

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS
REPORT☒NEW
(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 (12S)

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

07

01

2010

through

09

30

2010

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

David R Watkins, MD

Signature of Treasurer

Electronically Filed by David R Watkins, MD

Date

10

14

2010

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name

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

Report Covering the Period: From: M M
0 7 D D
0 1 Y Y Y Y
2 0 1 0 To: M M
0 9 D D
3 0 Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 0		54034.63
(b) Cash on Hand at Beginning of Reporting Period	61128.31	
(c) Total Receipts (from Line 19)	22061.71	49697.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83190.02	103731.93
7. Total Disbursements (from Line 31)	32884.57	53426.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50305.45	50305.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16500.00	31550.00
(ii) Unitemized	5550.00	18095.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22050.00	49645.00
(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)	22050.00	49645.00
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.)	11.71	52.30
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))	22061.71	49697.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22061.71	49697.30

DETAILED SUMMARY PAGE

of Disbursements

4 / 19

FEC Form 3X (Rev. 02/2003)

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)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2634.57	13647.18	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2634.57	13647.18	
22. Transfers to Affiliated/Other Party Committees.....	30250.00	39750.00	
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	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	29.30	
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))..	32884.57	53426.48	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32884.57	53426.48	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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)	22050.00	49645.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22050.00	49645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2634.57	13647.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2634.57	13647.18

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 6 / 19

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Sandra K. Frost

Mailing Address 488 Leaf Ln

City

Somerset

State

KY

Zip Code

42503-4662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

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

Transaction ID: A44E05B3D3AF14069A11

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

Christopher J. Frost

Mailing Address 120 Tradepark Dr Ste B

City

Somerset

State

KY

Zip Code

42503-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Centr of Lake
Cumberland

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: ABAF47085EA4441E6818

Amount of Each Receipt this Period

875.00

C.

Full Name (Last, First, Middle Initial)

H. Michael Oghia

Mailing Address 1550 Hwy 15 S Ste 27

City

Jackson

State

KY

Zip Code

41339-8604

FEC ID number of contributing
federal political committee.

C

Name of Employer
H. Michael Oghia, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: A7EC7B6CF0BA44C59B38

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Theodore H. Miller

Mailing Address 40 E Fountain

City

Cincinnati

State

OH

Zip Code

45246-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Theodore H. Miller, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A6B8BE4DBB7ED4ADB89B

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. James F. Beattie

Mailing Address 796 Grider Pond

City

Bowling Green

State

KY

Zip Code

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 ▼

500.00

Date of Receipt

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

Transaction ID: A4F128F3D9E6B46C8921

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Patrick T. Padgett

Mailing Address 8422 Biggin Hill Rd

City

Louisville

State

KY

Zip Code

40220-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Medical Associat-
ion

Occupation

Kentucky Medical Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AB06385EFD440425F8AF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Richard E. Park, Md

Mailing Address 20 Medical Village Dr Ste 258

City

Edgewood

State

KY

Zip Code

41017-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Anesthesiolog-
ists PSC

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A98C48ACB5222477DB0D

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Naren James

Mailing Address P O Box 388

City

Stanford

State

KY

Zip Code

40484-0388

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	8	/	0	2	/	2	0	1	0

Transaction ID: A1C99A75249604CE89F8

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Evelyn Montgomery Jones, Md

Mailing Address 2341 New Holt Rd

City

Paducah

State

KY

Zip Code

42001-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase Dermatology/ENT
PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	1	0

Transaction ID: AC895D63762C54A8D81E

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

2175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Shawn C. Jones, Md

Mailing Address 8 West Vale

City

Paducah

State

KY

Zip Code

42001-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase DERM/ENT LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: AF8F8BABF3A3C43C5AB3

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

John R. White

Mailing Address 1218 Summitt Dr

City

Lexington

State

KY

Zip Code

40502-2273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pulmonary Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: AEA02ACC4AC064521BE2

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Bunnell

Mailing Address 3246 New Orleans Dr

City

Edgewood

State

KY

Zip Code

41017-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine of Nort-
hern KY

Occupation
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: ABB9AAEADE63F479ABE3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

John W. Collins

Mailing Address 1014 Richmond Rd

City

Lexington

State

KY

Zip Code

40502-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington ClinicOccupation
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	8	/	1	2	/	2	0	1	0

Transaction ID: AB4C550ACF45342BEA09

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John M. Johnstone

Mailing Address 793 Eastern Byp Ste 201

City

Richmond

State

KY

Zip Code

40475-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A116C8D8677B14238A64

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Eric W. Neils

Mailing Address 904 Squire Oaks Dr

City

Villa Hills

State

KY

Zip Code

41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KYOccupation
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	9	/	3	0	/	2	0	1	0

Transaction ID: A3459F4D3A66446CB9A0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Gregory E. Gleis, Md

Mailing Address 531 Primrose Way

City

Louisville

State

KY

Zip Code

40206-2958

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ellis & Badenhausen Ortho-
paedics PSCOccupation
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	9		3	0		2	0	1	0

Transaction ID: A245E67996AFA42ADBE3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gordon W. Air, Md

Mailing Address 560 S Loop Rd

City

Edgewood

State

KY

Zip Code

41017-3405

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic Assoc of Nort-
hern KYOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A935B2D8BC55B496C989

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Linda H. Gleis, Md

Mailing Address VAMC PM & R (117)
800 Zorn Ave

City

Louisville

State

KY

Zip Code

40206-1433

FEC ID number of contributing
federal political committee.**C**Name of Employer
VA Medical CenterOccupation
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	9		3	0		2	0	1	0

Transaction ID: A52083C0673D84B15BAF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Thomas K. Slabaugh, Sr.

Mailing Address 2132 Island Drive

City

Lexington

State

KY

Zip Code

40502-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urologic Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A80B2DFF19F674EE38E7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard E. Park, Md

Mailing Address 20 Medical Village Dr Ste 258

City

Edgewood

State

KY

Zip Code

41017-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Anesthesiolog-
ists PSC

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 9 / 3 0 / 2 0 1 0

Transaction ID: A7F61B29B8E7E47DA80E

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ralph A. Alvarado, Md

Mailing Address 475 Shoppers Dr

City

Winchester

State

KY

Zip Code

40391-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Associ-
ates

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 9 / 3 0 / 2 0 1 0

Transaction ID: A170C878790564469A5B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

James M. Donley, Md

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedic Se-
rvices

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AAF0F2F523D4B4635B3A

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David E. Jones

Mailing Address 1236 Woodbridge Trail

City

Owensboro

State

KY

Zip Code

42303-7544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Eye Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: ACA93253C6B1D44B7A0E

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Christopher A. Heeb, Md

Mailing Address 2900 Chancellor Dr

City

Crestview Hills

State

KY

Zip Code

41017-5427

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 9 / 3 0 / 2 0 1 0

Transaction ID: AB4C81A872FB044C8B64

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Gordon R. Tobin, II MD

Mailing Address 1505 Northwind Rd

City

Louisville

State

KY

Zip Code

40207-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Surgical Assoc-
iates PSCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A5ADEF428CBBC4756A64

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

16500.00

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 15 / 19

<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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: B033DDB752E5D4B2AA5A Date of Disbursement
Mailing Address 1304 S. 6th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Louisville State KY Zip Code 40208-2248	Amount of Each Disbursement this Period
Purpose of Disbursement July Political Consultant Fee Candidate Name	<div> <div>100.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BB5920ACC6EC147BAB5F Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement July Admin Fee Candidate Name	<div> <div>691.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B84CCA9F69E7F475D84F Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement Reimburse Domain Name Expense Candidate Name	<div> <div>10.28</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>801.28</div>
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 PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 19

<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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B50EED9E8109E4750B14 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
	Mailing Address 4965 US Highway 42 Suite 2000	
	City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period 44.00
	Purpose of Disbursement Remaining Portion of July Admin Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B071B5B3EF50C463980F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 0
	Mailing Address 4965 US Highway 42 Suite 2000	
	City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period 735.00
	Purpose of Disbursement August 2010 Admin Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: BC0E29C6053D64FB7AFE Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 0
	Mailing Address 1304 S. 6th St	
	City Louisville State KY Zip Code 40208-2248	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement August 2010 Political Consultant Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		879.00
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 PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 19

<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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BD6BCE537DC9145B6B40	
	Mailing Address 1304 S. 6th St			Date of Disbursement MM / DD / YYYY 09 / 10 / 2010	
	City Louisville	State KY	Zip Code 40208-2248	Amount of Each Disbursement this Period 100.00	
	Purpose of Disbursement Political Consultant Fee Sept 2010			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: BF029F7883F6A4290984	
	Mailing Address 4965 US Highway 42 Suite 2000			Date of Disbursement MM / DD / YYYY 09 / 10 / 2010	
	City Louisville	State KY	Zip Code 40222-6379	Amount of Each Disbursement this Period 735.00	
	Purpose of Disbursement Admin Fee September 2010			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B99662E6B2B5B46098FD	
	Mailing Address 4965 US Highway 42 Suite 2000			Date of Disbursement MM / DD / YYYY 09 / 10 / 2010	
	City Louisville	State KY	Zip Code 40222-6379	Amount of Each Disbursement this Period 34.32	
	Purpose of Disbursement Reimburse Postage Expense			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

869.32

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 18 / 19

<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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City
Louisville

State
KY

Zip Code
40222-6240

Purpose of Disbursement
September 2010 Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BD1C0847BE7DB4589810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.23

SUBTOTAL of Disbursements This Page (optional)

24.23

TOTAL This Period (last page this line number only)

2573.83

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 19 / 19

<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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

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

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Transfer of funds to State Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BAE0DBACAD2D544549E4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25250.00

B.

Full Name (Last, First, Middle Initial)

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

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Transfer of Funds to State Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B89C8212EBE88414DA22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

30250.00

TOTAL This Period (last page this line number only)

30250.00