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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Kentucky Educational Medical PAC Suite 2000 ADDRESS (number and street) 4965 US Highway 42 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00016444 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary-Stuart Reichard Type or Print Name of Treasurer Electronically Filed by Mary-Stuart Reichard 04 06 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26930027343

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kentucky Educational Medical PAC [®] D " D 0 1 0 1 2006 0.3 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2006 110462.09 January 1 (b) Cash on Hand at 110462.09 Begining of Reporting Period 38874.31 38874.31 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 149336.40 149336.40 6(a) and 6(c) for Column B) 44128.46 44128.46 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 105207.94 105207.94 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed 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. 02/2003) Page 3

Write or Type Committee Name Kentucky Educational Medical PAC

Report Covering the Period:

м м 0 1

From:

^D 0 1

2006

-0:

м м 0 3 ^D 3 1

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Co	ontributions (other than loans) From:) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5500.00	5500.00
	(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 (d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38400.00	38400.00
. —	ransfers From Affiliated/Other arty Committees	0.00	0.00
13. Al	Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C	Refunds, Rebates, etc.) Parry Totals to Line 37, page 5)	0.00	0.00
to	Federal candidates and Other olitical Committees	0.00	0.00
	ther Federal Receipts lividends, Interest, etc.)	474.31	474.31
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	38874.31	38874.31
	otal Federal Receipts ubtract Line 18(c) from Line 19)	38874.31	38874.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

COLUMN A

COLUMN B

Total This Paried

Column S

MENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
es: Non-Federal hedule H4)	0.00	0.00
I Share	0.00	0.00
perating	14778.46	14778.46
Expenditures	11770.10	11770.10
(ii) and (b))	14778.46	14778.46
Other Party	11850.00	11850.00
ommittees	0.00	0.00
mmitteesure	0.00	0.00
	0.00	0.00
ures Made by Party . 441a(d))	0.00	0.00
de	0.00	0.00
	0.00	0.00
ons To: ons Other ommittees	1000.00	1000.00
THITIILLEES		
ommittees ommittees	0.00	0.00
	0.00	0.00
n Refunds , (b), and (c))	1000.00	1000.00
	16500.00	16500.00
rity (2 U.S.C 431(20))		
Election Activity		
(6)	0.00	0.00
,	0.00	0.00
Activity Paid Entirely	0.00	0.00
ction Activity (add 0(a)(ii) and 30(b))	0.00	0.00
(add Lines 21(c), 22,		
8(d), 29 and 30(c))	44128.46	44128.46
sements		
i) from Line 30(a)(ii)	44128 46	44128.46
s(d), 29 and 30(c))	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		
85. 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		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kentucky Educational Medical PAC			
33.	Full Name (Last, First, Middle Initial) James F. Beattie, Jr. MD Mailing Address 796 Grider Pond Rd City Bowling Green FEC ID number of contributing federal political committee. Name of Employer Bowling Green Associated Pathologists Receipt For: Primary General Other (specify) City Edgewood FEC ID number of contributing federal political committee. Name of Employer General Other (specify) City Edgewood FEC ID number of contributing federal political committee. Name of Employer Internal Medicine of Northern KY Receipt For: Primary General Other (specify) City General Other (specify)	State KY C Occupation Physician	Tip Code 41017-2664	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Richard Scott Cornell, MD Mailing Address 1752 Casselberry Rd City Louisville FEC ID number of contributing federal political committee. Name of Employer Nephrology Associates of Kentuckiana P Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional))	2000.00
T	OTAL This Period (last page this line number o	nlv)		

TTEMIZED RECEIPTS Detailed Summary Page Check only one) Time T	S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 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 of 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) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Name (Last, First, Middle Initial) A. Remaid E. Hansen, MD Mailing Address 2028 River Vista Ct City State Zip Code KY 41017-4448 FEC 1D number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Catzens for Altoridable Healthcare Mailing Address 500 Thomas More Pkwy Sts 5 City State Zip Code KY 41017 FEC 1D number of contributing federal political committee. Crestiview Hills KY 41017 FEC 1D number of contributing federal political committee. Crestiview Hills KY 41017 FEC 1D number of contributing federal political committee. Crestiview Hills KY 41017 FEC 1D number of contributing federal political committee. Check Check Check Check State Zip Code Transaction ID: R7233 Amount of Each Receipt this Period Check Check Check Check State Zip Code Transaction ID: R7233 Amount of Each Receipt this Period Check Check Check Check State Zip Code Transaction ID: R7241 Amount of Each Receipt this Period Check Check State Zip Code Transaction ID: R7441 Amount of Each Receipt this Period Check State Zip Code Transaction ID: R7441 Amount of Each Receipt this Period Credit Card State City State City State City State City Aggregate Year-to-Date ▼ Pyrimary General Other (specify) ▼ 1000.00 Credit Card	· ·			or each category of the	(check only one)				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions of or commending durposes, other than using the name and address of any pollical committee to solicit communities. NAME OF COMMITTEE (In Full)	TI EIMIZED TIEGEN 10			Detailed Summary Page					
The 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) Naming Address 2028 River Vista Ct City State Zip Code Villa Hills Name of Employer Rendal E. Hondon, MD Receipt For: Primary General Other (specify) General Other (specify) State City State Zip Code Name of Employer Mailing Address 500 Thomas More Pkwy Ste 5 City State City State Zip Code Aggregate Vear-to-Date ▼ Primary General Other (specify) State City S	Δr	w information copied from such Departs and St	atomonte may	y not be cold or used by any perce					
Name (Last, First, Middle Initial) Name (Last, First, Middle Initial)	or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
Full Name (Last. First, Middle Initial) A. Kendall E. Hansen, MD Mailing Address 2028 River Vista Ct City State Zip Code Willa Hills KY 41017-4448 FEC ID number of contributing federal political committee. C Interest Primary General Other (specify) ▼ Full Name (Last. First, Middle Initial) B. Citizen for Affordable Healthcare Mailing Address 500 Thomas More Pkwy Ste 5 City State Zip Code KY 41017 FEI Number of contributing federal political committee. City State Zip Code KY 41017 FEI Number of contributing federal political committee. City State Zip Code KY 41017 FEI Number of contributing federal political committee. Cocupation Name of Employer Mr. C. Chad Wiggins, Tree- surror Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Name of Employer State Sign Code KY 40484-1400 FEU ID number of contributing federal political committee. City State Sign Code KY 40484-1400 Check Stanford KY 40484-1400 FEU ID number of contributing federal political committee. City State Sign Code KY 40484-1400 Check Stanford Family Medicine & Cocupation Primary General Other (specify) ▼ Stanford Family Medicine & Cocupation Physician Recept For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ State Sign Code KY 40484-1400 Credit Card Substotics Recept For: Primary General Other (specify) ▼ State Sign Code Amount of Each Recept this Period Credit Card Substotics Recept For: Primary General Other (specify) ▼ State Sign Code Amount of Each Recept this Period Credit Card	\setminus	NAME OF COMMITTEE (In Full)							
A. Kendal E. Hansen, MD Mailing Address 2028 River Vista Ct City Willa Hills KY 41017-4448 FEC ID number of contributing foderal political committee. Name of Employer Kendal E. Hansen, MD Receipt Fcr. Primary General Other (specify) ▼ City State Zip Code KY 41017 City State Zip Code City A1017 FEC ID number of contributing foderal political committee. Name of Employer Mr. C. Chad Wiggins, Tree-source Political Action Committee (Health Car Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Name of Employer State State Zip Code City State Sta		Kentucky Educational Medical PAC							
City State Zip Code KY 41017-4448 FEC ID number of contributing federal political committee. Name of Employer Rendal E. Hansen, MD Self-employed physician Receipt For: Occupation State Zip Code Maining Address 500 Thomas More Pkwy Ste 5 City State Zip Code Transaction ID: R7233 Amount of Each Receipt In: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: R7233 Amount of Each Receipt In: Aggregate Year-to-Date ▼ Political Action Committee (Health Car Receipt Tor Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Characteristic Aggregate Year-to-Date ▼ 1000.00 Check Date of Receipt Transaction ID: R7233 Amount of Each Receipt Initial Primary General Other (specify) ▼ 1000.00 Check Date of Receipt Transaction ID: R7233 Amount of Each Receipt Initial Primary General Other (specify) ▼ 1000.00 Check Date of Receipt Transaction ID: R7241 Amount of Each Receipt Initial Primary General Other (specify) ▼ 1000.00 Check Stafford KY 40484-1400 FEC ID number of contributing federal political committee. City State Zip Code KY 40484-1400 FEC ID number of contributing federal political committee. City Stafford KY 40484-1400 FEC ID number of contributing federal political committee. City Stafford KY 40484-1400 FEC ID number of contributing federal political committee. City Stafford KY 40484-1400 FEC ID number of contributing federal political committee. City Stafford KY 40484-1400 FEC ID number of contributing federal political committee. City Stafford KY 40484-1400 Credit Card Substafford Aggregate Year-to-Date ▼ Physician Receipt For: Aggregate Year-to-Date ▼	A.	Kendall E. Hansen, MD			−				
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FEC ID number of contributing federal political committee. Name of Employer Kendall E. Harisen, MD Receipt For:		City	State	Zip Code	Transaction ID: R7270				
Summer of Employer Service Se		Villa Hills	KY	41017-4448	Amount of Each Receipt this Period				
Suff-employed physician Receipt For:			C		500.00				
Primary General Other (specify) ▼ 500.00		Name of Employer Kendall E. Hansen, MD			Check				
Tother (specify) ▼ Solution		Receipt For:		_ , , ,					
Full Name (Last, First, Middle Initial) B. Citizens for Affordable Healthcare Mailing Address 500 Thomas More Pkwy Ste 5 City Crestview Hills KY 41017 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Stante Zip Code Transaction ID: R7233 Amount of Each Receipt this Period Check Check Check Check Check Date of Receipt Transaction ID: R7233 Check State Zip Code Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Transaction ID: R7441 Amount of Each Receipt this Period Check Check Check Check Check Check Check State Zip Code KY 40484-1400 FEC ID number of contributing federal political committee. C City Stanford Family Medicine & Cosupation Physician Name of Employer Stanford Family Medicine & Cosupation Physician Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: R7441 Amount of Each Receipt this Period Credit Card Credit Card Substortics Credit Card				500.00					
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Obstetrics Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1000.00	Name of Employer		Occupation	1	Credit Card				
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Other (specify) ▼ 1000.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼					
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Other (specify)

PAGE 8 / 17 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Timothy C. Kriss, MD Date of Receipt Mailing Address 6690 Delaney Ferry Ext 02 07 2006 City State Zip Code Transaction ID: R7281 **Versailles** KY 40383-9015 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Check Name of Employer Neurosurgery & Spine Spec-ialist PSC Occupation Physician Aggregate Year-to-Date ▼ Receipt For: General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Adrienne J. Millett, MD Date of Receipt Mailing Address 207 Wimberly Pl 02 16 2006 City State Zip Code Transaction ID: R7361 Richmond KY 40475-3541 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Check Name of Employer Central Kentucky Eye Asso-Occupation Physician <u>ciates</u> Receipt For: Aggregate Year-to-Date ▼ Primary General

500.00

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u>,</u>	5500.00

S	CHEDULE A (FEC Form 3X)		lles serente eshadule(e)	FOR LINE NUMBER: PAGE 9 / 17
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Δn	y information copied from such Reports and Stat	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Kentucky Educational Medical PAC			
۹.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union			Date of Receipt
	Mailing Address 3740 Bardstown Road			01 31 2006
	City	State	Zip Code	Transaction ID: R7309
	Louisville	KY	40218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		156.93
	Name of Employer	Occupation	n	Cash
	Receipt For:	Aggregate	e Year-to-Date ▼	-
	Primary General	riggregate		1
	Other (specify) ▼	0 0	474.31	
3.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union			Date of Receipt
	Mailing Address 3740 Bardstown Road			02 28 2006
	City	State	Zip Code	Transaction ID: R7429
	Louisville	KY	40218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		155.26
	Name of Employer	Occupation	n	Cash
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		474.31	1
	Other (specify) ▼		474.31	
Э.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union			Date of Receipt
	Mailing Address 3740 Bardstown Road			03 31 2006
	City	State	Zip Code	Transaction ID: R7449
	Louisville	KY	40218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		162.12
	Name of Employer	Occupation	n	Cash
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		474.31	
	Other (specify) ▼	0 0	474.01	
s	UBTOTAL of Receipts This Page (optional)			474.31
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T	OTAL This Period (last page this line number on	ıly)	>	7/7-71

SCHEDULE B (I LCI OIIII 3X)	Use seperate schedule(s)		R LINE eck only	NOWRE	H:	L	PAGE	10 / 1	/
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or for commercial purposes, other than using the name	and address of any political co	ommitte	ee to sol	icit contr	ibutions	from suci	1 comn	nittee	
NAME OF COMMITTEE (In Full) Kentucky Educational Medical PAC									
Full Name (Last, First, Middle Initial)						ID : D130	7		
Chilton & Medley PLC						rsement	V V	· · ·	V
Mailing Address 2500 Meidinger Tower 462 South Fourth Street				0 ^M 1		^D 31 /	2	0 0̈ 6	
	State Zip Code KY 40202			Amou	nt of Ea	ch Disbur	semen	t this P	eriod
Purpose of Disbursement	40202							750.0	0
Progress Billing on 2005 Audit (Invoice									
Candidate Name		Catego Type	-						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			#3702	29)				
Full Name (Last, First, Middle Initial)				Tuono	aatian	I D : D131:			
3. Chilton & Medley PLC				Date o	of Disbu	rsement		Y	Υ
Mailing Address 2500 Meidinger Tower 462 South Fourth Street				0 2		^D 28 ^D	2	0 Ď 6	
,	State Zip Code KY 40202			Amou	nt of Ea	ch Disbur			-
Purpose of Disbursement 2005 Audit (Invoice #37399) Client		•					. 1	1500.0	0
Candidate Name		Catego Type	-						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			#7899	0.0				
State: District: Full Name (Last, First, Middle Initial)						 D.400			
Chilton & Medley PLC				Date o	of Disbu	ID: D1324 Irsement			V
Mailing Address 2500 Meidinger Tower 462 South Fourth Street				0 3		31	2	0 Ó 6	
,	State Zip Code KY 40202			Amou	nt of Ea	ch Disbur	semen	t this P	eriod
Purpose of Disbursement 2005 Audit Final Billing (Client								500.0	0
Candidate Name		Catego Type							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			#7899	0.0)				
SUBTOTAL of Disbursements This Page (optional) .			•				2	750.0	0
TOTAL This Period (last page this line number only)			•						

		Use seperate schedule(s)		(check only		: NUMBER: PAGE 11 / 1 / ly one)				/	_	
ιT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 –	21b 27	22 28		23 28b	24 28c	F	25 29	20	6 0b
	y Information copied from such Reports and State											
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	le and address of any political	COITIII	iillee lo	SOIICIL CO	ntribu	tions ire	om such	COIIII	muee		_
\rangle	Kentucky Educational Medical PAC											
	Full Name (Last, First, Middle Initial)				Tra	nsac	ion ID:	D1319				
٦.	Internal Revenue Service						Disburse		V		V	
	Mailing Address				O	2 ^M	[/] 1	5 /	ž	0 Ď 6	Y	
	City	State Zip Code			Am	ount (of Each	Disburs	emen	t this P	eriod	1
	Purpose of Disbursement 2005 Taxes					•				116.0	0	
	Candidate Name			egory/ ype								
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)										
	State: District:											
3.	Full Name (Last, First, Middle Initial) Kentucky Medical Association				1		t ion ID: Disburse	D1306 ement				
	Mailing Address Suite 2000 4965 US Highway 42				O ^M		[′] 3	D /	^Y 2	0 ŏ 6	Y	
	City Louisville	State Zip Code KY 40222			Am	ount (of Each	Disburs				1
	Purpose of Disbursement 1/06 Admin Fee (Rent, phone, mail,								1	1586.0	0	
	Candidate Name			egory/ ype								
	Office Sought: House Disburs	ement For: Primary General Other (specify) ▼			sup	plies)					
	Full Name (Last, First, Middle Initial)				Tro	ncao	ion ID:	D1311				_
Э.	Kentucky Medical Association				_	e of D	Disburse	ement	V . V		V	
	Mailing Address Suite 2000 4965 US Highway 42				O	2 M	້ 2	8 /	<u>'</u> 2	0 Ď 6		
	City Louisville	State Zip Code KY 40222			Am	ount (of Each	Disburs			-	1
	Purpose of Disbursement 2/06 Admin Fee (Rent, phone, mail,								1	586.0	0	
	Candidate Name			egory/ ype								
	Office Sought: House Disburs	ement For: Primary General Other (specify) ▼			sup	plies)					
s	UBTOTAL of Disbursements This Page (optional)			. •			-		3	288.0	0	1
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ı	OTAL This Period (last page this line number only)										J.

SCHEDULE B (FECFOIII 3X)	Use seperate schedule(s)	FOR LINE (check only	ENUMBER: PAGE 12/17 ly one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22				
Any Information copied from such Reports and State or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full) Kentucky Educational Medical PAC							
Full Name (Last, First, Middle Initial) Kentucky Medical Association Mailing Address Suite 2000 4965 US Highway 42			Transaction ID: D1322 Date of Disbursement M M M / D D D / Y Y Y O O 6				
City Louisville	State Zip Code KY 40222		Amount of Each Disbursement this Period				
Purpose of Disbursement 3/06 Admin Fee (Rent, Phone, Mail, Candidate Name	[Category/	1586.00				
Office Sought: House Disburs	ement For: Primary General Other (specify)	Туре	Supplies)				
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: D1323 Date of Disbursement				
Mailing Address Suite 2000 4965 US Highway 42			03				
City Louisville	State Zip Code KY 40222		Amount of Each Disbursement this Period				
Purpose of Disbursement Reimburse for Conf. Calls, Broadcast Candidate Name		Category/ Type	89.97				
Office Sought: House Disburs	ement For: Primary General Other (specify) ▼	77.	Fax, Meals				
Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union			Transaction ID: D1309 Date of Disbursement				
Mailing Address 3740 Bardstown Road			$\begin{bmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & O & D \\ O & I & M \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & G \\ Y & Z & O & O & G \end{bmatrix}$				
City Louisville	State Zip Code KY 40218		Amount of Each Disbursement this Period				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	[Category/	43.46				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре					
SUBTOTAL of Disbursements This Page (optional)		<u>►</u>	1719.43				
TOTAL This Period (last page this line number only	······································						

SCHEDULE B (FECFOIIII 3X)		Use seperate schedule(s)			NE NUMBER: PAGE 13 / 17 only one)				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	ge	X 21b 27	22 23 28a 28b	24 25 2 28c 29			
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full) Kentucky Educational Medical PAC								
Α.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union				Transaction ID: D	ent			
	Mailing Address 3740 Bardstown Road				02 / 28	2006			
	City Louisville	State Zip Code KY 40218			Amount of Each Dis	sbursement this Period			
	Purpose of Disbursement Credit Card Processing Fee					50.93			
	Candidate Name		C	ategory/ Type					
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Gener Other (specify)	ral						
	Full Name (Last, First, Middle Initial)				Transaction ID: D	 1326			
В.	Kentucky Telco Federal Credit Union				Date of Disburseme				
	Mailing Address 3740 Bardstown Road	0"3 " 3 1	['] 2006						
	City Louisville	State Zip Code KY 40218			Amount of Each Dis	sbursement this Period			
	Purpose of Disbursement Credit Card Processing Fee					70.10			
	Candidate Name		C	ategory/ Type					
	Office Sought: Senate President State: Disburse Disburse	ement For: Primary Gener Other (specify) ▼	ral						
C.	Full Name (Last, First, Middle Initial) Vocus GS Holdings, LLC				Transaction ID: D				
	Mailing Address PO Box 17482				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & B \end{smallmatrix} \end{bmatrix}$	['] ² 0 0 6 [°]			
	City Baltimore	State Zip Code MD 21297-14	82		Amount of Each Dis	sbursement this Period			
	Purpose of Disbursement PAC Database Maintenance (Invoice					6600.00			
	Candidate Name		С	ategory/ Type					
	Office Sought: House Senate President State: District:	ement For: Primary Gener Other (specify) ▼	ral		#29308R)				
[UBTOTAL of Disbursements This Page (optional)					6721.03			
	OTAL This Period (last page this line number only)								
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SCHEDULE B (FEC	· USE	Use seperate schedule(s)		NUMBER:	PAGE 14/17		
ITEMIZED DISBURS	EMENTS for Det	each category of the tailed Summary Pag		22 23 28a 28b	24 25 26 28c 29 30l		
Any Information copied from suc or for commercial purposes, other							
NAME OF COMMITTEE (In Kentucky Educational M	Full)	,,					
Full Name (Last, First, Middle A. Marshall E. White	e Initial)			Transaction ID: D1 Date of Disburseme			
Mailing Address 1304 S	S. Sixth Street			01 / 31	['] 2006		
City Louisville	State KY	Zip Code 40206-224	48	Amount of Each Dis	sbursement this Period		
Purpose of Disbursement 1/06 Political Consultant Fee Candidate Name			Cotonour		100.00		
Office Sought: House	e Disbursement I	For:	Category/ Type				
Senat Presid State: District:		ary Genera er (specify) ▼	al				
State: District: Full Name (Last, First, Middle	 e Initial)			Transaction ID: D1	1210		
B. Marshall E. White				Date of Disburseme			
Mailing Address 1304 S	S. Sixth Street			02 28	2006		
City Louisville	State KY	Zip Code 40206-224	48	Amount of Each Dis	sbursement this Period		
Purpose of Disbursement 2/06 Political Consultant Fee					100.00		
Candidate Name			Category/ Type				
Office Sought: House Senat Presidents: District:	te Prima		al				
Full Name (Last, First, Middle C. Marshall E. White	e Initial)			Transaction ID: D1 Date of Disburseme			
Mailing Address 1304 S	S. Sixth Street			03 7 3 1	['] 2006		
City Louisville	State KY	Zip Code 40208-224	48	Amount of Each Dis	sbursement this Period		
Purpose of Disbursement 3/06 Political Consultant Fee Candidate Name			Category/		100.00		
	1		Туре				
Office Sought: House Senat	te Prima		al				
State: District:							
SUBTOTAL of Disbursements	This Page (optional)		<u> </u>		300.00		
TOTAL This Period (last page	this line number only)		>		14778.46		

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		LINE NUM k only one)			L	PAGE	15 /	1/
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l —	1b X 22		23 28b	24 28	-	25 29	26 30b
Any Information copied from such Reports and S									S
or for commercial purposes, other than using the	name and address of any politica	l committee	to solicit co	ntribu	tions fr	om such	1 comr	nittee	
NAME OF COMMITTEE (In Full) Kentucky Educational Medical PAC									
Full Name (Last, First, Middle Initial)									
A. American Medical Association PAC				te of D	Disburs			, · · · · ·	Y
Mailing Address 1101 Vermont Avenu	e NW		0	1	3	3 1	2	οŏε	5
City Washington	State Zip Code DC 20005		An	ount o	of Each	Disbur			
Purpose of Disbursement Transfer to Federal-Affiliated PAC					-		2	2050.	00
Candidate Name		Category Type	/						
Office Sought: House Dis Senate President State: District:	ursement For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial)									
B. American Medical Association PAC	,			Transaction ID: D1310 Date of Disbursement					
Mailing Address 1101 Vermont Avenue NW				2	′	28 /	Ż	οŏε	5
City Washington	State Zip Code DC 20005		An	ount o	of Each	n Disbur			
Purpose of Disbursement Transfer to federal-affiliated PAC			╗╎└				/	7150.	00
Candidate Name		Category Type	/						
Senate President	ursement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) American Medical Association PAC				te of D	Disburs				V
Mailing Address 1101 Vermont Avenu	e NW		O	3	/ 3	3 1	, ž	οŏε	5
City Washington	State Zip Code DC 20005		An	ount o	of Each	Disbur	semen	t this F	Period
Purpose of Disbursement Transfer to Federal-affiliated PAC			7 L				2	2650.	00
Candidate Name		Category Type	/						
Senate President	ursement For: Primary General Other (specify)								
State: District:									
SUBTOTAL of Disbursements This Page (option	nal)	<u></u>	<u>•</u>	-			11	850.0	00
TOTAL This Period (last page this line number	only)		•				11	850.0	00

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	CHEDULE B (FEC Form 3)	' Use seperate		FOR LINE (check only	NUMBER:	PAGE 16/17			
IT	EMIZED DISBURSEMENT			21b		24			
		Detailed Sum	mary Page	_		28c			
An	y Information copied from such Reports a	nd Statements may not be	sold or used	by any person t	for the purpose of solicati	ng contributions			
	for commercial purposes, other than using								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Kentucky Educational Medical PAG	3							
\mathbb{L}									
	Full Name (Last, First, Middle Initial)				Transaction ID: D13	30			
Α.	Walter E. App				Date of Disbursement	į			
	Mailing Address 4026 Ormond Ro	ling Address 4000 O LD L			01				
	Walling Address 4026 Offfiorid Ro	J				2000			
	City	State Zip	Code		Amount of Each Disb	ursement this Period			
	Louisville		0207-2036						
	Purpose of Disbursement					500.00			
	Refund of portion of 2005 contribution								
	Candidate Name			Category/					
				Туре					
	Office Sought: House	Disbursement For:			(Over Legal Limit)				
	Senate President	Primary Other (appoint)	General		,				
	State: District:	Other (specify)	▼						
_	Full Name (Last, First, Middle Initial)								
В.	Donald J. Swikert				Transaction ID: D13 Date of Disbursement				
	Donald G. Gwikert								
	Mailing Address 10003 Country H				$\begin{bmatrix} 0 & 1 & M & / & D & 1 & 7 \end{bmatrix}$	ŽOÕ6			
	City Union		Code 1091-9774		Amount of Each Disb	ursement this Period			
		KY 41	1091-9774			500.00			
	Purpose of Disbursement Refund of portion of 2005 contribution					300.00			
	Candidate Name			Category/					
	ourundate Hume			Type					
	Office Sought: House	Disbursement For:		· · · · · · · · · · · · · · · · · · ·	(0 1 111 111				
	Senate	Primary	General		(Over Legal Limit)				
	President	Other (specify)	_						
	State: District:								

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number only)	—	1000.00

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s) (check or	E NUMBER: PAGE 1//1/			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b			
	tatements may not be sold or used by any persor				
· · ·	name and address of any political committee to s	solicit contributions from such committee			
NAME OF COMMITTEE (In Full)					
Kentucky Educational Medical PAC					
Full Name (Last, First, Middle Initial)		Transaction ID: D1317			
A. SA Creative	Date of Disbursement				
Mailing Address 10801 Electron Driv	e, Suite 102	02 0 0 6			
City	State Zip Code	Amount of Each Disbursement this Period			
Louisville	KY 40299-3880	15000.00			
Purpose of Disbursement Independent Expenditure (Senate District		1000000			
Candidate Name	Category/ Type				
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	#37) Invoice #6822			
Full Name (Last, First, Middle Initial)		Transaction ID: D1303			
B. Deborah Peden Campaign Fund		Date of Disbursement			
Mailing Address 6907 Green Manor	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$				
City Louisville	State Zip Code KY 40228	Amount of Each Disbursement this Period			
Purpose of Disbursement Non-Federal Deborah Peden (KY-Senate	1000.00				
Candidate Name	Category/ Type				
Office Sought: House Dis Senate President	bursement For: Primary General Other (specify) ▼	37-R)			
State: District:					
Full Name (Last, First, Middle Initial) C. Ron Weston Campaign Fund	Transaction ID: D1304 Date of Disbursement				
Mailing Address 423 Chieftain Drive	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City Fairdale	State Zip Code KY 40118	Amount of Each Disbursement this Period			
Purpose of Disbursement Non-Federal Ron Weston (KY-House 37-D)	500.00				
Candidate Name	Category/ Type				
Senate President	bursement For: Primary General Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (opti	onal)	16500.00			
TOTAL This Period (last page this line number	only)	16500.00			
(