

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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
Quarterly 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 (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Susan G. Bornstein

Signature of Treasurer

Electronically Filed by Susan G. Bornstein

Date

01

20

2010

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)

2 / 21

Write or Type Committee Name

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

Report Covering the Period: From: M M
0 7 D D
0 1 Y Y Y Y
2 0 0 9 To: M M
1 2 D D
3 1 Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 0 9		35410.79
(b) Cash on Hand at Beginning of Reporting Period	54131.61	
(c) Total Receipts (from Line 19)	19976.32	68735.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74107.93	104146.15
7. Total Disbursements (from Line 31)	20073.30	50111.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54034.63	54034.63
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)

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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	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	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)	12350.00	33850.00
(ii) Unitemized	7565.00	34747.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19915.00	68597.00
(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)	19915.00	68597.00
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	61.32	138.36
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 Transfer (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))	19976.32	68735.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19976.32	68735.36

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	7573.30	37611.52	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7573.30	37611.52	
22. Transfers to Affiliated/Other Party Committees.....	12500.00	12500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	20073.30	50111.52	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20073.30	50111.52	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	19915.00	68597.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19915.00	68597.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7573.30	37611.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7573.30	37611.52

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

Walter E. App, Md

Mailing Address 1169 Eastern Pkwy Ste 3310

City

Louisville

State

KY

Zip Code

40217-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chest Medicine Associates
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A0B05E5946C12414C969

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John R. White

Mailing Address 1218 Summitt Dr

City

Lexington

State

KY

Zip Code

40502-2273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pulmonary Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: AB9A63A23269A4E1AB53

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

K. Thomas Reichard, Md

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisville Bone & Joint
Specialists PS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A6E1354C63D084C589B4

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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: PAGE 7 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary-Stuart Reichard

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AAB45E35C34E945CC814

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patrick T. Padgett

Mailing Address 8422 Biggin Hill Rd

City

Louisville

State

KY

Zip Code

40220-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Medical Association

Occupation

Kentucky Medical Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A46C721E76CC1448CB05

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carl D. Coppola, Md

Mailing Address 800 Towner Pl

City

Anchorage

State

KY

Zip Code

40223-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coppola & Dorman, PSC

Occupation

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
0 8 / 1 1 / 2 0 0 9

Transaction ID: A726E8ED5661440E995D

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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: PAGE 8 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

H. Michael Oghia

Mailing Address 1550 Hwy 15 S Ste 27

City

Jackson

State

KY

Zip Code

41339-8604

FEC ID number of contributing
federal political committee.

C

Name of Employer
H. Michael Oghia, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AE9C6C239DA564A2E909

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Shawn C. Jones, Md

Mailing Address PO Box 9686

City

Paducah

State

KY

Zip Code

42002-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase DERM/ENT LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: A91BB651CE80D48F19D3

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John W. Collins

Mailing Address 1014 Richmond Rd

City

Lexington

State

KY

Zip Code

40502-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AEADB0FA44F2B49189C8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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: PAGE 9 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

Thomas K. Slabaugh, Sr.

Mailing Address 1401 Harrodsburg Rd Ste C-405

City

Lexington

State

KY

Zip Code

40504-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urologic Associates

Occupation
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
0 9 / 1 7 / 2 0 0 9

Transaction ID: A4BE87FE93C7748F6853

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Meriwether, Md

Mailing Address PO Box 9347

City

Paducah

State

KY

Zip Code

42002-9347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgical Associates
of Western KY

Occupation
Self-employed 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
0 9 / 1 7 / 2 0 0 9

Transaction ID: A7A41529E0F7248AA9ED

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William E. Trent

Mailing Address 120 E Adams St Ste 6

City

Lagrange

State

KY

Zip Code

40031-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluegrass Women's Center
PLLC

Occupation
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
0 9 / 1 7 / 2 0 0 9

Transaction ID: A898245B563FD4F0C9F3

Amount of Each Receipt this Period

300.00

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: PAGE 10 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

Meredith J. Evans, Md

Mailing Address PO Box 1238

City

Middlesboro

State

KY

Zip Code

40965-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meredith J. Evans, MDOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AE15CB8E3FBFC4D448F0

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

David G. Sanford, Md

Mailing Address P O Box 728

City

Middlesboro

State

KY

Zip Code

40965-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-State Eye CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A946A4AEE7F6A417DA8A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Eric Francis Lydon, Md

Mailing Address 3002 Lime Kiln Ln

City

Louisville

State

KY

Zip Code

40222-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Servi-
cesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AE268212304984AD4839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

James M. Donley, Md

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedic Se-
rvices

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A8E259A041E7A42938E5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Syamala H. K. Reddy, FACS MD

Mailing Address 200 Medical Center Dr Ste 3-A

City

Hazard

State

KY

Zip Code

41701-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syamal H K Reddy

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A85A9EE939B154B24ABF

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Rita M. Egan

Mailing Address 333 Waller Ave Ste 100

City

Lexington

State

KY

Zip Code

40504-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthritis Center of Lexin-
gton

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AD35AB18E41054EC28C2

Amount of Each Receipt this Period

300.00

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: PAGE 12 / 21

(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)

A.

Full Name (Last, First, Middle Initial)

Barton L. Ramsey, III MD

Mailing Address 440 W Martin Luther Kind Blvd

City

Danville

State

KY

Zip Code

40422-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Associates of Danville
PSC

Occupation
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
1 1 / 1 9 / 2 0 0 9

Transaction ID: A7682FFAE6E074CBDA5F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Juan J. Ortiz, Md

Mailing Address 207 Sparks Ave Ste 104

City

Jeffersonville

State

IN

Zip Code

47130-3739

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Cities Cardiology
MPC

Occupation
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
1 1 / 3 0 / 2 0 0 9

Transaction ID: A61BA4F98543546C997C

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Philip K. Lichtenstein, Md

Mailing Address 601 Stanley Ave

City

Cincinnati

State

OH

Zip Code

45226-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthpoint Family Care

Occupation
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
1 2 / 0 4 / 2 0 0 9

Transaction ID: A5B1746A412D84DB1915

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

12350.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 21

<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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: B6F8D4AA37DD84BE3966 Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Louisville State KY Zip Code 40208-2248	Amount of Each Disbursement this Period																				
Purpose of Disbursement July 2009 Political Consultant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BAD8CBD6AE2694D47BC3 Date of Disbursement																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimb KMA for Domain name purchase Candidate Name	<table border="1"> <tr> <td colspan="10">10.30</td> </tr> </table>	10.30																			
10.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B61010B4A3E8C441DAEF Date of Disbursement																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period																				
Purpose of Disbursement July 2009 Admin Fee Candidate Name	<table border="1"> <tr> <td colspan="10">691.00</td> </tr> </table>	691.00																			
691.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">801.30</td> </tr> </table>	801.30																			
801.30																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**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 14 / 21

<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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City
LouisvilleState
KYZip Code
40222-6240Purpose of Disbursement
July 2009 Credit Card Merchant Fees
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BC54E7EB606514387887

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

23.04

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000City
LouisvilleState
KYZip Code
40222-6379Purpose of Disbursement
August 2009 Admin Fee
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B7BE2105DEBE141A2ABA

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000City
LouisvilleState
KYZip Code
40222-6379Purpose of Disbursement
Fedex charges, and mileage for MEW
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B47C7EB7A9FDF46F193A

Date of Disbursement

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

Amount of Each Disbursement this Period

180.25

SUBTOTAL of Disbursements This Page (optional)

894.29

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 15 / 21

<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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: BA1699084B37640ED95E Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
City Louisville State KY Zip Code 40208-2248	Amount of Each Disbursement this Period																				
Purpose of Disbursement August 2009 Political Consulting Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: BAE885076EFE84CBD872 Date of Disbursement																				
Mailing Address 2500 Lime Kiln Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
City Louisville State KY Zip Code 40222-6240	Amount of Each Disbursement this Period																				
Purpose of Disbursement Aug 2009 Credit Card Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">23.04</td> </tr> </table>	23.04																			
23.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B8F548FFE705B46DE8B9 Date of Disbursement																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period																				
Purpose of Disbursement September 2009 Admin Fee Candidate Name	<table border="1"> <tr> <td colspan="10">691.00</td> </tr> </table>	691.00																			
691.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

814.04

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 16 / 21

<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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: B2DD79BD65E134B07883 Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Louisville State KY Zip Code 40208-2248	Amount of Each Disbursement this Period																				
Purpose of Disbursement September 2009 Political Consulting Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SA Creative	Transaction ID: B114BA830EF254816BFB Date of Disbursement																				
Mailing Address 10801 Electron Drive, Suite 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Louisville State KY Zip Code 40299-3880	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lapel pins for Contributors Candidate Name	<table border="1"> <tr> <td colspan="10">187.50</td> </tr> </table>	187.50																			
187.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: BCAC380A34ACC4A4FBEE Date of Disbursement																				
Mailing Address 2500 Lime Kiln Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Louisville State KY Zip Code 40222-6240	Amount of Each Disbursement this Period																				
Purpose of Disbursement September Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">23.07</td> </tr> </table>	23.07																			
23.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

310.57

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

<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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement November 2009 Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B15DF27C4E0574980BC0</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 123.48</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement October 2009 Merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B961DC832D3084887A28</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 110.79</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement Reimb KMA for Annual Meeting KPPAC charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC9E34A30CFC24C3EBAB</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1045.63</p>

SUBTOTAL of Disbursements This Page (optional)

1279.90

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

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

FEC Schedule B (Form 3X) (Revised 02/2003)

**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 19 / 21

<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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
November 2009 Admin Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B539B513E23BE4490B33

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
2009 Annual Meeting Charges and postage for mailing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B5D20B7A707904D41AA9

Date of Disbursement

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

Amount of Each Disbursement this Period

1021.58

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
December 2009 Admin Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B9CCE266EF4C04FC6994

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

SUBTOTAL of Disbursements This Page (optional)

2403.58

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 20 / 21

<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

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)

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222-6240

Purpose of Disbursement
December 2009 Merchant Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B4D8C45B90AEC47ECA4A

Date of Disbursement

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

Amount of Each Disbursement this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City	State	Zip Code
Louisville	KY	40208-2248

Purpose of Disbursement
December 2009 Political consultant Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B53A73166E17943B4AFC

Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

123.00

TOTAL This Period (last page this line number only)

7517.68

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input checked="" 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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

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

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Transfer of funds from Federal to State Account for Candidate Support
Candidate Name

Category/
Type

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

Transaction ID: B695D211013C24DF583F

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11000.00

B.

Full Name (Last, First, Middle Initial)

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

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Transfer of Funds to State Account
Candidate Name

Category/
Type

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

Transaction ID: B99B6EF3B451E476D848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

12500.00