

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street)

9300 SHELBYVILLE ROAD

SUITE 800

Check if different  
than previously  
reported. (ACC)

LOUISVILLE

KY

40222

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00016444

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

morgan, anne-tyler, , ,

Type or Print Name of Treasurer

Signature of Treasurer

morgan, anne-tyler, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
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)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">27914.93</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">27914.93</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">23105.44</span>	<span style="border: 1px solid black; padding: 2px;">23105.44</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">51020.37</span>	<span style="border: 1px solid black; padding: 2px;">51020.37</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">30542.24</span>	<span style="border: 1px solid black; padding: 2px;">30542.24</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">20478.13</span>	<span style="border: 1px solid black; padding: 2px;">20478.13</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

**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 .....

4726.98

4726.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

22102.64

22102.64

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1000.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

23102.64

23102.64

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

2.80

2.80

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total 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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	11042.24	11042.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11042.24	11042.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	19500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30542.24	30542.24
32. 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

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Page 5

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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

**A.** alvarado, ralph, , Dr.,

Mailing Address 3520 mcclure road

City  
winchester

State  
KY

Zip Code  
40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
winchester medical associates

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

100.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** alvarado, ralph, , Dr.,

Mailing Address 3520 mcclure road

City  
winchester

State  
KY

Zip Code  
40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
winchester medical associates

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period

100.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** beattie, james, , ,

Mailing Address 250 park st.

City  
bowling green

State  
KY

Zip Code  
42101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2019

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

500.00

☐ Memo Item  
credit card contribution

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

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

700.00

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. bhatia, aneeta, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2019"/></p> <p><b>Transaction ID : SA11AI.4206</b></p>		
<p>Mailing Address 200 abraham flexner way 2nd floor</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="300.00"/></p>		
<p>City</p> <p>louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40202</p>	<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="300.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>UofL Physicians - Anesthes.</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. burns, frank, , dr,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2019"/></p> <p><b>Transaction ID : SA11AI.4179</b></p>		
<p>Mailing Address 13324 shelbyville rd.</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="83.33"/></p>		
<p>City</p> <p>louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40223</p>	<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="249.99"/></p>		
<p>Name of Employer (for Individual)</p> <p>Frank R. Burns MD, PLC</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. burns, frank, , dr,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2019"/></p> <p><b>Transaction ID : SA11AI.4248</b></p>		
<p>Mailing Address 13324 shelbyville rd.</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="83.33"/></p>		
<p>City</p> <p>louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40223</p>	<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="333.32"/></p>		
<p>Name of Employer (for Individual)</p> <p>Frank R. Burns MD, PLC</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p><input type="text" value="466.66"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p><input type="text" value=""/></p>		

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

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

FOR LINE NUMBER: PAGE 8 OF 39

(check only one)

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NAME OF COMMITTEE (In Full)

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

<b>A. burns, frank, , dr,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 13324 shelbyville rd. City louisville State KY Zip Code 40223 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Frank R. Burns MD, PLC Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.65			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2019 <b>Transaction ID : SA11AI.4271</b> Amount of Each Receipt this Period 83.33 <input type="checkbox"/> Memo Item credit card contribution
<b>B. burns, frank, , dr,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 13324 shelbyville rd. City louisville State KY Zip Code 40223 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Frank R. Burns MD, PLC Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2019 <b>Transaction ID : SA11AI.4272</b> Amount of Each Receipt this Period 83.33 <input type="checkbox"/> Memo Item credit cd contribution
<b>C. clark, kelly, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 86 City glenview State KY Zip Code 40025 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) unknown Occupation (for Individual) physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2019 <b>Transaction ID : SA11AI.4210</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item credit card contribution
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			416.66
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



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

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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

A. couch, robert, , dr., mba

Mailing Address 10606 Hobbs Station Rd.

City  
LouisvilleState  
KYZip Code  
40223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Emergency Med Spec.Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

83.34

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. couch, robert, , dr., mba

Mailing Address 10606 Hobbs Station Rd.

City  
LouisvilleState  
KYZip Code  
40223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Emergency Med Spec.Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period

83.34

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. couch, robert, , dr., mba

Mailing Address 10606 Hobbs Station Rd.

City  
LouisvilleState  
KYZip Code  
40223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Emergency Med Spec.Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2019

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

83.34

☐ Memo Item  
credit cd contribution

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

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

<b>A. dave, aroona, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 807 shamrock dr City madisonville State KY Zip Code 42431 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) retired Occupation (for Individual) homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2019 <b>Transaction ID : SA11AI.4212</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item ck. 5670 contribution	
<b>B. jones, kathryn, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 120 amiens blvd City winchester State KY Zip Code 40391 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) clark regional med ctr Occupation (for Individual) physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2019 <b>Transaction ID : SA11AI.4190</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item credit card contribution	
<b>C. jones, shawn, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8 W. Vale City Paducah State KY Zip Code 42001 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Baptist Health Med. Grp. Purch Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2019 <b>Transaction ID : SA11AI.4167</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item check no. 6047 contribution	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1750.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. kuduk, michael, , ,</b></p> <p>Mailing Address 800 Rose St.</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  09 / 23 / 2019</p> <p><b>Transaction ID : SA11AI.4214</b></p>		
<p>City</p> <p>Lexington</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40536</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>Name of Employer (for Individual)</p> <p>Kentucky Children's Hospital</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. lydon, eric, , ,</b></p> <p>Mailing Address 4010 dupont circle ste 300</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  09 / 16 / 2019</p> <p><b>Transaction ID : SA11AI.4183</b></p>		
<p>City</p> <p>louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40207</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>Name of Employer (for Individual)</p> <p>Sensible Psychiatric Svcs.</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. lydon, eric, , ,</b></p> <p>Mailing Address 4010 dupont circle ste 300</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  10 / 15 / 2019</p> <p><b>Transaction ID : SA11AI.4252</b></p>		
<p>City</p> <p>louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40207</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit cd contribution</p>		
<p>Name of Employer (for Individual)</p> <p>Sensible Psychiatric Svcs.</p>		<p>Occupation (for Individual)</p> <p>Physician</p>	<p>Aggregate Year-to-Date ▼</p> <p>400.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p>500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>					

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

Use separate schedule(s)  
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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

A. lydon, eric, , ,

Mailing Address 4010 dupont circle ste 300

City  
louisvilleState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric Svcs.Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2019

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. lydon, eric, , ,

Mailing Address 4010 dupont circle ste 300

City  
louisvilleState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric Svcs.Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2019

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. monnig, william, , ,

Mailing Address 111 crystal ln

City  
covingtonState  
KYZip Code  
41015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Urology GroupOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2019

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 ck 180 contribution

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

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

1200.00

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

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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

**A. oakley, judy, , ,**

Mailing Address 205 Bellefonte dr.

City  
ashland

State  
KY

Zip Code  
41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period

125.00

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. oakley, maurice, , ,**

Mailing Address 1901 Winchester Ave. Ste.102

City  
ashland

State  
KY

Zip Code  
41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Advanced Eye Care Ctr.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

125.00

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. oghia, H. Michael, , ,**

Mailing Address 100 Medical Center Dr.

City  
Hazard

State  
KY

Zip Code  
41701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard ARH Regional Medical

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2019

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

50.00

☐ Memo Item  
credit card contribution

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

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

300.00

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

Use separate schedule(s)  
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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

A. oghia, H. Michael, , ,

Mailing Address 100 Medical Center Dr.

City  
HazardState  
KYZip Code  
41701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard ARH Regional MedicalOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

50.00

☐ Memo Item  
credit card contrib.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Padgett, Patrick, , Dr.,

Mailing Address 7013 Shallow Lake Rd.

City  
ProspectState  
KYZip Code  
40059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kentucky Medical AssociationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2019

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Check 3207 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. papp, charles, , ,

Mailing Address 2620 wilhite dr

City  
lexingtonState  
KYZip Code  
40503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
colorectal surg and gastro.Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

100.00

☐ Memo Item  
credit cd contribution

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

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

1150.00

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

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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

A. papp, charles, , ,

Mailing Address 2620 wilhite dr

City  
lexingtonState  
KYZip Code  
40503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
colorectal surg and gastro.Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2019

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

100.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. park, richard, , ,

Mailing Address 565 centre view blvd

City  
ft mitchellState  
KYZip Code  
41017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AppleGate RecoveryOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2019

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

500.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. payne, vauhn, , Dr.,

Mailing Address 6713 Regal Rd.

City  
LouisvilleState  
KYZip Code  
40222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS HealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2019

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

100.00

☐ Memo Item  
paypal contribution

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

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

700.00

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

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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

**A. payne, vaughn, , Dr.,**

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

100.00

☐ Memo Item  
paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. payne, vaughn, , Dr.,**

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2019

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

100.00

☐ Memo Item  
paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. payne, vaughn, , Dr.,**

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

100.00

☐ Memo Item  
paypal contribution

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

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

300.00



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

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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

**A. perry, truman, , ,**

Mailing Address 121 bishop st

City  
corbin

State  
KY

Zip Code  
40701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
barton watts and perry psc

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2019

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

300.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. potter, john, , ,**

Mailing Address 700 13th St.

City  
Ashland

State  
KY

Zip Code  
41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Children's Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Check No. 8946 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. rowe, ricky, , ,**

Mailing Address 203 cambridge station rd.

City  
louisville

State  
KY

Zip Code  
40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
emcare

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2019

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

250.00

☐ Memo Item  
credit card contribution

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

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

1050.00

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

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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

**A. sosnin, barry, brian, ,**

Mailing Address 1019 commerce pkwy

City  
la grange

State  
KY

Zip Code  
40031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
baptist health lagrange family

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2019

**Transaction ID : SA11Al.4197**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. stack, steven, joseph, ,**

Mailing Address 2083 bridgeport dr

City  
lexington

State  
KY

Zip Code  
40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHI St. Joseph Health-East

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2019

**Transaction ID : SA11Al.4164**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. stewart, john, , ,**

Mailing Address 4200 lawrenceburg rd

City  
frankfort

State  
KY

Zip Code  
40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
steward home and school

Occupation (for Individual)  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2019

**Transaction ID : SA11Al.4266**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
ck 12182 contribution

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 19 OF 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. swikert, donald, , ,**

Mailing Address 413 s loop rd

City  
edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Family Practice

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

73.00

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. swikert, donald, , ,**

Mailing Address 413 s loop rd

City  
edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Family Practice

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period

73.00

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. swikert, donald, , ,**

Mailing Address 413 s loop rd

City  
edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Family Practice

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2019

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

72.00

☐ Memo Item  
credit cd contrib.

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

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

218.00

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

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

FOR LINE NUMBER: PAGE 20 OF 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. swikert, nancy, , ,

Mailing Address 10003 country hills ct

City  
unionState  
KYZip Code  
41091FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

73.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. swikert, nancy, , ,

Mailing Address 10003 country hills ct

City  
unionState  
KYZip Code  
41091FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

73.00

☐ Memo Item  
credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. swikert, nancy, , ,

Mailing Address 10003 country hills ct

City  
unionState  
KYZip Code  
41091FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

73.00

☐ Memo Item  
credit cd contribution

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

219.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. swikert, nancy, , ,

Mailing Address 10003 country hills ct

City  
union

State  
KY

Zip Code  
41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2019

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period

72.00

☐ Memo Item  
credit cd contrib.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. tobin, gordon, , ,

Mailing Address 401 e chestnut st. ste. 790

City  
louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U of L physicians - plastic

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2019

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

250.00

☐ Memo Item  
credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. waid, thomas, , ,

Mailing Address 4768 firebrook blvd.

City  
lexington

State  
KY

Zip Code  
40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UK Healthcare

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

83.33

☐ Memo Item  
credit card contribution

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

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

405.33

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

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

FOR LINE NUMBER: PAGE 22 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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

A. waid, thomas, , ,

Mailing Address 4768 firebrook blvd.

City  
lexingtonState  
KYZip Code  
40513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UK HealthcareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2019

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. waid, thomas, , ,

Mailing Address 4768 firebrook blvd.

City  
lexingtonState  
KYZip Code  
40513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UK HealthcareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2019

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 credit cd contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. waid, thomas, , ,

Mailing Address 4768 firebrook blvd.

City  
lexingtonState  
KYZip Code  
40513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UK HealthcareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2019

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period

83.33

☐ Memo Item  
 credit card contrib.

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

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

249.99

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<b>A. white, john, robert, ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 166 Pasadena Dr. Ste. 100 City Lexington State KY Zip Code 40503 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Baptist Health Pulmonary Crit. Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2019 <b>Transaction ID : SA11Al.4171</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item paypal contribution
<b>B. wicker, mitchell, , , Jr.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 181 roy campbell dr. P.O. Box 719 City hazard State KY Zip Code 41702 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Hazard Clinic Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2019 <b>Transaction ID : SA11Al.4148</b> Amount of Each Receipt this Period 75.00 <input type="checkbox"/> Memo Item paypal contribution
<b>C. wicker, mitchell, , , Jr.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 181 roy campbell dr. P.O. Box 719 City hazard State KY Zip Code 41702 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Hazard Clinic Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 02 / 2019 <b>Transaction ID : SA11Al.4166</b> Amount of Each Receipt this Period 75.00 <input type="checkbox"/> Memo Item paypal contribution
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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

A. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2019

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

75.00

☐ Memo Item  
paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2019

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

75.00

☐ Memo Item  
paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2019

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

75.00

☐ Memo Item  
paypal contribution

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

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

225.00



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 25 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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

A. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2019

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period

75.00

☐ Memo Item  
 paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2019

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

75.00

☐ Memo Item  
 paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. wicker, mitchell, , , Jr.

Mailing Address 181 roy campbell dr.  
P.O. Box 719

City  
hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period

75.00

☐ Memo Item  
 credit card contrib.

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

225.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. wright, r. brent, , ,</b></p> <p>Mailing Address 104 northwood dr</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 09 / 15 / 2019</p> <p><b>Transaction ID : SA11AI.4175</b></p>		
<p>City glasgow</p>	<p>State KY</p>	<p>Zip Code 42141</p>	<p>Amount of Each Receipt this Period</p> <p>1250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>Name of Employer (for Individual) U of L Glasgow Family Med.</p>		<p>Occupation (for Individual) Physician</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>1250.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. wright, r. brent, , ,</b></p> <p>Mailing Address 104 northwood dr</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 10 / 15 / 2019</p> <p><b>Transaction ID : SA11AI.4262</b></p>		
<p>City glasgow</p>	<p>State KY</p>	<p>Zip Code 42141</p>	<p>Amount of Each Receipt this Period</p> <p>1250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit card contribution</p>		
<p>Name of Employer (for Individual) U of L Glasgow Family Med.</p>		<p>Occupation (for Individual) Physician</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>2500.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. wright, r. brent, , ,</b></p> <p>Mailing Address 104 northwood dr</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 11 / 15 / 2019</p> <p><b>Transaction ID : SA11AI.4281</b></p>		
<p>City glasgow</p>	<p>State KY</p>	<p>Zip Code 42141</p>	<p>Amount of Each Receipt this Period</p> <p>1250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item credit cd contribution</p>		
<p>Name of Employer (for Individual) U of L Glasgow Family Med.</p>		<p>Occupation (for Individual) Physician</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>3750.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>3750.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p></p>		

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 27 OF 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 39

(check only one)

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

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

**A. Citizens for Affordable Healthcare**

Mailing Address 375 Thomas More Pkwy.  
Ste, 209

City  
Crestview Hills

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2019

Transaction ID : SA11C.4304

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
ck 283 contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 29 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.4309

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb. for GoDaddy Domain

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4310

Amount of Each Disbursement this Period

21.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb. for conference call line

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4311

Amount of Each Disbursement this Period

15.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

832.22

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

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

PAGE 30 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	5				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.4312

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb of postage fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				3	1				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.4313

Amount of Each Disbursement this Period

37.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for monthly design software subscrip.

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				3	1				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.4314

Amount of Each Disbursement this Period

9.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

843.45

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

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

PAGE 31 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.4315

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for meeting contributor ribbons

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

23.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for monthly subscrip software

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

9.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

829.69

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

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

PAGE 32 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for solicitation printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for fedex

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period

25.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

834.86



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

PAGE 33 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
design software subscrip reimbursement

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4321

Amount of Each Disbursement this Period

9.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for table rental at KMA annual mtg

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

171.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

796.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

977.07

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

PAGE 34 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for fedex

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

31.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for monthly design software

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4325

Amount of Each Disbursement this Period

9.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
monthly admin fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period

796.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

837.23

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

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

PAGE 35 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

FEC Identification Number

C

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

24.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for fedex

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

FEC Identification Number

C

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period

16.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb. for monthly design subscrip software

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

FEC Identification Number

C

Transaction ID : SB21B.4329

Amount of Each Disbursement this Period

9.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

50.83

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

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

PAGE 36 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. kentucky medical association**Mailing Address 9300 shelbyville rd.  
ste. 850City  
louisvilleState  
KYZip Code  
40222Purpose of Disbursement  
reimb for KMA publication advertisement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

FEC Identification Number

C

Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. mcbrayer pllc**

Mailing Address 201 e main st. ste. 900

City  
lexingtonState  
KYZip Code  
40507Purpose of Disbursement  
legal svcs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				15				2019					

FEC Identification Number

C

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

1081.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. mcbrayer pllc**

Mailing Address 201 e main st. ste. 900

City  
lexingtonState  
KYZip Code  
40507Purpose of Disbursement  
legal svcs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2019					

FEC Identification Number

C

Transaction ID : SB21B.4333

Amount of Each Disbursement this Period

934.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2466.16

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

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

PAGE 37 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. mcbrayer pllc**

Mailing Address 201 e main st. ste. 900

City  
lexingtonState  
KYZip Code  
40507Purpose of Disbursement  
legal svcs

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4334

Amount of Each Disbursement this Period

1838.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. mcbrayer pllc**

Mailing Address 201 e main st. ste. 900

City  
lexingtonState  
KYZip Code  
40507Purpose of Disbursement  
legal svcs

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

1442.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3280.55

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

10952.06

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

PAGE 38 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
House Republican Caucus Contribution

011

Category/  
Type

Candidate Name

**House Republican Caucus Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB23.4357**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
House Republican Caucus Contribution

011

Category/  
Type

Candidate Name

**House Republican Caucus Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB23.4359**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Senate Majority Caucus Contribution

011

Category/  
Type

Candidate Name

**Senate Republican Caucus Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB23.4360**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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

PAGE 39 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
general election contribution

011

Category/  
Type

Candidate Name

**bevin for kentucky**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

**C** [REDACTED]**Transaction ID : SB23.4351**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Executive Committee Contribution

011

Category/  
Type

Candidate Name

**REPUBLICAN PARTY OF KENTUCKY**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

**C** C00156810**Transaction ID : SB23.4362**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Leadership Trust Contribution

011

Category/  
Type

Candidate Name

**REPUBLICAN PARTY OF KENTUCKY**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

**C** C00156810**Transaction ID : SB23.4364**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

[REDACTED] 12000.00

[REDACTED] 19500.00