

**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) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00016444

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / 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

in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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

Type or Print Name of Treasurer David R. Watkins

Signature of Treasurer David R. Watkins

[Electronically Filed]

Date

07

31

2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		54789.79
(b) Cash on Hand at Beginning of Reporting Period.....	54789.79	
(c) Total Receipts (from Line 19)	24770.48	24770.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79560.27	79560.27
7. Total Disbursements (from Line 31)	16216.73	16216.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63343.54	63343.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

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	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

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).....

16150.00

16150.00

(ii) Unitemized

7115.00

7115.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

23265.00

23265.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ►

23265.00

23265.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1500.00

1500.00

17. Other Federal Receipts

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

5.48

5.48

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))..... ►

24770.48

24770.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

24770.48

24770.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	12716.73	12716.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12716.73	12716.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3500.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	16216.73	16216.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16216.73	16216.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23265.00	23265.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23265.00	23265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	12716.73	12716.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	12716.73	12716.73

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(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 (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Associates

Occupation
Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Associates

Occupation
Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Associates

Occupation
Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25
(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 (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2013

Transaction ID : SA11AI.5056

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Brian Baker MD

Mailing Address 3 Tower Circle

City State Zip Code
 Somerset KY 42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Dermatology of Southern Kentucky

Occupation
 Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Donald Barton MD

Mailing Address 1014 Circle Drive

City State Zip Code
 Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired Physician

Receipt For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

05 / 23 / 2013

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

☒ 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 (Last, First, Middle Initial)

A. Doctor David J. Bensema MD

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

06 / 10 / 2013

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

B. Doctor Marian E. Bensema MD

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology & Cytology Labs

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

06 / 10 / 2013

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

C. Doctor Bruce E. Burton MD

Mailing Address 3106 Oakridge Court

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology PSC

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 09 / 2013

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

300.00

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(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 (Last, First, Middle Initial)

A. Doctor J. Gregory Cooper MD

Mailing Address 386 Culpepper Drive

City State Zip Code
 Cynthiana KY 41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2013

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Daniel J. Courtade MD

Mailing Address 2 Rio Vista Drive

City State Zip Code
 Ft. Thomas KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Aroona Dave

Mailing Address 807 Shamrock Dr

City State Zip Code
 Madisonville KY 42431-8646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

☒ 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 (Last, First, Middle Initial)

A. Doctor John Derr MD

Mailing Address 13204 Longwood Lane

City State Zip Code
 Goshen KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Fox MD & Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2013

Transaction ID : SA11AI.5061

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doctor Steven House MD

Mailing Address 322 Northwood Drive

City State Zip Code
 Glasgow KY 42141

FEC ID number of contributing
federal political committee.

C

Name of Employer

UofL Glasgow Family Medicine Program

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Doctor Naren James MD

Mailing Address PO Box 388

City State Zip Code
 Stanford KY 40484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Family Medicine & Obstetrics

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2013

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period

2500.00

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

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

3100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Jeff Johnson MD

Mailing Address 635 Woodland Drive

City	State	Zip Code
Paducah	KY	42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ophthalmologist Group

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor B. Oliapuram Jose MD, FACR

Mailing Address 2210 Green Valley Road

City	State	Zip Code
New Albany	IN	47150

FEC ID number of contributing
federal political committee.

C

Name of Employer

James Graham Brown Cancer Center

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor Kevin Martin MD

Mailing Address 5788 Brookstone Dr

City	State	Zip Code
Cincinnati	OH	45230-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cranley Surgical Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

☒ 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 (Last, First, Middle Initial)

A. Doctor James W. Matthews MD

Mailing Address 53 Avenue of Champions

City State Zip Code
 Nicholasville KY 40356

FEC ID number of contributing
federal political committee.

C

Name of Employer

James W. Matthews

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Larry T. McClure MD

Mailing Address 908 Wallace Ave, Suite 103

City State Zip Code
 Leitchfield KY 42754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Ross McHenry MD

Mailing Address 219 Farmington

City State Zip Code
 Lakeside Park KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Gastroenterology Associates

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 13 OF 25
(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 (Last, First, Middle Initial) A. Doctor Theodore H. Miller MD</p> <p>Mailing Address 40 E. Fountain Ave</p> <p>City State Zip Code Cincinnati OH 45246</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Head & Neck Surgery Assoc PSC Physician</p> <p>Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2013</p> <p>Transaction ID : SA11AI.4962</p> <p>Amount of Each Receipt this Period 350.00</p>
<p>Full Name (Last, First, Middle Initial) B. Doctor Eric Neils MD</p> <p>Mailing Address 904 Squire Oaks Dr</p> <p>City State Zip Code Villa Hills KY 41017-1371</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Radiology Assoc of No KY Physician</p> <p>Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2013</p> <p>Transaction ID : SA11AI.5068</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. Mr. Patrick T. Padgett</p> <p>Mailing Address 4965 US Hwy 42</p> <p>City State Zip Code Louisville KY 40222</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Kentucky Medical Association EVP</p> <p>Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2013</p> <p>Transaction ID : SA11AI.5069</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1350.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 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 (Last, First, Middle Initial)

A. Doctor Richard E. Park MD

Mailing Address 11299 Ross Court

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Anesthesiologists PSC

Occupation
Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Andrew R. Pulito MD

Mailing Address 809 Westchester Drive

City State Zip Code
 Lexington KY 40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : SA11AI.5019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Rhonda K. Rhodes

Mailing Address 3615 Woodside Place

City State Zip Code
 Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Homemaker

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 22 / 2013

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

☒ 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 (Last, First, Middle Initial)

A. Doctor George B. Sonnier MD

Mailing Address 6410 Lime Ridge Pl

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 13 / 2013

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Karin L. Sonnier

Mailing Address 6410 Lime Ridge Pl

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Homemaker

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 13 / 2013

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Doctor John P. Stewart MD

Mailing Address 4200 Lawrenceburg Rd

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2013

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 23 / 2013

Transaction ID : SA11AI.4994

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 16 OF 25

(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 (Last, First, Middle Initial)

A. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 12 / 2013

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period

725.00

Full Name (Last, First, Middle Initial)

B. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Phsyician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 12 / 2013

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

725.00

Full Name (Last, First, Middle Initial)

C. Doctor R. Brent Wright MD

Mailing Address 104 Northwood Drive

City State Zip Code
 Glasgow KY 42141

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period

1000.00

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

2450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Laura Yeates MD

Mailing Address 1466 Cherokee Road

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams & Wagner

Occupation

Physician

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2013

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

300.00

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

16150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

☐ 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 (Last, First, Middle Initial)

A. Adam Haas Campaign Fund

Mailing Address 643 Monroe Street

City State Zip Code
 Newport KY 41071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : SA16.5093

Amount of Each Receipt this Period

1000.00

Stop Payment and Voided Check Never Cashed

Full Name (Last, First, Middle Initial)

B. Ron Crimm Campaign Fund

Mailing Address PO Box 43244

City State Zip Code
 Louisville KY 40253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : SA16.5094

Amount of Each Receipt this Period

500.00

Refund of Contribution made to Ron Crimm Campaign Fund

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

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

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

1500.00

1500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

001

Category/
Type

State: District:

001

Category/
Type

State: District:

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '02' with two squares above it. The second display shows '15' with two squares above it. The third display shows '2013' with four squares above it.

001

Category/
Type

State: District:

1292.80

Diagram illustrating a three-layered structure. The top layer is a solid gray bar. The middle layer consists of a series of gray rectangular blocks separated by gaps. The bottom layer is a solid gray bar. The value 1292.80 is displayed in the upper right corner.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

Category/
Type

575.00

Category/
Type

Age Group	Number of people
13-17	100
18-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	450
85+	500

Category/
Type

1161.64

2636.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

Category/
Type

575.00

MM / DD / YYYY

Category/
Type

575.00

Category/
Type

1613.43

2763.43

FEC Schedule B (Form 3X) Rev. 02/2003

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

PAGE 23 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Mountjoy Chilton MedleyMailing Address 2000 Meidinger Tower
462 S Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Audit Progress Billing 2

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2013

Transaction ID : SB21B.5082

Amount of Each Disbursement this Period

2125.00

Full Name (Last, First, Middle Initial)

B. Mountjoy Chilton MedleyMailing Address 2000 Meidinger Tower
462 S Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Audit Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 15 2013

Transaction ID : SB21B.5088

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address 2500 Lime Kiln Lane

City Louisville State KY Zip Code 40222

Purpose of Disbursement
May Credit Card Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 31 2013

Transaction ID : SB21B.5096

Amount of Each Disbursement this Period

45.50

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

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

2188.50

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

PAGE 24 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. PNC Bank

Mailing Address 2500 Lime Kiln Lane

City Louisville State KY Zip Code 40222

Purpose of Disbursement
June Credit Card Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SB21B.5100

Amount of Each Disbursement this Period

27.50

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

27.50

12441.43

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

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. John Schickel Campaign fund

Mailing Address 2147 Natchez Trace

City	State	Zip Code
Union	KY	41091

Purpose of Disbursement	011
General Contribution to John Schickel Campaign Fund	

Candidate Name

Office Sought:	House	Disbursement For: 2013
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2013

Transaction ID : SB29.5103

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Republican Party of Kentucky

Mailing Address 105 West 3rd Street

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement	011
General Contribution to Senate Trust Golf Outing	

Candidate Name

Office Sought:	House	Disbursement For: 2013
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SB29.5104

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3500.00

3500.00
