

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Kentucky Educational Medical PAC

ADDRESS (number and street)

Suite 2000

4965 US Highway 42

Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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
Quarterly 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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

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

Mary-Stuart Reichard

Signature of Treasurer

Electronically Filed by Mary-Stuart Reichard

Date

04

06

2006

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

Office Use Only									
-----------------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Kentucky Educational Medical PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110462.09
(b) Cash on Hand at Beginning of Reporting Period	110462.09	
(c) Total Receipts (from Line 19)	38874.31	38874.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149336.40	149336.40
7. Total Disbursements (from Line 31)	44128.46	44128.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105207.94	105207.94
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. 02/2003)

Page 3

Write or Type Committee Name

Kentucky Educational Medical PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5500.00	5500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	32900.00	32900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	38400.00	38400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	38400.00	38400.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	474.31	474.31
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 Transfer (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))	38874.31	38874.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38874.31	38874.31

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14778.46	14778.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	14778.46	14778.46
22. Transfers to Affiliated/Other Party Committees.....	11850.00	11850.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00	1000.00
(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))	1000.00	1000.00
29. Other Disbursements.....	16500.00	16500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	44128.46	44128.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44128.46	44128.46

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)	38400.00	38400.00
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37400.00	37400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14778.46	14778.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14778.46	14778.46

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 17

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

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

NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

A. Full Name (Last, First, Middle Initial)
James F. Beattie, Jr. MD
Mailing Address 796 Grider Pond Rd

City State Zip Code
Bowling Green KY 42104-0808

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 1 / 0 5 / 2 0 0 6

Transaction ID: R7187

Amount of Each Receipt this Period

1000.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Thomas E. Bunnell, MD
Mailing Address 3246 New Orleans Dr

City State Zip Code
Edgewood KY 41017-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine of Nort-
hern KY

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
0 1 / 2 6 / 2 0 0 6

Transaction ID: R7235

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Richard Scott Cornell, MD
Mailing Address 1752 Casselberry Rd

City State Zip Code
Louisville KY 40205-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nephrology Associates of
Kentuckiana P

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
0 2 / 1 6 / 2 0 0 6

Transaction ID: R7331

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 17

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

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

NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

A. Full Name (Last, First, Middle Initial)
Kendall E. Hansen, MD
Mailing Address 2028 River Vista Ct

City State Zip Code
Villa Hills KY 41017-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall E. Hansen, MD

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 6

Transaction ID: R7270

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)
Citizens for Affordable Healthcare
Mailing Address 500 Thomas More Pkwy Ste 5

City State Zip Code
Crestview Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. C. Chad Wiggins, Treasurer

Occupation
Political Action Committee (Health Car

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: R7233

Amount of Each Receipt this Period

1000.00

Check

C. Full Name (Last, First, Middle Initial)
Naren James, MD
Mailing Address 115 Vista Ct

City State Zip Code
Stanford KY 40484-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Family Medicine &
Obstetrics

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 3 / 2 7 / 2 0 0 6

Transaction ID: R7441

Amount of Each Receipt this Period

1000.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: **PAGE 8 / 17**

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Timothy C. Kriss, MD

Mailing Address 6690 Delaney Ferry Ext

City State Zip Code
 Versailles KY 40383-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgery & Spine Spec-
ialist PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 7 / 2 0 0 6

Transaction ID: R7281

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Adrienne J. Millett, MD

Mailing Address 207 Wimberly Pl

City State Zip Code
 Richmond KY 40475-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Kentucky Eye Asso-
ciates

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
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R7361

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

5500.00

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

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

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

A. Full Name (Last, First, Middle Initial)
Kentucky Telco Federal Credit Union
Mailing Address 3740 Bardstown Road

City State Zip Code
Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.31

Date of Receipt

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

Transaction ID: R7309

Amount of Each Receipt this Period

156.93

Cash

B. Full Name (Last, First, Middle Initial)
Kentucky Telco Federal Credit Union
Mailing Address 3740 Bardstown Road

City State Zip Code
Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: R7429

Amount of Each Receipt this Period

155.26

Cash

C. Full Name (Last, First, Middle Initial)
Kentucky Telco Federal Credit Union
Mailing Address 3740 Bardstown Road

City State Zip Code
Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.31

Date of Receipt

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

Transaction ID: R7449

Amount of Each Receipt this Period

162.12

Cash

SUBTOTAL of Receipts This Page (optional)

474.31

TOTAL This Period (last page this line number only)

474.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 17

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Chilton & Medley PLC

Mailing Address 2500 Meidinger Tower
462 South Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Progress Billing on 2005 Audit (Invoice

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1307

Date of Disbursement

01 / 31 / 2006

Amount of Each Disbursement this Period

750.00

#37029)

Full Name (Last, First, Middle Initial)

B. Chilton & Medley PLC

Mailing Address 2500 Meidinger Tower
462 South Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
2005 Audit (Invoice #37399) Client

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1313

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1500.00

#7899.0

Full Name (Last, First, Middle Initial)

C. Chilton & Medley PLC

Mailing Address 2500 Meidinger Tower
462 South Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
2005 Audit Final Billing (Client

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1324

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

500.00

#7899.0)

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address

City

State

Zip Code

Purpose of Disbursement

2005 Taxes

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D1319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.00

B. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City

Louisville

State

KY

Zip Code

40222

Purpose of Disbursement

1/06 Admin Fee (Rent, phone, mail,

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D1306

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1586.00

supplies)

C. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City

Louisville

State

KY

Zip Code

40222

Purpose of Disbursement

2/06 Admin Fee (Rent, phone, mail,

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D1311

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1586.00

supplies)

SUBTOTAL of Disbursements This Page (optional)

3288.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
3/06 Admin Fee (Rent, Phone, Mail,
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1586.00

Supplies)

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse for Conf. Calls, Broadcast
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1323

Date of Disbursement

/ /

Amount of Each Disbursement this Period

89.97

Fax, Meals

Full Name (Last, First, Middle Initial)

C. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.46

SUBTOTAL of Disbursements This Page (optional)

1719.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 17

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1320

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

50.93

Full Name (Last, First, Middle Initial)

B. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1326

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

70.10

Full Name (Last, First, Middle Initial)

C. Vocus GS Holdings, LLC

Mailing Address PO Box 17482

City Baltimore State MD Zip Code 21297-1482

Purpose of Disbursement
PAC Database Maintenance (Invoice)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1315

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

6600.00

#29308R)

SUBTOTAL of Disbursements This Page (optional)

6721.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40206-2248

Purpose of Disbursement
1/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1308

Date of Disbursement

01 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40206-2248

Purpose of Disbursement
2/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1318

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40208-2248

Purpose of Disbursement
3/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1325

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

14778.46

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 21b	<input checked="" 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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal-Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2050.00

Full Name (Last, First, Middle Initial)

B. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to federal-affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7150.00

Full Name (Last, First, Middle Initial)

C. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal-affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2650.00

SUBTOTAL of Disbursements This Page (optional)

11850.00

TOTAL This Period (last page this line number only)

11850.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. Walter E. App

Mailing Address 4026 Ormond Rd

City
Louisville

State
KY

Zip Code
40207-2036

Purpose of Disbursement
Refund of portion of 2005 contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

(Over Legal Limit)

Full Name (Last, First, Middle Initial)

B. Donald J. Swikert

Mailing Address 10003 Country Hill Ct

City
Union

State
KY

Zip Code
41091-9774

Purpose of Disbursement
Refund of portion of 2005 contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1328

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

(Over Legal Limit)

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

A. SA Creative

Mailing Address 10801 Electron Drive, Suite 102

City State Zip Code
Louisville KY 40299-3880

Purpose of Disbursement
Independent Expenditure (Senate District
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D1317

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Amount of Each Disbursement this Period

15000.00

#37) Invoice #6822

Full Name (Last, First, Middle Initial)

B. Deborah Peden Campaign Fund

Mailing Address 6907 Green Manor Drive

City State Zip Code
Louisville KY 40228

Purpose of Disbursement
Non-Federal Deborah Peden (KY-Senate
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D1303

Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 2 7 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

37-R)

Full Name (Last, First, Middle Initial)

C. Ron Weston Campaign Fund

Mailing Address 423 Chieftain Drive

City State Zip Code
Fairdale KY 40118

Purpose of Disbursement
Non-Federal Ron Weston (KY-House 37-D)
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D1304

Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 2 7 / 2 0 0 6

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

16500.00

TOTAL This Period (last page this line number only)

16500.00