last, First, Middle Initial)  Transaction ID: SB29.5764  Amount of Each Disbursement this  Date of Disbursement  Transaction ID: SB29.5764  Amount of Each Disbursement  Date of Disbursement this  Date of Disbursement this  Date of Disbursement this  Date of Disbursement this  Date of Disbursement	Mailing Address PO Box 1068			
Frankott General Election Contribution  Catigogry/ District:  City Cynthiana Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category/ Type  District:  City Cynthiana Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB29.5764  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.5764  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5764  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5764  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5764  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5766  Date of Disbursement this  Category/ Type  Transaction ID: SB29.5766  Date of Disbursement this  Category/ Type  Transaction ID: SB29.5766  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.5756  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5756	City			Transaction ID - SR20 5785
General Election Contribution Candidate Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Furpose of Disbursement  General Election Contribution to Trommy Thompson Campaign Fund  Mailing Address PO Box 458  City  Cowensboro  KY  State  City  Cowensboro  KY  State  Cowensbo		KY 40602		Transaction ib . 3629.3763
Office Sought:			011	Amount of Each Disbursement this Period
Office Sought: House Primary General Primary General Disbursement For: 2014 Primary General Disbursement For: 2014 Primary General Disbursement Disbursement Disbursement Disbursement Disbursement For: 2014 Primary General Election Contribution to Thomas McKee Campaign Fund Disbursement Disbursement For: Senate President Disbursement For: Senate Primary General Disbursement Disbursement Disbursement For: Senate Primary General Disbursement For: Senate Primary General Disbursement Disbursement Disbursement For: Senate Primary General Disbursement For: Senate Primary General Disbursement Disburseme	Candidate Name			2500.00
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  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  Office Sought: House Primary General Primary General President Other (specify)  Tommy Thompson Campaign Fund  City State Zip Code Cynthiana Primary General Primary General Primary General Election Contribution to Thomas McKee Campaign Fund  Date of Disbursement  Transaction ID: SB29.5764  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5756	Office Sought: House Dishursean	mont For: 0044	Type	2000.00
Full Name (Last, First, Middle Initial)  7. Thomas M. McKee Campaign Fund  Mailing Address 162 Culpepper Drive  City Cynthiana Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Office Sought: State: KY District: 78  Full Name (Last, First, Middle Initial)  Tommy Thompson Campaign Fund  Mailing Address PO Box 458  City Owensboro Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  City Owensboro Furpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Office Sought:  House Senate President Candidate Name  Date of Disbursement this  Date of Disbursement  Date of Disbursement this  Date of Disbursement  Date of Disbursement  Date of Disbursement  Office Sought:  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  Office Sought:  House Senate President Other (specify)  Other (specify)  Other (specify)  State: KY District: 14	Senate	Primary Seneral		
Thomas M. McKee Campaign Fund  Mailing Address 162 Culpepper Drive  City State Zip Code KY 41031  Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President  City Owensboro KY 42302  Purpose of Disbursement  City State XY District: 78  Full Name (Last, First, Middle Initial)  City State Zip Code KY 42302  City State Zip Code Cowensboro KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  City State Zip Code Cowensboro KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  District: 14  Date of Disbursement  Mailing Address PO Box 458  Date of Disbursement  Category/ Type  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  1000  Transaction ID: SB29.5756  Category/ Type  1000  Category/ Type  1000  Category/ Type  1000  Category/ Type  1000  Office Sought: House Primary General Other (specify) ▼  State: KY District: 14	State: District:			
Mailing Address 162 Culpepper Drive  City State Zip Code KY 41031  Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Tommy Thompson Campaign Fund  City State Zip Code Other (specify) ▼  City State Zip Code Other (specify) ▼  Date of Disbursement  City State Zip Code Other (specify) ▼  Compose of Disbursement Disbursement Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Code Other (specify) ▼  Category/ Type  Code Other (specify) ▼  Code Other (specify) ▼  Code Other (specify) ▼  Code Other (specify) ▼  Category/ Type  Code Other (specify) ▼  Category/ Type  Category/ Type  Category/ Type  Code Other (specify) ▼  Category/ Type  Code Other (specify) ▼  Code Other (specify) ▼  Code Other (specify) ▼  Category/ Type				B
Mailing Address 162 Culpepper Drive   09 16 2014	<ul> <li>Thomas M. McKee Campaign Fun</li> </ul>	d		
Cynthiana KY 41031 Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category/ Type  Office Sought:	Mailing Address 162 Culpepper Drive			
Purpose of Disbursement General Election Contribution to Thomas McKee Campaign Fund  Candidate Name  Category/ Type  Office Sought:  Senate  President State: KY District: 78  Full Name (Last, First, Middle Initial)  Tommy Thompson Campaign Fund  Mailing Address PO Box 458  City Owensboro  Washing Address PO Box 458  City Owensboro  Senate  Furpose of Disbursement  General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Disbursement For:  State Zip Code  KY 42302  Purpose of Disbursement  General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Disbursement For: 2014  Senate  Primary  General  Other (specify) ▼  Amount of Each Disbursement this  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  1000  Office Sought:  Senate  Primary  General  Other (specify) ▼  State: KY District: 14	-	· ·		Transaction ID : SB29.5764
General Election Contribution to Thomas McKee Campaign Fund Candidate Name  Office Sought:	·	KY 41031	T	
Office Sought: House Senate Primary General Other (specify)  State: KY District: 78  Full Name (Last, First, Middle Initial) Tommy Thompson Campaign Fund  Mailing Address PO Box 458  City State Zip Code WY 42302 Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Office Sought: House Senate Primary General Other (specify)   State: KY District: 14  Date of Disbursement  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  Other (specify)   State: KY District: 14		ampaign Fund	011	Amount of Each Disbursement this Period
Senate Primary General Other (specify)  State: KY District: 78  Full Name (Last, First, Middle Initial)  Tommy Thompson Campaign Fund  Mailing Address PO Box 458  City State Zip Code Ovensboro KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Disbursement For: 2014  Category/ Type  Office Sought: House Primary General Other (specify)  State: KY District: 14	Candidate Name			500.00
Full Name (Last, First, Middle Initial)  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  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: KY District: 14  Date of Disbursement  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type	Senate President	Primary General		
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  Category/ Type  Office Sought: House Senate Primary General President President  State: KY District: 14  Date of Disbursement  Transaction ID: SB29.5756  Amount of Each Disbursement this  General Other (specify) ▼				
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: House Senate Primary Maintenance President President  State: KY District: 14  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  1000  Other (specify) ▼  State: KY District: 14		d		Date of Disbursement
Owensboro KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: KY District: 14  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  1000  Other (specify)   State: KY District: 14	Mailing Address PO Box 458			
Owensboro KY 42302  Purpose of Disbursement General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: KY District: 14  Transaction ID: SB29.5756  Amount of Each Disbursement this  Category/ Type  1000  Other (specify)   State: KY District: 14	City	State Zip Code		
General Election Contribution for Tommy Thompson Campaign Fund  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify)  State: KY District: 14  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this  Category/ Type  1000	Owensboro	•		Transaction ID: SB29.5756
Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  1000  Office Sought:		n Campaign Fund	011	
Office Sought:  Senate President  State: KY  District: 14  Type  Type  Type  Type  Type  Type  Other (specify) ▼  Type	Candidate Name	· ·		
Senate President State: KY District: 14  Primary ✓ General Other (specify) ▼				1000.00
	Senate President	Primary Seneral		
4000	State: KY District: 14			
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)		·····	4000.00
TOTAL This Period (last page this line number only)				21800.00