Image# 13964480394 PAGE 1 / 25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	Committe		Office Use Only						
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	g, type	12FE4M5				
Kentucky Medical Asso	ociation PAC(Ke	ntucky Phy	sicians P	AC Fede	ral-KPPA(C Federal)			
					<u> </u>				
ADDRESS (number and street)	4965 US Hwy 42								
Check if different	Suite 2000								
than previously reported. (ACC)	Louisville				KY [46220			
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲			
C C00016444		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	ENDED			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)			
(a) Quarterly Reports:		Mar 20 (M3)		un 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)			
April 15 Quarterly Report (Q	D1)	Apr 20 (M4)	J	ul 20 (M7)	. —	20 (M10) Jan 31 (YE)			
July 15 Quarterly Report (Q	PRE-Elect		Primary (12P		General				
October 15 Quarterly Report (Q	Report for	the:	Convention (12C)	Special (12S)			
January 31 Year-End Report (Y		Election on	M = M /	D D /	Y	in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Elec		General (30G	i)	Runoff (3	0R) Special (30S)			
Termination Report (TER)	Report for	Election on	M = M /	D D /	Y = Y = Y	in the State of			
5. Covering Period 01		2013	through	M M M	/ D D /	2013			
I certify that I have examined th	is Report and to the b	pest of my know	wledge and b	elief it is tru	e. correct and	d complete.			
Type or Print Name of Treasure	-					· 			
Signature of Treasurer David	l R. Watkins		[Electronically	Filed] D	ate 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
NOTE: Submission of false, errone	eous, or incomplete info	ormation may su	bject the pers	on signing th	is Report to th	ne penalties of 2 U.S.C. §437g.			
Office Use						FEC FORM 3X Rev. 12/2004			

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 54789.79 January 1. 2013 (b) Cash on Hand at 54789.79 Beginning of Reporting Period..... 24770.48 24770.48 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 79560.27 79560.27 6(a) and 6(c) for Column B)..... 16216.73 16216.73 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 63343.54 63343.54 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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)

Write or Type Committee Name

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

I. Passinto	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	16150.00	16150.00
(i) Itemized (use Schedule A)	16150.00	10130.00
(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	0.00	0.00
(such as PACs)	7 7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	23265.00	23265.00
Totals to Line 33, page 5)	23203.00	20200.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
	 	
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures	,	
(Refunds, Rebates, etc.)	 	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	1500.00	1500.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	5.48	5.48
. 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
(2) 20111 1 21120 (110111 201100010 110) 1111111		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	24770.48	24770.48
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶		

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			
Operating Expenditures: (a) Allocated Federal/Non-Federal	iotai iiio i ollou	Calelidai Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non Fodoral Chara	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	12716.73	12716.73			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))▶	12716.73	12716.73			
Transfers to Affiliated/Other Party	0.00	0.00			
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	0.00	0.00			
Independent Expenditures	2.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use Scriedule F)	7	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
man Folitical Committees	0.00				
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	3500.00	3500.00			
Fodoval Floation Activity (0.11.C.C. \$401/00))					
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
	2.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	,				
Total Disbursements (add Lines 21(c), 22,	*****				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16216.73	16216.73			
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)

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III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·					
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23265.00	23265.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23265.00	23265.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	12716.73	12716.73				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	12716.73	12716.73				

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

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

Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD Mailing Address 3520 McClure Road		Date of Receipt
011		03 15 2013
City	State Zip Code KY 40391	Transaction ID : SA11AI.4964
Winchester FEC ID number of contributing federal political committee.	C 40391	Amount of Each Receipt this Period 100.00
Name of Employer Winchester Medical Associates	Occupation Physician	
Receipt For: 2013 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD		Date of Receipt
Mailing Address 3520 McClure Road		04 17 2013
City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.4973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Winchester Medical Associates	Occupation Physician	
Receipt For: 2013 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD		Date of Receipt
Mailing Address 3520 McClure Road		05 15 2013
City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.4978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Winchester Medical Associates Receipt For: 2013	Physician	
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kentucky Physicians PAC F	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor Ralph Alvarado MD Mailing Address 3520 McClure Road		Date of Receipt
		06 17 2013
City	State Zip Code KY 40391	Transaction ID : SA11AI.5056
Winchester	KY 40391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Winchester Medical Associates	Physician	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Doctor Brian Baker MD		Date of Receipt
Mailing Address 3 Tower Circle		06 05 2013
City	State Zip Code	Transaction ID : SA11AI.5020
Somerset	KY 42503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dermotology of Southern Kentucky	Occupation Physician	1
Receipt For: 2013 Primary	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Doctor Donald Barton MD		Date of Receipt
Mailing Address 1014 Circle Drive		05 23 2013
City	State Zip Code KY 40701	Transaction ID : SA11AI.4991
Corbin	KY 40701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Retired	Retired Physician	
Receipt For: 2013 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	337.50	
SUBTOTAL of Receipts This Page (optional))	550.00
TOTAL This Period (last page this line numb	per only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial) Octor David J. Bensema MD		Date of Receipt
Mailing Address 2108 Woodmont Drive		06 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.5045
Lexington	KY 40502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	
Central Baptist Hospital	Physician	
Receipt For: 2013 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) 3. Doctor Marian E. Bensema MD		Date of Receipt
Mailing Address 2108 Woodmont Drive		M M / D D / Y Y Y Y
City	State Zip Code	06 10 2013
Lexington	KY 40502	Transaction ID : SA11AI.5046 Amount of Each Receipt this Period
	10002	Amount of Each Receipt this Feriod
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	
Pathology & Cytology Labs	Physician	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary	875.00	
Full Name (Last, First, Middle Initial) Doctor Bruce E. Burton MD		Date of Receipt
Mailing Address 3106 Oakridge Court		01 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4932
Owensboro	KY 42303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Radiology PSC	Physician	
Receipt For: 2013 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		2050.00
TOTAL This Period (last page this line number	r only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor J. Gregory Cooper MD Date of Receipt Mailing Address 386 Culpepper Drive 2013 City Zip Code State Transaction ID: SA11AI.4971 Cynthiana KY 41031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Family Care Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Daniel J. Courtade MD Date of Receipt Mailing Address 2 Rio Vista Drive 06 05 2013 City State Zip Code Transaction ID: SA11AI.5029 KY Ft. Thomas 41075 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Aroona Dave Date of Receipt Mailing Address 807 Shamrock Dr 30 04 2013 City Zip Code State Transaction ID: SA11AI.4976 KY Madisonville 42431-8646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee.

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500.00

Occupation Homemaker

Aggregate Year-to-Date ▼

Name of Employer

Receipt For: 2013

Primary

Other (specify)

General

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor John Derr MD Date of Receipt Mailing Address 13204 Longwood Lane 18 2013 City Zip Code State Transaction ID: SA11AI.5061 Goshen KY 40026 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Martin Fox MD & Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary **X** General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Steven House MD Date of Receipt Mailing Address 322 Northwood Drive 01 10 2013 City State Zip Code Transaction ID: SA11AI.4939 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation **UofL Glasgow Family Medicine Program** Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Naren James MD Date of Receipt Mailing Address PO Box 388 17 04 2013 City Zip Code State Transaction ID: SA11AI.4970 KY Stanford 40484 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Physician Stanford Family Medicine & Obstetrics Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General

2500.00

							31	00.00	0	
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Other (specify)

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Jeff Johnson MD Date of Receipt Mailing Address 635 Woodland Drive 03 2013 City Zip Code State Transaction ID: SA11AI.4966 Paducah KY 42001 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation The Ophthalmologist Group Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor B. Oliapuram Jose MD, FACR Date of Receipt Mailing Address 2210 Green Valley Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.5003 IN New Albany 47150 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation James Graham Brown Cancer Center Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Kevin Martin MD Date of Receipt Mailing Address 5788 Brookstone Dr 05 06 2013 City Zip Code State Transaction ID: SA11AI.5027 OH Cincinnati 45230-3596 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation The Cranley Surgical Associates Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00 1100.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)	the name and address of any political committee PAC(Kentucky Physicians PAC F	
Full Name (Last, First, Middle Initial) Doctor James W. Matthews MD Mailing Address 53 Avenue of Champions City Nicholasville FEC ID number of contributing federal political committee. Name of Employer James W. Matthews Receipt For: 2013 Primary General	State Zip Code KY 40356 C Occupation Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M O D D D D D D D D D D D D D D D D
Full Name (Last, First, Middle Initial) 3. Doctor Larry T. McClure MD Mailing Address 908 Wallace Ave, Suite 103		Date of Receipt
City Leitchfield FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KY 42754 C Occupation	05 31 2013 Transaction ID : SA11AI.5016 Amount of Each Receipt this Period 500.00
Information Requested Receipt For: 2013 Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Doctor Ross McHenry MD Mailing Address 219 Farmington City Lakeside Park FEC ID number of contributing federal political committee. Name of Employer Tri-State Gastroenterology Associates	State Zip Code KY 41017 C Occupation Physician	Date of Receipt M
Receipt For: 2013 Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1300.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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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) Doctor Theodore H. Miller MD Date of Receipt Mailing Address 40 E. Fountain Ave 08 2013 City Zip Code State Transaction ID: SA11AI.4962 OH Cincinnati 45246 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Head & Neck Surgery Assoc PSC Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Eric Neils MD Date of Receipt Mailing Address 904 Squire Oaks Dr 06 19 2013 City State Zip Code Transaction ID: SA11AI.5068 KY Villa Hills 41017-1371 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Radiology Assoc of No KY Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Patrick T. Padgett Date of Receipt Mailing Address 4965 US Hwy 42 06 26 2013 City Zip Code State Transaction ID: SA11AI.5069 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation EVP Kentucky Medical Association Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00

1350.00

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

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

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Richard E. Park MD Date of Receipt Mailing Address 11299 Ross Court 2013 15 City State Zip Code Transaction ID: SA11AI.4979 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Physician Independent Anesthesiologists PSC Receipt For: 2013 Aggregate Year-to-Date ▼ **General** Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Andrew R. Pulito MD Date of Receipt Mailing Address 809 Westchester Drive 06 05 2013 City State Zip Code Transaction ID: SA11AI.5019 KY 40502 Lexington Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Kentucky Physician Receipt For: 2013 Aggregate Year-to-Date ▼

Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mrs. Rhonda K. Rhodes		Date of Receipt
Mailing Address 3615 Woodside Place City	State Zip Code	01 22 2013 Transaction ID : SA11Al.4949
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Homemaker	
Receipt For: 2013 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

1300.00

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor George B. Sonnier MD Date of Receipt Mailing Address 6410 Lime Ridge PI 2013 City Zip Code State Transaction ID: SA11AI.4942 Louisville KY 40222 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karin L. Sonnier Date of Receipt Mailing Address 6410 Lime Ridge PI 01 13 2013 City State Zip Code Transaction ID: SA11AI.4943 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Name of Employer Occupation Self-Employed Homemaker Receipt For: 2013 Aggregate Year-to-Date ▼ X General Primary 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John P. Stewart MD Date of Receipt Mailing Address 4200 Lawrenceburg Rd 05 23 2013 City Zip Code State Transaction ID: SA11AI.4994 KY Frankfort 40601 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 300.00 850.00 SUBTOTAL of Receipts This Page (optional).....

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

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

	FOR LINE NUMBER:				. ′	16	OF	25
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association P	AC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)
۸.	Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Mailing Address 10003 Country Hills Ct		Date of Receipt
	City Union FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KY 41091 C Occupation	725.00
	St Elizabeth Family Practice Residency Receipt For: 2013 Primary	Physician Aggregate Year-to-Date ▼ 725.00	
3.	Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City	State Zip Code	Date of Receipt 06 12 2013 Transaction ID : SA11AI.5049
	Union FEC ID number of contributing federal political committee.	KY 41091	Amount of Each Receipt this Period 725.00
	Name of Employer St. Elizabeth Physicians Receipt For: 2013 Primary General Other (specify) ▼	Occupation Phsycian Aggregate Year-to-Date ▼ 725.00	
С.	Full Name (Last, First, Middle Initial) Doctor R. Brent Wright MD Mailing Address 104 Northwood Drive City	State Zip Code	Date of Receipt 02 21 2013 Transaction ID : SA11AI.4956
	Glasgow FEC ID number of contributing federal political committee.	KY 42141	Amount of Each Receipt this Period
	Name of Employer University of Louisville Receipt For: 2013 Primary	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
s	SUBTOTAL of Receipts This Page (optional)		2450.00
Т	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE	1	17	OF	25	
	(check only one)								
	X 11a	ı	11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)	
Full Name (Last, First, Middle Initial) Octor Laura Yeates MD		Date of Receipt	
Mailing Address 1466 Cherokee Road			
City Louisville	State Zip Code KY 40204	Transaction ID : SA11AI.4934 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	300.00	
Name of Employer Williams & Wagner	Occupation Physician		
Receipt For: 2013 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) 3.		Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional).		300.00	
TOTAL This Period (last page this line numb	er only)	16150.00	

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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 OF 25			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 X 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any phe name and address of any political committe	person for the purpose of soliciting contributions e 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. Adam Haas Campaign Fund					
Mailing Address 643 Monroe Street		M = M / D = D / Y = Y = Y			
City	State Zip Code	05 31 2013 Transaction ID : SA16.5093			
Newport	KY 41071	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer	Occupation	Stop Payment and Voided Check Never Cashed			
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]			
Full Name (Last, First, Middle Initial) B. Ron Crimm Campaign Fund		Date of Receipt			
Mailing Address PO Box 43244		05 31 2013			
City	State Zip Code	Transaction ID : SA16.5094			
Louisville	KY 40253	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	500.00			
Name of Employer	Occupation	Refund of Contribution made to Ron Crimm Campai Fund			
Receipt For: 2013 Primary	Aggregate Year-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) C.		Date of Receipt			
Mailing Address		M M / D D / Y Y Y Y Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]			
SUBTOTAL of Receipts This Page (optional)		1500.00			

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

1500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 19 OF 25	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	mente may not be cold or ve			
or for commercial purposes, other than using the nar	ne and address of any politic	cal committee to	solicit contributions fr	om such committee.
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	ederal-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)			_	
A. Kentucky Medical Association (KM	A)		Date of Disbursem	
Mailing Address 4965 US Hwy 42			01 15	2013
Suite 2000				
City Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.5070
Purpose of Disbursement	40222			
January 2013 Admin Expense		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/		575.00
Office Sought: House Disburse	ment For: 2013	Туре	7	7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Kentucky Medical Association (KM	۱۸۱		Date of Disbursem	ent
Reflucky Medical Association (Riv	i^)		M M / D D	/
Mailing Address 4965 US Hwy 42 Suite 2000			01 15	2013
City Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.5072
Purpose of Disbursement	40222			
Printing and Postage for Mailing		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		142.80
Office Sought: House Disbursel	ment For: 2013	1,700	,	,
Senate	Primary General			
President Pietriet	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KM	A)		Date of Disbursem	ent
	,		M M / D D	/
Mailing Address 4965 US Hwy 42 Suite 2000			02 15	2013
	State Zip Code		Transastics ID	CD24D 5070
Louisville	KY 40222		Transaction ID:	3D21D.3U/8
Purpose of Disbursement February 2013 Administrative Expense		001	Amount of Each D	sbursement this Period
Candidate Name		Category/	Amount of Each Di	
		Type		575.00
	ment For: 2013			
Senate President	Primary			
State: District:	(-p-50)/ \			
SUBTOTAL of Disbursements This Page (optional)		·····•		1292.80
TOTAL This Poyled (lest page this line number salt)	1			
TOTAL This Period (last page this line number only)	1			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 25		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22 23	24 25 26	
Г		27	28a 28b	28c 29 30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or us e and address of any polition	sed by any perso cal committee to	on for the purpose of solicit contributions from	soliciting contributions om such committee.	
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physicia	ins PAC Fe	deral-KPPAC F	ederal)	
Full Name (Last, First, Middle Initial)					
A. Kentucky Medical Association (KM.	Α)		Date of Disburseme	ent	
Mailing Address 4965 US Hwy 42 Suite 2000			03 15	2013	
City	State Zip Code		Transaction ID : S	\$R21R 508/	
Louisville	KY 40222		Transaction ib . c	DD21D.3004	
Purpose of Disbursement March 2013 Administrative Fee		001	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		575.00	
Office Sought: House Disbursen	nent For: 2013		,	·	
	Primary				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. Kontucky Modical Accordation (KM	Λ\		Date of Disburseme	ant	
B. Kentucky Medical Association (KM	A)		M M / D D	/	
Mailing Address 4965 US Hwy 42 Suite 2000			03 15	2013	
	State Zip Code		Transaction ID : S	SP21P 5095	
Louisville	KY 40222		Transaction ib . S	3B21B.3003	
Purpose of Disbursement KPPAC Advertisements		004	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		900.00	
Office Sought: House Disbursen	nent For: 2013	Турс		,	
	Primary Seneral				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			5		
C. Kentucky Medical Association (KM.	A)		Date of Disburseme		
Mailing Address 4965 US Hwy 42			04 15	2013	
Suite 2000					
,	State Zip Code		Transaction ID : S	SB21B 5087	
Louisville Purpose of Disbursement	KY 40222		Transaction 12 . C		
Printing and Postage of Mailing		001	American of Feels Di	ala anno anno an t-Alain an Daoigh de	
Candidate Name			Amount of Each Dis	sbursement this Period	
		Category/ Type		1161.64	
Office Sought: House Disbursen	nent For: 2013			,	
	Primary X General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				2636.64	
2 ::0: (2):::::::::::::::::::::::::::::::::::					
TOTAL This Period (last page this line number only)		·····			

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 21 OF 25			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23 24 25 26 28a 28b 28c 29 30b			
Any information copied from such Reports and State	ments may not be sold or us					
or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PAC	C(Kentucky Physicia	ıns PAC Fe	deral-KPPAC Federal)			
Full Name (Last, First, Middle Initial)			Data of Bishamanan			
A. Kentucky Medical Association (KN	IA)		Date of Disbursement			
Mailing Address 4965 US Hwy 42			04 15 2013			
Suite 2000						
City Louisville	State Zip Code KY 40222		Transaction ID : SB21B.5090			
Purpose of Disbursement	40222					
April Administrative Fee		001	Amount of Each Disbursement this Period			
Candidate Name		Category/	575.00			
Office Sought: House Disburse	ment For: 2013	Туре	575.55			
Senate Senate	Primary Seneral					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			B (B)			
B. Kentucky Medical Association (KM	1A)		Date of Disbursement			
Mailing Address 4965 US Hwy 42 Suite 2000			04 15 2013			
	State Zip Code		Transaction ID - SP24B 5004			
Louisville	KY 40222		Transaction ID : SB21B.5091			
Purpose of Disbursement Meeting Expense - Conference Call		001	Amount of Each Disbursement this Period			
Candidate Name		Category/	, who are the Later Blood combined with a long of			
		Type	207.69			
	ment For: 2013					
Senate President	Primary					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
C. Kentucky Medical Association (KM	IA)		Date of Disbursement			
Mallian Address (CCT) O			M M / D D / Y Y Y Y			
Mailing Address 4965 US Hwy 42 Suite 2000			05 15 2013			
	State Zip Code		Transaction ID : SB21B.5095			
Louisville	KY 40222		11alisaction ID : 3DZ1D.3093			
Purpose of Disbursement Postage and Printing for full membership mailing		001	Assessed of Foods Disharmons and this Davied			
Candidate Name			Amount of Each Disbursement this Period			
		Category/ Type	2749.87			
	ment For: 2013		, , , , , , , , , , , , , , , , , , , ,			
Senate	Primary General					
State: District:	Other (specify) ▼					
District.						
SUBTOTAL of Disbursements This Page (optional)			3532.56			
TOTAL This Period (last page this line number only)					

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SCI	HEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 25			
ITE	ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only			
			ummary Page	X 21b 27	22 23 28a 28	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Δην	information copied from such Reports and Staten	ente may no	nt he sold or us				
	or commercial purposes, other than using the name						
I \	AME OF COMMITTEE (In Full)						
/ r	Kentucky Medical Association PAC	(Kentuck	ky Physicia	ns PAC Fe	ederal-KPPA	C Federal)	
	ull Name (Last, First, Middle Initial)				D . (D:)		
A. P	Kentucky Medical Association (KM.	A)			Date of Disbur		
M	lailing Address 4965 US Hwy 42				05	15 2013	
_	Suite 2000						
	ity S ouisville	State KY	Zip Code 40222		Transaction	ID : SB21B.5097	
	urpose of Disbursement		40222				
ı	May 2013 Administrative Expense			001	Amount of Eac	ch Disbursement this Period	
C	andidate Name			Category/		575.00	
$\overline{\cap}$	office Sought: House Disbursen	nent For: 20	113	Туре		3.5.55	
Ü		Primary	General				
	President	Other (speci	fy) 🔻				
	tate: District:						
	ull Name (Last, First, Middle Initial)	A \			Data of Diaham		
D. Y	Kentucky Medical Association (KM	A)			Date of Disbur		
M	lailing Address 4965 US Hwy 42 Suite 2000				06	15 2013	
C			Zip Code		Transaction	ID : SB21B.5099	
	ouisville urpose of Disbursement	KY	40222				
	June 2013 Administrative Fee			001	Amount of Eac	ch Disbursement this Period	
C	andidate Name			Category/		575.00	
_				Туре		575.00	
0		nent For: 20					
		Primary Other (speci	General (fv) ▼				
S	tate: District:	(-р	· <i>y</i> / \				
F	ull Name (Last, First, Middle Initial)						
C. N	Mountjoy Chilton Medley				Date of Disbur	rsement	
	lailing Address 2000 Meidinger Tower				02 D	15 2013	
10	462 S Fourth Street			UZ	2010		
	,		Zip Code		Transaction	ID : SB21B.5077	
	ouisville urpose of Disbursement	KY	40202				
	Audit Progress Billing 1			001	Amount of Eac	ch Disbursement this Period	
C	andidate Name			Category/		1612 42	
_				Туре		1613.43	
O		nent For: 20 Primary	013 General				
		Other (speci					
S	tate: District:		-· •				
	<u>'</u>						
SUI	BTOTAL of Disbursements This Page (optional)					2763.43	
	TAL This Davied (lest name this Programme C.)						
I 10	TAL This Period (last page this line number only)			······			

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 OF 25		
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check o		(check only	EINE NOMBER.	
1 1	LIVIIZED DISDUNGLIVILINIS	for each catego		X 21b	22 23	24 25 26
		Detailed Summ	ary raye	27	28a 28i	28c 29 30b
	y information copied from such Reports and Staten					
or	for commercial purposes, other than using the name	ne and address of	any politica	I committee to	solicit contributio	ns from such committee.
	NAME OF COMMITTEE (In Full)			D.4.0. =		.
$ \rangle$	Kentucky Medical Association PAC	Kentucky F	hysician	s PAC Fe	deral-KPPA	C Federal)
<u></u>	Full Name (Last, First, Middle Initial)					
A.	Mountjoy Chilton Medley				Date of Disbur	sement
					M = M / D	D / Y Y Y Y
	Mailing Address 2000 Meidinger Tower				03	15 2013
	462 S Fourth Street City S	State Zip (Code			
	Louisville	KY 4020			Transaction	ID : SB21B.5082
	Purpose of Disbursement					
	Audit Progress Billing 2			001	Amount of Eac	h Disbursement this Period
	Candidate Name			Category/		2125.00
	Office Sought: House Disbursen	nent For: 2013		Туре		4
		Primary X	General			
		Other (specify)				
	State: District:					
_	Full Name (Last, First, Middle Initial)					
B.	Mountjoy Chilton Medley				Date of Disbur	sement
	Mailing Address, 2000 Maiding Towns				04 / D	15 2013
	Mailing Address 2000 Meidinger Tower 462 S Fourth Street				04	10 2013
			Code		Transaction	ID : SB21B.5088
	Louisville	KY 402	02		Tansacion	
	Purpose of Disbursement Audit Expense			001	Amount of Fac	h Disbursement this Period
	Candidate Name				/ WINDUIN OF LAC	Dioduiociniciit tilio i Gilod
				Category/ Type		18.00
	Office Sought: House Disbursen	nent For: 2013	I			
		Primary	General			
		Other (specify)	7			
_						
C.	Full Name (Last, First, Middle Initial) PNC Bank				Date of Disbur	sement
					M M / D	
	Mailing Address 2500 Lime Kiln Lane				05	31 2013
	01.	N-1-	2-1-			
	•	State Zip (KY 402)	Code 22		Transaction	ID : SB21B.5096
	Purpose of Disbursement	4021	<u></u>			
	May Credit Card Merchant Fees			001	Amount of Eac	h Disbursement this Period
	Candidate Name			Category/		45.50
	Office Cought:			Type		40.00
		nent For: 2013 Primary	General			
		Other (specify)				
	State: District:	- (-	,			
	<u>'</u>					
s	UBTOTAL of Disbursements This Page (optional)					2188.50
Г						
ΙT	OTAL This Period (last page this line number only)					

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S	CHEDULE B (FEC Form 3X)	11	FOR LINE	FOR LINE NUMBER: PAGE 24 OF 25		
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check on X 21b	22 :	23 24 25 26 28b 28c 29 30b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam		ed by any per	son for the purpo	ose of soliciting contributions	
01	NAME OF COMMITTEE (In Full)					
	Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC F	ederal-KPP	AC Federal)	
Α.	Full Name (Last, First, Middle Initial) PNC Bank			Date of Disb	pursement	
	Mailing Address 2500 Lime Kiln Lane			06	30 / 2013	
	City S Louisville	State Zip Code KY 40222		Transactio	n ID : SB21B.5100	
	Purpose of Disbursement June Credit Card Merchant Fees		001	Amount of E	ach Disbursement this Period	
	Candidate Name		Category/ Type		27.50	
	Senate President	nent For: 2013 Primary General Other (specify)	71.		,	
	State: District: Full Name (Last, First, Middle Initial)					
В.				Date of Disk	oursement	
	Mailing Address					
	City	State Zip Code				
	Purpose of Disbursement			Amount of E	each Disbursement this Period	
	Candidate Name		Category/ Type			
		nent For: Primary General Other (specify)	•			
- с.	Full Name (Last, First, Middle Initial)			Date of Disk	pursement	
	Mailing Address			M = M /	D D / Y Y Y Y Y	
	City S	State Zip Code				
	Purpose of Disbursement					
	Candidate Name		Category/ Type	Amount of E	ach Disbursement this Period	
		nent For: Primary General Other (specify)				
S	SUBTOTAL of Disbursements This Page (optional)		······		27.50	
1	TOTAL This Period (last page this line number only)				12441.43	

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 25 OF 25			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c X 29 30b			
Any information copied from such Reports and Stater	nents may not be sold or us	ed by any perso				
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	Y/Kantuaky Dhyaisia	no DAC Eo	doral KDDAC Fadaral			
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	derai-KPPAC Federai)			
Full Name (Last, First, Middle Initial)			Data of Dishuraneant			
A. John Schickel Campaign fund			Date of Disbursement			
Mailing Address 2147 Natchez Trace			06 15 2013			
City	State Zip Code					
City S Union	KY 41091		Transaction ID : SB29.5103			
Purpose of Disbursement General Contribution to John Schickel Campaign Fi	und	1				
Candidate Name	uriu	011	Amount of Each Disbursement this Period			
Sandidate Name		Category/ Type	1000.00			
Office Sought: House Disburser	nent For: 2013		, ,			
Senate President	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Republican Party of Kentucky			Date of Disbursement			
Mailing Address 105 West 3rd Street			06 30 2013			
Maining Address 103 West Sid Street			2010			
•	State Zip Code KY 40601		Transaction ID : SB29.5104			
Frankfort Purpose of Disbursement	40001					
General Contribution to Senate Trust Golf Outing		011	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	2500.00			
Office Sought: House Disburser	nent For: 2013	туре				
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
A4 19			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
1 dipose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburser	nont For:	Type	7			
Senate Disburser	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			3500.00			
SOBIOTAL OF DISDUISEMENTS THIS Page (Optional)		·····	7 7			
TOTAL This Period (last page this line number only)			3500.00			