

**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)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)**

**A. Doctor Ronald Hall MD**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.5627**  
 Amount of Each Receipt this Period  
 500.00

**B. Doctor Naren James MD**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.5626**  
 Amount of Each Receipt this Period  
 1000.00

**C. Doctor John Johnstone MD**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11AI.5719**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	