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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Au	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
KENTUCKY MEDICAL A	ASSOCIATION PAC (KEI	NTUCKY PHYSICIANS P	AC FEDERAL-K	PPAC FEDERAL)
ADDRESS (number and street)	9300 SHELBYVILLE ROAL) 		
▼	SUITE 800			
Check if different than previously reported. (ACC)	LOUISVILLE		LKY L	40222
2. FEC IDENTIFICATION N	NUMBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00016444		IS THIS REPORT (N) C	R AME	NDED
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (ar 20 (M3) Jun 20 (M		Year Only) Dec 20 (M12)
(a) Quarterly Reports:	An	r 20 (M4) Jul 20 (M	7) Oct 20	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report	(Q1)		-	
July 15 Quarterly Report	(Q2) (C) 12-Day PRE-Election	Primary (12P)	General (1	
October 15 Quarterly Report	Report for the:	Convention (12C)	Special (12	!S)
January 31 Year-End Report		on on	/ Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30	R) Special (30S)
Termination Repo (TER)	rt .	on on	/ Y = Y = Y = Y	in the State of
5. Covering Period	07	through 12	M / D D /	2019
I certify that I have examined		f my knowledge and belief it i	s true, correct and	complete.
Type or Print Name of Treasur	morgan, anne-tyler, , , rer			
Signature of Treasurer	rgan, anne-tyler, , ,	[Electronically Filed]	Date 01	/ 31 / Y Y Y Y Y Y Z 2020
NOTE: Submission of false, erro	oneous, or incomplete information	on may subject the person signi	ng this Report to the	penalties of 52 U.S.C. § 30109
Office				FEC FORM 3X
Use Only				Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

07 01 2019 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 27914.93 January 1. 2019 (b) Cash on Hand at 27914.93 Beginning of Reporting Period..... 23105.44 23105.44 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 51020.37 51020.37 6(a) and 6(c) for Column B)..... 30542.24 30542.24 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 20478.13 20478.13 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY 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. 05/2016)

Write or Type Committee Name

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

R	eport Covering the Period: From:	01 / 2019 To	: 12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	17375.66	17375.66
	(ii) Unitemized(iii) TOTAL (add	4726.98	4726.98
	Lines 11(a)(i) and (ii)	22102.64	22102.64
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	1000.00	1000.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	23102.64	23102.64
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
47	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	2.80	2.80
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (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))▶	23105.44	23105.44
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	23105.44	23105.44

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Toda to Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	4 4				
Expenditures (c) Total Operating Expenditures	11042.24	11042.24			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	11042.24	11042.24			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees	0.00	0.00			
and Other Political Committees	19500.00	19500.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00				
(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	4 4	1 1 4 1 4			
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		4 4			
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	200	000			
(c) Total Federal Election Activity (add	0.00	0.00			
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))	30542.24	30542.24			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	30542.24	30542.24			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 23102.64 23102.64 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 23102.64 23102.64 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 11042.24 11042.24 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 11042.24 11042.24 (subtract Line 37 from Line 36)

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

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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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name alvarado, ralph, , Dr., Date of Receipt Mailing Address 3520 mcclure road 2019 16 City Zip Code State Transaction ID: SA11AI.4177 KY winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) winchester medical associates physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** alvarado, ralph, , Dr., Date of Receipt Mailing Address 3520 mcclure road 10 15 2019 City State Zip Code Transaction ID: SA11AI.4242 KY winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) winchester medical associates credit card contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** beattie, james, , , Date of Receipt Mailing Address 250 park st. 23 2019 City Zip Code State Transaction ID: SA11AI.4204 KY bowling green 42101 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contribution The Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer (for Individual)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Frank R. Burns MD, PLC

Receipt For:

C

Primary

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

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Memo Item

credit card contribution

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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name bhatia, aneeta, , , Date of Receipt Mailing Address 200 abraham flexner way 2nd floor 2019 City Zip Code State Transaction ID: SA11AI.4206 KY 40202 louisville Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UofL Physicians - Anesthes. Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. burns, frank, , dr, Date of Receipt Mailing Address 13324 shelbyville rd. 09 16 2019 City State Zip Code Transaction ID: SA11AI.4179 KY louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Other (specify) ▼	4	249.99	
Full Name of Individual (Last, First, Middle Iniburns, frank, , dr, Mailing Address 13324 shelbyville rd.	tial) or Full Orga	anization Name	Date of Receipt 10 15 2019
City	State	Zip Code	Transaction ID : SA11AI.4248
louisville	KY	40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Frank R. Burns MD, PLC	Physici	an	credit card contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 333.32	
			466 66

Occupation (for Individual)

Physician

Aggregate Year-to-Date ▼

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name burns, frank, , dr, Date of Receipt Mailing Address 13324 shelbyville rd. 2019 15 City Zip Code State Transaction ID: SA11AI.4271 KY louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Frank R. Burns MD. PLC Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 416.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. burns, frank, , dr, Date of Receipt Mailing Address 13324 shelbyville rd. 15 2019 City State Zip Code Transaction ID: SA11AI.4272 KY Iouisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Frank R. Burns MD, PLC Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 499.98 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** clark, kelly, , , Date of Receipt Mailing Address PO Box 86 23 2019 City Zip Code State Transaction ID: SA11AI.4210 KY glenview 40025 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contribution unknown physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.66 SUBTOTAL of Receipts This Page (optional).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name couch, robert, , dr., mba Date of Receipt Mailing Address 10606 Hobbs Station Rd. 16 2019 City Zip Code State Transaction ID: SA11AI.4181 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emergency Med Spec. Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. couch, robert, , dr., mba Date of Receipt Mailing Address 10606 Hobbs Station Rd. 10 15 2019 City State Zip Code Transaction ID: SA11AI.4250 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emergency Med Spec. Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 333.36 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** couch, robert, , dr., mba Date of Receipt Mailing Address 10606 Hobbs Station Rd. 18 2019 City State Zip Code Transaction ID: SA11AI.4282 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit cd contribution Southern Emergency Med Spec. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name dave, aroona, , , Date of Receipt Mailing Address 807 shamrock dr 2019 City Zip Code State Transaction ID: SA11AI.4212 KY madisonville 42431 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired homemaker ck. 5670 contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. jones, kathryn, , , Date of Receipt Mailing Address 120 amiens blvd 2019 City State Zip Code Transaction ID: SA11AI.4190 KY winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) clark regional med ctr credit card contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** jones, shawn, , , Date of Receipt Mailing Address 8 W. Vale 80 2019 City Zip Code State Transaction ID: SA11AI.4167 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) check no. 6047 contribution Baptist Health Med. Grp. Purch Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name kuduk, michael, , , Date of Receipt Mailing Address 800 Rose St. 2019 City Zip Code State Transaction ID: SA11AI.4214 KY Lexington 40536 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Children's Hospital Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. lydon, eric, , , Date of Receipt Mailing Address 4010 dupont circle ste 300 16 2019 City State Zip Code Transaction ID: SA11AI.4183 KY Iouisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sensible Psychiatric Svcs. Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** lydon, eric, , , Date of Receipt Mailing Address 4010 dupont circle ste 300 15 2019 City State Zip Code Transaction ID: SA11AI.4252 KY louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit cd contribution Sensible Psychiatric Svcs. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name lydon, eric, , , Date of Receipt Mailing Address 4010 dupont circle ste 300 2019 15 City Zip Code State Transaction ID: SA11AI.4275 KY louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sensible Psychiatric Sycs. Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. lydon, eric, , , Date of Receipt Mailing Address 4010 dupont circle ste 300 16 2019 City State Zip Code Transaction ID: SA11AI.4295 KY Iouisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sensible Psychiatric Svcs. Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** monnig, william, , , Date of Receipt Mailing Address 111 crystal In 23 2019 City State Zip Code Transaction ID: SA11AI.4216 KY covington 41015 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ck 180 contribution The Urology Group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name oakley, judy, , , Date of Receipt Mailing Address 205 Bellefonte dr. 15 2019 City Zip Code State Transaction ID: SA11AI.4255 KY ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired homemaker credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** oakley, maurice, , , Date of Receipt Mailing Address 1901 Winchester Ave. Ste.102 10 15 2019 City State Zip Code Transaction ID: SA11AI.4256 KY ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Ctr. Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** oghia, H. Michael, , , Date of Receipt Mailing Address 100 Medical Center Dr. 18 2019 Zip Code City State Transaction ID: SA11AI.4283 KY Hazard 41701 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contribution Hazard ARH Regional Medical Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATI	ION PAC (KEN	ITUCKY PHYSICIANS	PAC FEDERAL-KPPAC FEDERAL)
Full Name of Individual (Last, First, Middle In oghia, H. Michael, , , Mailing Address 100 Medical Center Dr.	nitial) or Full Orgar	nization Name	Date of Receipt
			12 18 2019
City	State	Zip Code	Transaction ID : SA11AI.4301
Hazard	KY	41701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occupat	ion (for Individual)	Memo Item
Hazard ARH Regional Medical	Physicia	an	credit card contrib.
Receipt For: Primary General	Aggregate Yea		
Other (specify) ▼		300.00	
Full Name of Individual (Last, First, Middle In Padgett, Patrick, , Dr.,	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 7013 Shallow Lake Rd.	lo		07 02 7 2019
City	State	Zip Code 40059	Transaction ID : SA11AI.4100
Prospect	IXI	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Kentucky Medical Association		ion (for Individual) ve Vice President	Memo Item Check 3207 Contribution
Receipt For:	Aggregate Yea	r-to-Date ▼	
Primary General Other (specify) ▼	4	1000.00	
Full Name of Individual (Last, First, Middle In papp, charles, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 2620 wilhite dr			11 15 2019
City	State	Zip Code	Transaction ID : SA11AI.4277
lexington	KY	40503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupat	ion (for Individual)	Memo Item
colorectal surg and gastro.	physicia	n .	credit cd contribution
Receipt For:	Aggregate Yea	r-to-Date ▼	
Primary General Other (specify)	7	300.00	
SUBTOTAL of Receipts This Page (optional)			1150.00
TOTAL This Period (last page this line number	only)		

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name papp, charles, , , Date of Receipt Mailing Address 2620 wilhite dr 2019 16 City Zip Code State Transaction ID: SA11AI.4297 KY lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) colorectal surg and gastro. physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** park, richard, , , Date of Receipt Mailing Address 565 centre view blvd 2019 City State Zip Code Transaction ID: SA11AI.4194 KY ft mitchell 41017 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AppleGate Recovery physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** payne, vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 11 2019 City State Zip Code Transaction ID: SA11AI.4173 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) paypal contribution **CVS Health** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name payne, vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 2019 City Zip Code State Transaction ID: SA11AI.4240 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CVS Health** Physician paypal contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. payne, vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 2019 11 City State Zip Code Transaction ID: SA11AI.4269 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CVS Health** Physician paypal contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** payne, vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 11 2019 City Zip Code State Transaction ID: SA11AI.4289 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) paypal contribution **CVS Health** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)			I	,	I	,	Ξ	30	0.00	
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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 MEDICAL ASSOCIATION	TION PAC (KENTUCKY PHYSICIANS F	PAC FEDERAL-KPPAC FEDERAL)
Full Name of Individual (Last, First, Middle perry, truman, , , Mailing Address 121 bishop st	Initial) or Full Organization Name	Date of Receipt
Maining Address 121 bishop St		09 23 2019
City	State Zip Code	Transaction ID : SA11AI.4220
corbin	KY 40701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) barton watts and perry psc	Occupation (for Individual) physician	Memo Item credit card contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle 3. potter, john, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 700 13th St.		08 16 2019
City	State Zip Code	Transaction ID : SA11AI.4150
Ashland	KY 41101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Ashland Children's Clinic	Occupation (for Individual) Physician	Memo Item Check No. 8946 Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle c. rowe, ricky, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 203 cambridge station rd.		09 24 2019
City	State Zip Code	Transaction ID : SA11AI.4232
louisville	KY 40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) emcare	Occupation (for Individual) physician	Memo Item credit card contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional).		1050.00
TOTAL This Period (last page this line numb	<u>^</u>	

SUBTOTAL of Receipts This Page (optional).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name sosnin, barry, brian, , Date of Receipt Mailing Address 1019 commerce pkwy 2019 City Zip Code State Transaction ID: SA11AI.4197 KY la grange 40031 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) baptist health lagrange family physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. stack, steven, joseph, , Date of Receipt Mailing Address 2083 bridgeport dr 2019 City State Zip Code Transaction ID: SA11AI.4164 KY **lexington** 40502 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CHI St. Joseph Health-East Physician paypal contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** stewart, john, , , Date of Receipt Mailing Address 4200 lawrenceburg rd 10 2019 City State Zip Code Transaction ID: SA11AI.4266 KY frankfort 40601 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ck 12182 contribution steward home and school doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1100.00

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name swikert, donald, , , Date of Receipt Mailing Address 413 s loop rd 2019 15 City Zip Code State Transaction ID: SA11AI.4259 KY edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Family Practice Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 269.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** swikert, donald, , , Date of Receipt Mailing Address 413 s loop rd 15 2019 11 City State Zip Code Transaction ID: SA11AI.4278 KY edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Family Practice Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 342.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** swikert, donald, , , Date of Receipt Mailing Address 413 s loop rd 16 2019 Zip Code City State Transaction ID: SA11AI.4298 KY edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 72.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit cd contrib. St. Elizabeth Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 414.00 Other (specify) 218.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name swikert, nancy, , , Date of Receipt Mailing Address 10003 country hills ct 2019 16 City Zip Code State Transaction ID: SA11AI.4186 KY union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired physician credit card contrbution Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. swikert, nancy, , , Date of Receipt Mailing Address 10003 country hills ct 10 15 2019 City State Zip Code Transaction ID: SA11AI.4260 KY union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired credit cd contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 292.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** swikert, nancy, , , Date of Receipt Mailing Address 10003 country hills ct 15 2019 City State Zip Code Transaction ID: SA11AI.4279 KY union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit cd contribution retired physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name swikert, nancy, , , Date of Receipt Mailing Address 10003 country hills ct 2019 16 City Zip Code State Transaction ID: SA11AI.4299 KY union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 72.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired physician credit cd contrib. Receipt For: Aggregate Year-to-Date ▼ Primary General 437.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** tobin, gordon, , , Date of Receipt Mailing Address 401 e chestnut st. ste. 790 2019 City State Zip Code Transaction ID: SA11AI.4199 KY Iouisville 40202 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) U of L physicians - plastic physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** waid, thomas, , , Date of Receipt Mailing Address 4768 firebrook blvd. 16 2019 City State Zip Code Transaction ID: SA11AI.4187 KY lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contribution **UK Healthcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 405.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name waid, thomas, , , Date of Receipt Mailing Address 4768 firebrook blvd. 2019 15 City Zip Code State Transaction ID: SA11AI.4261 KY lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UK Healthcare** Physician credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. waid, thomas, , , Date of Receipt Mailing Address 4768 firebrook blvd. 15 2019 City State Zip Code Transaction ID: SA11AI.4280 KY lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UK Healthcare Physician credit cd contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** waid, thomas, , , Date of Receipt Mailing Address 4768 firebrook blvd. 16 2019 City State Zip Code Transaction ID: SA11AI.4300 KY lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contrib. **UK Healthcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name white, john, robert, , Date of Receipt Mailing Address 166 Pasadena Dr. Ste. 100 2019 09 City Zip Code State Transaction ID: SA11AI.4171 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Baptist Health Pulmonary Crit. Physician paypal contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** wicker, mitchell, , , Jr. Date of Receipt Mailing Address 181 roy campbell dr. 2019 P.O. Box 719 City State Zip Code Transaction ID: SA11AI.4148 KY hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic paypal contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** wicker, mitchell, , , Jr. Date of Receipt Mailing Address 181 roy campbell dr. 02 2019 P.O. Box 719 City State Zip Code Transaction ID: SA11AI.4166 KY hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) paypal contribution Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Other (specify)		450.00	
Full Name of Individual (Last, First, Middle In wicker, mitchell, , , Jr.	ganization Name	Date of Receipt	
Mailing Address 181 roy campbell dr. P.O. Box 719			10 14 2019
City	State	Zip Code	Transaction ID : SA11AI.4241
hazard	KY	41702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Hazard Clinic	Physi	cian	paypal contribution
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 525.00	

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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 MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name wicker, mitchell, , , Jr. Date of Receipt Mailing Address 181 roy campbell dr. 2019 P.O. Box 719 City State Zip Code Transaction ID: SA11AI.4268 KY hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician paypal contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** wicker, mitchell, , , Jr. Date of Receipt Mailing Address 181 roy campbell dr. 2019 P.O. Box 719 City State Zip Code Transaction ID: SA11AI.4288 KY hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic paypal contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 675.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** wicker, mitchell, , , Jr. Date of Receipt Mailing Address 181 roy campbell dr. 20 2019 P.O. Box 719 City State Zip Code Transaction ID: SA11AI.4303 KY hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) credit card contrib. Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name of Individual (Last, First, M wright, r. brent, , ,	ddle Initial) or Full Organiz	zation Name	Date of Receipt				
Mailing Address 104 northwood dr			09 15	2019			
City glasgow	State XY	Zip Code 42141	Transaction ID : SA11 Amount of Each Receip				
FEC ID number of contributing federal political committee.	C			1250.00			
Name of Employer (for Individual) U of L Glasgow Family Med. Receipt For: Primary General	Occupation Physician Aggregate Year-		Memo Item credit card contribution				
Other (specify) ▼		1250.00					
B. Wright, r. brent, , , Mailing Address 104 northwood dr	iddle Initial) or Full Organiz	zation Name	Date of Receipt	2019			
City		Zip Code	10 15 Transaction ID : SA11				
glasgow FEC ID number of contributing federal political committee.	С	42141	Amount of Each Receip	t this Period 1250.00			
Name of Employer (for Individual) U of L Glasgow Family Med.	Occupation Physician	Memo Item credit card contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 2500.00					
Full Name of Individual (Last, First, MC. wright, r. brent, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						
Mailing Address 104 northwood dr			Date of Receipt	2019			
City glasgow	State Z	Zip Code 42141	Transaction ID : SA11 Amount of Each Receip				
FEC ID number of contributing federal political committee.	С			1250.00			
Name of Employer (for Individual) U of L Glasgow Family Med.	Physician		Memo Item credit cd contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 3750.00					
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TOTAL This Period (last page this line)	number only)						

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NAME OF COMMITTEE (In Full)	ON PAC (KENTUCKY PHYSICIANS P	
Full Name of Individual (Last, First, Middle In wright, r. brent, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 104 northwood dr		12 18 2019
City	State Zip Code KY 42141	Transaction ID : SA11AI.4302
glasgow FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
U of L Glasgow Family Med.	Physician	credit card contrib.
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	
3. yun, john, , ,		Date of Receipt
Mailing Address 101 financial pl ste. 104		09 21 2019
City	State Zip Code	Transaction ID : SA11AI.4201
elizabethtown	KY 42701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) heartland ent & allergy	Occupation (for Individual) physician	Memo Item credit card contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
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FEC ID number of contributing federal political committee.	C	Allocate of Each Flooring time Fortical
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	only)	17375.66

	TOTAL ROMBERS								39	
Use separate schedule(s) for each category of the	(ch	eck only	or or	ne)						
Detailed Summary Page		11a		11b	X	11c		12		
Johanna Janimary : age		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Citizens for Affordable Healthcare Date of Receipt Mailing Address 375 Thomas More Pkwy. 2019 Ste, 209 16 City Zip Code State Transaction ID: SA11C.4304 KY Crestview Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ck 283 contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

SC	HEDULE B (FEC Form 3X)			EOD LINE	NE NUMBER: PAGE 29 OF 39				
	MIZED DISBURSEMENTS		arate schedule(s)	(check only	E NOMBER.				
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	r information copied from such Reports and States or commercial purposes, other than using the nar								
I \	NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION	PAC (KE	NTUCKY PHY	/SICIANS PA	AC FEDERAL-KPPAC FEDERAL)				
<u>/</u>	Full Name (Last, First, Middle Initial)								
	kentucky medical association				Date of Disbursement				
_	Mailing Address 9300 shelbyville rd. ste. 850				07 15 2019				
	,	State KY	Zip Code 40222		FEC Identification Number				
	ouisville Purpose of Disbursement	K1	40222						
	monthly admin fee			001	C				
(Candidate Name			Category/ Type	Transaction ID: SB21B.4309 Amount of Each Disbursement this Period				
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	Senate President	Primary Other (spe	General						
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F	Full Name (Last, First, Middle Initial)								
_	kentucky medical association				Date of Disbursement				
_	Mailing Address 9300 shelbyville rd. ste. 850				07 22 2019				
ı	ouisville	State KY	Zip Code 40222		FEC Identification Number				
F	Purpose of Disbursement reimb. for GoDaddy Domain			001	C Transaction ID : SB21B.4310				
7	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
(Office Sought: House Disburse Senate	ment For: Primary	General	71	21.17				
	President District:	Other (spe			Memo Item				
	Full Name (Last, First, Middle Initial)				_				
_	kentucky medical association				Date of Disbursement				
1	Mailing Address 9300 shelbyville rd.				07 22 7 2019				
	City ouisville	State KY	Zip Code 40222		FEC Identification Number				
Ī	Purpose of Disbursement reimb. for conference call line			001	C Transaction ID : SB21B.4311				
(Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Ō	Office Sought: House Disburse	ment For:		71: -	15.05				
	Senate	Primary	General		T T T T T T T T T T T T T T T T T T T				
	President State: District:	Other (spe	cify) ▼		Memo Item				
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	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	L HOMBELL					
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\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	KENTUCKY MEDICAL ASSOCIATION	PAC (KEI	NTUCKY PH	YSICIANS PA	AC FEDERAL-KPPAC FEDERAL)					
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	Full Name (Last, First, Middle Initial)									
A.	kentucky medical association				Date of Disbursement					
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	Mailing Address 9300 shelbyville rd. ste. 850				08 15 2019					
	City	State	Zip Code							
	louisville	KY	40222		FEC Identification Number					
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	monthly admin fee			001	Transaction ID : SB21B.4312					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
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	President State: District:	Other (spec	city) 🔻		Memo Item					
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В.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
٠.	kentucky medical association									
	Mailing Address 9300 shelbyville rd.				08 31 2019					
	ste. 850				2010					
	City		FEC Identification Number							
	louisville	KY	40222		C C					
	Purpose of Disbursement reimb of postage fees			001						
				001	Transaction ID : SB21B.4313					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
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C.	kentucky medical association				Date of Disbursement					
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	Mailing Address 9300 shelbyville rd.				08 31 2019					
	ste. 850		T							
	,	State	Zip Code		FEC Identification Number					
	louisville Purpose of Disbursement	KY	40222							
	reimb for monthly design software subscrip.			001	C					
	Candidate Name				Transaction ID: SB21B.4314 Amount of Each Disbursement this Period					
				Category/ Type	, another Lacit Dispulsement this Fellou					
	Office Sought: House Disburse	ment For:			9.95					
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	President	Other (spec	cify) ▼		Memo Item					
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 OF 3						
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\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	KENTUCKY MEDICAL ASSOCIATION	PAC (KEI	NTUCKY PH	YSICIANS PA	AC FEDERAL-KPPAC FEDERAL)					
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		State	Zip Code							
	louisville	KY	40222		FEC Identification Number					
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	monthly admin fee			001	Transaction ID : SB21B.4315					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
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		ment For:			796.00					
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В.	kentucky medical association				Date of Disbursement					
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	Mailing Address 9300 shelbyville rd. ste. 850				09 30 2019					
			CCC Identification Number							
	louisville	State KY	Zip Code 40222		FEC Identification Number					
	Purpose of Disbursement									
	reimb for meeting contributor ribbons			001	Transaction ID : SB21B.4316					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
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		ment For:	Conord		23.74					
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C	kentucky medical association				Date of Disbursement					
٠.	REHITUCKY HIGUICAI ASSUCIATION				M M / D D / Y Y Y Y					
	Mailing Address 9300 shelbyville rd.				09 30 2019					
	ste. 850									
	,	State	Zip Code		FEC Identification Number					
	louisville	KY	40222							
	Purpose of Disbursement reimb for monthly subscrip software			004	C					
	Candidate Name			001	Transaction ID : SB21B.4317					
	Canadato Namo			Category/ Type	Amount of Each Disbursement this Period					
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	President	Other (spec			Manage Barra					
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s	SUBTOTAL of Disbursements This Page (optional)				829.69					
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SCHEDULE B	(FEC Form 3X)			EOD LINE	NE NUMBER: PAGE 32 OF 39					
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					son for the purpose of soliciting contributions to solicit contributions from such committee.					
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		PAU (NE	INTOCKT PH	I SICIANS P	PAC FEDERAL-KPPAC FEDERAL)					
Full Name (Last, Fine A. kentucky med					Date of Disbursement					
Kerilucky IIIel	uicai assucialiuii				M M / D D / Y Y Y Y Y					
•	Mailing Address 9300 shelbyville rd. ste. 850				10 15 2019					
City		State KY	Zip Code		FEC Identification Number					
louisville Purpose of Disburse	ement	IX I	40222		C					
monthly admin fee	-				Transaction ID : SB21B.4318					
Candidate Name				Category/	Amount of Each Disbursement this Period					
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Since Sought.	Senate	Primary	General							
01-1-	President	Other (spe	ecify) 🔻		Memo Item					
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Full Name (Last, Fine B. kentucky med	rst, Middle Initial) dical association				Date of Disbursement					
	นเบลเ ผรรบบเสแบบ				M = M / D = D / Y = Y = Y					
Mailing Address 93	300 shelbyville rd. e. 850				10 31 2019					
City louisville		State KY	Zip Code 40222		FEC Identification Number					
Purpose of Disburse	Purpose of Disbursement		TOLLL		C					
reimb for solicitation	n printing			001	Transaction ID : SB21B.4319					
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C. kentucky med	dical association				Date of Disbursement					
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City		State	Zip Code		FEC Identification Number					
louisville Purpose of Disburse	ement	KY	40222		C					
reimb for fedex				001	Transaction ID : SB21B.4320					
Candidate Name				Category/	Amount of Each Disbursement this Period					
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 33						
ITEMIZED DISBURSEMENTS			Use separate schedule(s) (check		NE NUMBER: PAGE 33 OF 39 only one)					
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	y information copied from such Reports and States for commercial purposes, other than using the nar									
\rangle	NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION	PAC (KE	NTUCKY PH	YSICIANS PA	AC FEDERAL-KPPAC FEDERAL)					
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Α.	Full Name (Last, First, Middle Initial) kentucky medical association	Date of Disbursement								
	Mailing Address 9300 shelbyville rd. ste. 850	10 31 2019								
	,	State	Zip Code		FEC Identification Number					
	louisville Purpose of Disbursement	KY	40222							
	design software subscrip reimbursement			001	C					
	Candidate Name			Category/ Type	Transaction ID: SB21B.4321 Amount of Each Disbursement this Period					
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	Senate President	Primary Other (spe	General cify) ▼		Memo Item					
_	State: District:				Memo item					
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	Mailing Address 9300 shelbyville rd. ste. 850	10 31 2019								
	City louisville	State KY	Zip Code 40222		FEC Identification Number					
	Purpose of Disbursement reimb for table rental at KMA annual mtg	С								
	Candidate Name			O01 Category/ Type	Transaction ID: SB21B.4322 Amount of Each Disbursement this Period					
	Office Sought: House Disbursel Senate	ment For: Primary	General	71	171.12					
	President State: District:	Other (spe	cify)		Memo Item					
_	Full Name (Last, First, Middle Initial)									
C.	kentucky medical association				Date of Disbursement					
	Mailing Address 9300 shelbyville rd. ste. 850				11 15 2019					
	louisville	State KY	Zip Code 40222		FEC Identification Number					
	Purpose of Disbursement monthly admin fee	001	C Transaction ID : SB21B.4323							
	Candidate Name	Amount of Each Disbursement this Period								
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s	UBTOTAL of Disbursements This Page (optional)				977.07					
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\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	KENTUCKY MEDICAL ASSOCIATION	PAC (KEI	NTUCKY PH	YSICIANS PA	AC FEDERAL-KPPAC FEDERAL)				
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	Full Name (Last, First, Middle Initial)								
A.	kentucky medical association				Date of Disbursement				
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	Mailing Address 9300 shelbyville rd. ste. 850				11 30 2019				
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	Candidate Name			Category/	Amount of Each Disbursement this Period				
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	President	Other (spec	cify)		Memo Item				
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C.	kentucky medical association				Date of Disbursement				
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	Mailing Address 9300 shelbyville rd. ste. 850				12 15 2019				
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	monthly admin fee			001	Transaction ID : SB21B.4326				
	Candidate Name	Category/	Amount of Each Disbursement this Period						
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ste.	•								
City		State	Zip Code		FEC Ide	entification	Number		
louisville Purpose of Disburser	nent	KY	40222						
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Candidate Name				Category/			D: SB21B.4330 Disbursement this Period		
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	Senate President	Primary Other (spe	General						
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Candidate Name	Candidate Name Category/						Disbursement this Period		
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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 to committee to solicit contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Full Name (Last, First, Middle Initial) An inchrayer pilc Mailing Address 201 e main st. ste. 900 City State Prussident District Full Name (Last, First, Middle Initial) Mailing Address 201 o main st. ste. 900 City State District Full Name (Last, First, Middle Initial) District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District Full Name (Last, First, Middle Initial) Candidate Name District District State District Dis	•		Use separate schedule(s) (check of		nly one)				
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10050.00	SUBTOTAL of Disbursements This Page (optional).				3280.55				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION					
Full Name (Last, First, Middle Initial) A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUPAC FEDERAL)	Date of Disbursement				
Mailing Address 9300 SHELBYVILLE ROAD SUITE 800	08 31 2019				
City LOUISVILLE	State Zip Code KY 40222		FEC Identification Number		
Purpose of Disbursement House Republican Caucus Contribution Candidate Name					
House Republican Caucus Comm		Category/ Type	Amount of Each Disbursement this Period 2500.00		
Office Sought: House Disburse Senate President	ement For: 2019 Primary x General Other (specify) ▼		Memo Item		
State: District: Full Name (Last, First, Middle Initial)	-				
3. KENTUCKY MEDICAL ASSOCIATION PAC (KEN' KPPAC FEDERAL)	EDERAL-	Date of Disbursement			
Mailing Address 9300 SHELBYVILLE ROAD SUITE 800	08 31 2019				
City LOUISVILLE	State Zip Code KY 40222		FEC Identification Number		
Purpose of Disbursement House Republican Caucus Contribution		011	Transaction ID : SB23.4359		
House Republican Caucus Comm	Candidate Name House Republican Caucus Committee Category/ Type				
Senate	ement For: 2019 Primary General		2500.00		
State: President District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) C. KENTUCKY MEDICAL ASSOCIATION PAC (KENTKPPAC FEDERAL)	TUCKY PHYSICIANS PAC FE	EDERAL-	Date of Disbursement		
Mailing Address 9300 SHELBYVILLE ROAD SUITE 800		08 31 2019			
City LOUISVILLE Purpose of Disbursement		FEC Identification Number			
Senate Majority Caucus Contribution Candidate Name Sonato Popublican Caucus Comp	011 Category/	Transaction ID : SB23.4360 Amount of Each Disbursement this Period			
<u></u>	Senate Republican Caucus Committee Type Office Sought: House Disbursement For: 2019				
Senate President	Primary ✓ General Other (specify) ✓		Memo Item		
State: District:			_		
SUBTOTAL of Disbursements This Page (optional).		·····•	7500.00		
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF (check only one) 21b 22				
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Full Name (Last, First, Middle Initial) A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUKPPAC FEDERAL) Mailing Address 9300 SHELBYVILLE ROAD SUITE 800	KENTUCKÝ MEDICAL ASSOCIATION PAC (KENTUCKÝ PHYSICIANS PAC FEDERAL-KPPAC FEDERAL) Mailing Address 9300 SHELBYVILLE ROAD					
City LOUISVILLE Purpose of Disbursement general election contribution Candidate Name bevin for kentucky Office Sought: House Disbursem Senate	State Zip Code KY 40222 ment For: 2019 Primary General Other (specify) Zip Code 40222	Transaction ID : SB23.4351 Amount of Each Disbursement this Period 2000.00 Memo Item				
LOUISVILLE Purpose of Disbursement Executive Committee Contribution Candidate Name REPUBLICAN PARTY OF KENTUCO Office Sought: House Disbursem Senate President State: District:	State Zip Code KY 40222	FEC Identification Number C C00156810 Transaction ID: SB23.4362 Amount of Each Disbursement this Period Memo Item				
LOUISVILLE Purpose of Disbursement Leadership Trust Contribution Candidate Name REPUBLICAN PARTY OF KENTU Office Sought: House Senate	State Zip Code KY 40222	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
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