10/14/2010 14:02

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) 4965 US Highway 42 ADDRESS (number and street) Suite 2000 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00016444 Χ 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) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х 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) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David R Watkins, MD Type or Print Name of Treasurer Electronically Filed by David R Watkins, MD 10 14 2010 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. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)

D D <sup>®</sup>D 0 1 07 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 54034.63 January 1 (b) Cash on Hand at 61128.31 Begining of Reporting Period ..... 22061.71 49697.30 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 83190.02 103731.93 6(a) and 6(c) for Column B) ..... 32884.57 53426.48 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 50305.45 50305.45 (subtract Line 7 from Line 6(d)) ..... 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) .....

X 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

FE6AN026

2/19

### 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:

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Y Y W Y 2 0 1 0

то.

м м 0 9 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22050.00	49645.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(F (C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	11.71	52.30
	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
(c	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))	22061.71	49697.30
	otal Federal Receipts ubtract Line 18(c) from Line 19)	22061.71	49697.30

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(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	2634.57	13647.18
(add 21(a)(i), (a)(ii) and (b))	2034.37	13047.10
Committees	30250.00	39750.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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
Other Disbursements	0.00	29.30
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32884.57	53426.48
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	32884.57	53426.48
from Line 31)	J2004.J7	33420.40

### **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
Total Contributions (other than loans) from Line 11(d), page 3)	22050.00	49645.00
Total Contribution Refunds     (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22050.00	49645.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2634.57	13647.18
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	2634.57	13647.18

FE6AN026

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one)    X   11a
	Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC	the name and addre	ss of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sandra K. Frost  Mailing Address 488 Leaf Ln  City Somerset  FEC ID number of contributing federal political committee.  Name of Employer Homemaker  Receipt For: Primary General Other (specify)	State KY  C  Occupation Homemake Aggregate Ye	Zip Code 42503-4662 er ear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A44E05B3D3AF14069A11  Amount of Each Receipt this Period  875.00
В.	Full Name (Last, First, Middle Initial) Christopher J. Frost  Mailing Address 120 Tradepark Dr S  City Somerset  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Centr of Lake Cumberland Receipt For:  Primary General Other (specify)	State KY  C  Occupation Physician Aggregate Ye	Zip Code 42503-3454 ear-to-Date ▼	Date of Receipt  M M M / D D O / Y Y Y Y Y  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  City Jackson  FEC ID number of contributing federal political committee.  Name of Employer H. Michael Oghia, MD  Receipt For: Primary General Other (specify)	State KY  C  Occupation Self-employ	Zip Code 41339-8604  yed physician ear-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 0 9 2 0 1 0  Transaction ID: A7EC7B6CF0BA44C59B3  Amount of Each Receipt this Period  300.00
	SUBTOTAL of Receipts This Page (optional	·		2050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Theodore H. Miller		Date of Receipt
Mailing Address 40 E Fountain  City Cincinnati	State Zip Code OH 45246-4409	Transaction ID: A6B8BE4DBB7ED4ADB  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Theodore H. Miller, MD  Receipt For:  Primary  General  Other (specify) ▼	Occupation Self-employed physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Dr. James F. Beattie Mailing Address 796 Grider Pond		Date of Receipt  0 7 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: A4F128F3D9E6B46C892
Bowling Green	KY 42104-0808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bowling Green Associated Pathologists	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Patrick T. Padgett		Date of Receipt
Mailing Address 8422 Biggin Hill F	07 22 2010	
City	State Zip Code KY 40220-4106	Transaction ID: AB06385EFD440425F8/
Louisville  FEC ID number of contributing federal political committee.	KY 40220-4106	Amount of Each Receipt this Period 500.00
Name of Employer Kentucky Medical Associat- ion	Occupation Kentucky Medical Association	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Fig. 1)	e name and add	dress of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Richard E. Park, Md Mailing Address 20 Medical Village Dr  City Edgewood FEC ID number of contributing federal political committee.  Name of Employer Independent Anesthesiologists PSC	State KY C	Zip Code 41017-5411	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 2 2 2 0 1 0  Transaction ID: A98C48ACB5222477DB0I  Amount of Each Receipt this Period  300.00
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Naren James  Mailing Address P O Box 388  City  Stanford  FEC ID number of contributing federal political committee.  Name of Employer Stanford Family Medicine & Obstetrics Receipt For:	State KY C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A1C99A75249604CE89F8  Amount of Each Receipt this Period  1000.00
- C.	Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Evelyn Montgomery Jones, Md  Mailing Address 2341 New Holt Rd  City Paducah  FEC ID number of contributing	State KY	Zip Code 42001-7404	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 1 1 1 2 0 1 0  Transaction ID: AC895D63762C54A8D81I  Amount of Each Receipt this Period  875.00
	Name of Employer Purchase Dermatology/ENT PLLC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician		
	SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number			2175.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Material Page 1)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Shawn C. Jones, Md  Mailing Address 8 West Vale  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer Purchase DERM/ENT LLC  Receipt For: Primary General Other (specify)	State KY  C  Occupatio Physicia  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 1 1 1 2 0 1 0  Transaction ID: AF8F8BABF3A3C43C5AB3  Amount of Each Receipt this Period  875.00
В.	Full Name (Last, First, Middle Initial) John R. White  Mailing Address 1218 Summitt Dr  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Pulmonary Associates  Receipt For: Primary General Other (specify)	State KY  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: AEA02ACC4AC064521BE2  Amount of Each Receipt this Period  2500.00
С.	Full Name (Last, First, Middle Initial) Thomas E. Bunnell  Mailing Address 3246 New Orleans Dr  City Edgewood  FEC ID number of contributing federal political committee.  Name of Employer Internal Medicine of Northern KY  Receipt For: Primary General Other (specify)	State KY  C  Occupatio Retired F	Zip Code 41017-2664  n Physician e Year-to-Date ▼ 300.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 8 1 2 2 0 1 0  Transaction ID: ABB9AAEADE63F479ABE3  Amount of Each Receipt this Period  300.00
	SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number			3675.00

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME (	OF COMMITTEE (In Full)	I Statements may not be sold or used by any pe he name and address of any political committee	
Kentud	cky Medical Association PAC	Kentucky Physicians PAC Federal-KPP	AC Federal)
Full Nar John W.	me (Last, First, Middle Initial) . Collins		Date of Receipt
Mailing	Address 1014 Richmond Rd		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State Zip Code	Transaction ID: AB4C550ACF45342BEA
<u>Lexing</u>	iton	KY 40502-1610	Amount of Each Receipt this Period
	number of contributing political committee.	C	500.00
Name o Lexingto	of Employer on Clinic	Occupation Physician	
Receipt	For:	Aggregate Year-to-Date ▼	
	rimary General ther (specify) ▼	500.00	
	me (Last, First, Middle Initial) Johnstone		Date of Receipt
Mailing	Address 793 Eastern Byp Ste	201	09 10 2010
City		State Zip Code	Transaction ID: A116C8D8677B14238A6
<u>Richm</u>	ond	KY 40475-2440	Amount of Each Receipt this Period
	number of contributing political committee.	С	300.00
Name o	f Employer	Occupation Self-employed physician	
	For: rimary General ther (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Nar Eric W	me (Last, First, Middle Initial) Neils		Date of Receipt
Mailing	Address 904 Squire Oaks Dr		09 / 30 / 2010
City		State Zip Code	Transaction ID: A3459F4D3A66446CB9A
<u>Villa H</u>	lills	KY 41017-1371	Amount of Each Receipt this Period
	number of contributing political committee.	C	500.00
Name o Radiolo Norther	of Employer gy Associates of n KY	Occupation Physician	
Receipt		Aggregate Year-to-Date ▼	
	rimary General ther (specify) ♥	500.00	
SURTOT	Al 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	(Crieck only one)
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any the name and address of any political commit (Kentucky Physicians PAC Federal-KF	person for the purpose of soliciting contributions tee to solicit contributions from such committee.  PPAC Federal)
Full Name (Last, First, Middle Initial) Gregory E. Gleis, Md Mailing Address 531 Primrose Way  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Ellis & Badenhausen Orthopaedics PSC Receipt For: Primary General Other (specify)	State Zip Code KY 40206-2958  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A245E67996AFA42ADBE  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Gordon W. Air, Md Mailing Address 560 S Loop Rd  City Edgewood FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Assoc of Northern KY Receipt For: Primary General Other (specify)	State Zip Code KY 41017-3405  C  Occupation Physician  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 A 3 0 2 0 1 0  Transaction ID: A935B2D8BC55B496C98  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Linda H. Gleis, Md  Mailing Address VAMC PM & R (117 800 Zorn Ave  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer VA Medical Center  Receipt For: Primary General Other (specify)	State Zip Code KY 40206-1433  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		1300.00

	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)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (In Full)	e name and ad	dress of any political committee t	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas K. Slabaugh, Sr.  Mailing Address 2132 Island Drive  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Urologic Associates  Receipt For: Primary General Other (specify)	State KY  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A80B2DFF19F674EE38E  Amount of Each Receipt this Period  500.00
В.	Full Name (Last, First, Middle Initial) Richard E. Park, Md  Mailing Address 20 Medical Village Dr  City Edgewood  FEC ID number of contributing federal political committee.  Name of Employer Independent Anesthesiologists PSC Receipt For: Primary General Other (specify)	State KY  C Occupatio Self-emp	Zip Code 41017-5411 on oloyed physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A7F61B29B8E7E47DA80F  Amount of Each Receipt this Period  200.00
С.	Full Name (Last, First, Middle Initial) Ralph A. Alvarado, Md  Mailing Address 475 Shoppers Dr  City Winchester  FEC ID number of contributing federal political committee.  Name of Employer Winchester Medical Associates  Receipt For:  Primary General Other (specify)	State KY  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 9
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1200.00

	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)    X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) James M. Donley, Md  Mailing Address 5002 Lago Dr  City  Madisonville  FEC ID number of contributing federal political committee.  Name of Employer Center for Orthopaedic Se-	State KY C		Date of Receipt  0 9 3 0 2 0 1 0  Transaction ID: AAF0F2F523D4B4635B3A  Amount of Each Receipt this Period  1000.00
	Receipt For:  Primary  Other (specify)		oloyed physician  • Year-to-Date ▼  1000.00	
В.	Full Name (Last, First, Middle Initial) David E. Jones Mailing Address 1236 Woodbridge Tra  City Owensboro  FEC ID number of contributing federal political committee.  Name of Employer Physicians Eye Center	State KY C Occupation Physician		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	Date of Receipt
C.	Christopher A. Heeb, Md  Mailing Address 2900 Chancellor Dr  City  Crestview Hills  FEC ID number of contributing federal political committee.  Name of Employer Internal Medicine of Northern KY  Receipt For:  Primary General  Other (specify) ▼	State KY  C  Occupation Physician Aggregate		Date of Receipt    M M   D D D   2 0 1 0
	SUBTOTAL of Receipts This Page (optional)			2500.00

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)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (K	entucky Physicians PAC Federal-KPPA	C Federal)
Full Name (Last, First, Middle Initial) Gordon R. Tobin, II MD  Mailing Address 1505 Northwind Rd		Date of Receipt  0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: A5ADEF428CBBC4756A64
Louisville FEC ID number of contributing federal political committee.	KY 40207-1636	Amount of Each Receipt this Period  1000.00
Name of Employer University Surgical Assoc- iates PSC	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	16500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 15/19
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentu	ucky Physicians PAC Fed	eral-KPPAC F	ederal)	
Full Name (Last, First, Middle Initial)			Transaction ID:	B033DDB752E5D4B2A
Marshall E. White, III			Date of Disbursem	
Mailing Address 1304 S. 6th St			07 01	2010
City Louisville	State Zip Code KY 40208-2248		Amount of Each Di	sbursement this Period
Purpose of Disbursement	40200-2240			100.00
July Political Consultant Fee				
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate	ement For: Primary General			
President	Other (specify)			
State: District:	_			
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: Date of Disbursement	BB5920ACC6EC147BA
Mailing Address 4965 US Highway 42 Suite 2000			07 01	
City	State Zip Code		Amount of Each Di	sbursement this Period
Louisville Purpose of Disbursement	KY 40222-6379			691.00
July Admin Fee				
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: Date of Disbursement	B84CCA9F69E7F475D ent
Mailing Address 4965 US Highway 42 Suite 2000			$\begin{bmatrix} 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \end{bmatrix}$	<sup>'</sup> 2010 <sup>'</sup>
City Louisville	State Zip Code KY 40222-6379		Amount of Each Di	sbursement this Period
Purpose of Disbursement	10222 0070			10.28
Reimburse Domain Name Expense  Candidate Name		Category/		
		Type		
Office Sought: House Disburs Senate	ement For:    Primary   General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		801.28
TOTAL This Period (last page this line number only	)			

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for commercial purposes of soliciting contributions from such common for for commercial purposes of soliciting contributions from such common for for purpose of soliciting contributions from such common for for person for the purpose of soliciting contributions from such common for for person for the purpose of soliciting contributions from such common for for person for the purpose of soliciting contributions from such common for for person for the purpose of soliciting contributions from such common for for purpose of soliciting contributions from such common for for purpose of soliciting contributions from such common for purpose of soliciting contributions from such contributions from such common for purpose of soliciting contributions from such contributions from suc	E 16/19		FOR LINE N	eparate schedule(s) ch category of the	y Use se	BURSEMEN	
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address	25 26 29 30b				Detaile	BONGEMEN	TEIMIZED DIC
Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)							
Mailing Address		ederal)	eral-KPPAC Fe	sicians PAC Fede	C (Kentucky Phy	, ,	\
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City Suite 2000  City State Zip Code KY 40222-6379  Purpose of Disbursement Remaining Portion of July Admin Fee Candidate Name  Office Sought: House President Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Suite 2000  City Suite 2000  City Suite 2000  City Category/ Type  Office Sought: House President Other (specify) ▼  Amount of Each Disbursement For: Senate Primary General Date of Disbursement For: Suite 2000  City Suite 2000  City Senate President Other (specify) ▼  Amount of Each Disbursement August 2010 Admin Fee Candidate Name  Office Sought: House President Other (specify) ▼  Category/ Type  Transaction ID: B071B5B Date of Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Senate Frimary General Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: B071B5B Date of Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	YYYY					cal Association	Kentucky Medic
Louisville KY 40222-6379  Purpose of Disbursement Remaining Portion of July Admin Fee  Candidate Name  Disbursement For:  Senate President Primary Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement Disbursement  Mailing Address 4965 US Highway 42 Suite 2000  City Louisville KY 40222-6379  Purpose of Disbursement August 2010 Admin Fee Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought Amount of Each Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Office Sought: Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	ž 0 Ĭ 0 Š	07 30 20			ay 42		Mailing Address
Remaining Portion of July Admin Fee Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City Suite 2000  City State Zip Code KY 40222-6379  Purpose of Disbursement August 2010 Admin Fee Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: B071BSB Date of Disbursement  Office Sought: Amount of Each Disbursement  Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City State Zip Code KY 40208-2248  Purpose of Disbursement  August 2010 Political Consultant Fee Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: BC0E29C Date of Disbursement  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St  Office Sought: First, Middle Initial Mailing Address 1304 S. 6th St	ent this Period	Amount of Each Disbursement th					
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Mailing Address 4965 US Highway 42  City Suite 2000  City Louisville KY 40222-6379  Purpose of Disbursement August 2010 Admin Fee  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City Gategory/ Type  Transaction ID: BC0E290 Date of Disbursement Por:  State: District:  Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City 40222-6379  Primary General Other (specify) ▼  Transaction ID: BC0E290 Date of Disbursement MM				· · · · ·			
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August 2010 Admin Fee  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City State Zip Code KY 40208-2248  Purpose of Disbursement August 2010 Political Consultant Fee Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Other (specify) ▼  Category/ Type	ent this Period	Amount of Each Disbursement th					•
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City State Zip Code KY 40208-2248  Purpose of Disbursement August 2010 Political Consultant Fee Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Position ID: BC0E29C Date of Disbursement  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  1  Office Sought: Primary General Other (specify) ▼	735.00	735					
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City State Zip Code KY 40208-2248  Purpose of Disbursement August 2010 Political Consultant Fee Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Disbursement For: Senate Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) Marshall E. White, III  Mailing Address 1304 S. 6th St  City State Zip Code Louisville KY 40208-2248  Purpose of Disbursement August 2010 Political Consultant Fee  Candidate Name  Disbursement For: Senate Primary General Other (specify)  Other (specify)				General	Primary	Senate President	Ü
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Louisville KY 40208-2248  Purpose of Disbursement August 2010 Political Consultant Fee  Candidate Name  Category/ Type  Office Sought: Disbursement For: Senate Primary General President Other (specify) ▼	2010	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & 0 \end{smallmatrix}$				1304 S. 6th St	Mailing Address
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Office Sought:    House						odi Obribuitarit i 66	
			. ,,,,	General	Primary	Senate	Office Sought:
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LI	PAGE 17/19	
	Detailed Summary Page	X 21b		3 24 25 26 8b 28c 29 30b
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NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Kentu	cky Physicians PAC Fede	eral-KPPA	C Federal)	
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction Date of Disb	
Mailing Address 1304 S. 6th St			09 /	10 4 2010
City Louisville	State Zip Code KY 40208-2248		Amount of E	ach Disbursement this Period
Purpose of Disbursement Political Consultant Fee Sept 2010			Ţ L	100.00
Candidate Name		Category/ Type		
Senate President	ement For:  Primary General  Other (specify)			
State: District:  Full Name (Last, First, Middle Initial)  Kentucky Medical Association			Transaction Date of Disb	ID: BF029F7883F6A42909
Mailing Address 4965 US Highway 42 Suite 2000			0 9 M	$\begin{bmatrix} \begin{smallmatrix} D & D \\ \end{smallmatrix} & 1 & 0 \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ \end{smallmatrix} & 2 & 0 & 1 & 0 \end{bmatrix}^Y$
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Candidate Name		Category/ Type	-	
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Mailing Address 4965 US Highway 42 Suite 2000			0 9 M	<sup>D</sup> 1 0
	State Zip Code KY 40222-6379		Amount of E	ach Disbursement this Period
Purpose of Disbursement Reimburse Postage Expense		• •	<u> </u>	34.32
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		1	<u> </u>	869.32
TOTAL This Period (last page this line number only)		1	<u> </u>	edule B ( Form 3X) (Revised 02/

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 21b 22 2	PAGE 18 / 19 23 24 25 26
Any Information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by	any person for the purpose	Š į
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (K			ins from such committee
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane		Transaction Date of Dis	n ID: BD1C0847BE7DB458981
City Louisville	State Zip Code KY 40222-6240	Amount of	Each Disbursement this Period
Purpose of Disbursement September 2010 Merchant Fees			24.23
Candidate Name	C	ategory/ Type	
Office Sought: House Dist Senate President	oursement For:  Primary General  Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	24.23
TOTAL This Period (last page this line number only)	<u> </u>	2573.83

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU	JMBER: PAGE 19/19
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem- or for commercial purposes, other than using the name			
	and address of any political co	ininititee to solicit	CONTINUED TO TO SUCH COMMITTEE
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Kentucky)	cky Physicians PAC Feder	al-KPPAC Fed	eral)
Full Name (Last, First, Middle Initial)		1	Fransaction ID: BAE0DBACAD2D544549E
Kentucky Medical Association PAC (Kentuc PAC Federal-KPPAC Federal)	cky Physicians	I	Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 1 & 0 & Y \end{smallmatrix} \end{bmatrix}$
•	State Zip Code KY 40222	,	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of funds to State Account			25250.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  Kentucky Medical Association PAC (Kentuce PAC Federal-KPPAC Federal)	cky Physicians		Fransaction ID: B89C8212EBE88414DA22 Date of Disbursement
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	State Zip Code KY 40222	,	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of Funds to State Account	Γ		5000.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	30250.00
		2222
TOTAL This Period (last page this line number only)	•	30250.00