01/20/2010 10:21

Image# 10930056397

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) 4965 US Highway 42 ADDRESS (number and street) Suite 2000 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00016444 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Susan G. Bornstein Type or Print Name of Treasurer Electronically Filed by Susan G. Bornstein 0 1 20 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/21

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

D D 07 0 1 2009 12 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 35410.79 January 1 (b) Cash on Hand at 54131.61 Begining of Reporting Period 19976.32 68735.36 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 74107.93 104146.15 6(a) and 6(c) for Column B) 20073.30 50111.52 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 54034.63 54034.63 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 21

Write or Type Committee Name

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

м м 0 7

Report Covering the Period:

From:

D D 0 1

2009

то.

м м 1 2 D D 31

^Y 2009

I. Receip	ts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than (a) Individuals/Persons			
Than Political Comn (i) Itemized (use Se	hittees chedule A)	12350.00	33850.00
(ii) Unitemized		7565.00	34747.00
(iii) TOTAL (add Lines 11(a)(i) ar	d (ii)	19915.00	68597.00
(b) Political Party Comn		0.00	0.00
(c) Other Political Comr (such as PACs) (d) Total Contributions (0.00	0.00
11(a)(iii),(b) and (c)) Totals to Line 33, pa		19915.00	68597.00
Transfers From Affiliated Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments Receiv Offsets To Operating Exp		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, 6. Refunds of Contributions		0.00	0.00
to Federal candidates and Political Committees	Other	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 		61.32	138.36
3. Transfers from Non-Fede	ral and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		0.00	0.00
(b) Levin Funds (from Sc	nedule H5)	0.00	0.00
(c) Total Transfer (add 18	(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, an	1 /	19976.32	68735.36
D. Total Federal Receipts (subtract Line 18(c) from	_ine 19)	19976.32	68735.36

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 21

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		l
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	7573.30	37611.52
	Expenditures(c) Total Operating Expenditures	7373.30	3/011.32
	(add 21(a)(i), (a)(ii) and (b))	7573.30	37611.52
2.	Transfers to Affiliated/Other Party	12500.00	12500.00
3.	Committees	12500.00	12500.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To:	0.00	0.00
((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
	(add Effect 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i euciai Stiale		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20073.30	50111.52
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20072 20	E0111 F0
	from Line 31)	20073.30	50111.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 21

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	19915.00	68597.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19915.00	68597.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7573.30	37611.52
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	7573.30	37611.52

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (In Full)	e name and addre	ess of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Walter E. App, Md Mailing Address 1169 Eastern Pkwy S City Louisville FEC ID number of contributing federal political committee. Name of Employer Chest Medicine Associates PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician	Zip Code 40217-1415 /ear-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y O O 9 Transaction ID: A0B05E5946C12414C96 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) John R. White Mailing Address 1218 Summitt Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer Pulmonary Associates Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate Y	Zip Code 40502-2273 Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) K. Thomas Reichard, Md Mailing Address 2425 Cherokee Pkwy City Louisville FEC ID number of contributing federal political committee. Name of Employer Louisville Bone & Joint Specialists PS Receipt For: Primary General Other (specify)	State KY C Occupation Physician	Zip Code 40204-2216 Tear-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			4500.00

	CHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC			on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Mary-Stuart Reichard	`		Date of Receipt
	Mailing Address 2425 Cherokee Pkw City Louisville	y State KY	Zip Code 40204-2216	Transaction ID: AAB45E35C34E945CC8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mary-Stuart Reichard Receipt For: Primary General Other (specify) ▼	Occupation Homema Aggregate		
 3.	Full Name (Last, First, Middle Initial) Patrick T. Padgett Mailing Address 8422 Biggin Hill Rd			Date of Receipt 0 8 1 1 2 0 0 9
	City Louisville	State KY	Zip Code 40220-4106	Transaction ID: A46C721E76CC1448CB0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Kentucky Medical Associat- ion Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n / Medical Association e Year-to-Date ▼	
 :.	Full Name (Last, First, Middle Initial) Carl D. Coppola, Md Mailing Address 800 Towner PI			Date of Receipt
	City	State	Zip Code	0 8 1 1 2 0 0 9 Transaction ID: A726E8ED5661440E995
	Anchorage	KY	40223-2567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Coppola & Dorman, PSC Receipt For:	Occupation Physicia	n	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1650.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMIT	TEE (In Full)	ts may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs H. Michael Oghia Mailing Address 1	st, Middle Initial) 550 Hwy 15 S Ste 27		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Jackson</u> FEC ID number of co		'	Transaction ID: AE9C6C239DA564A2E90 Amount of Each Receipt this Period 300.00
Name of Employer H. Michael Oghia, M Receipt For: Primary	D Occu Self- Aggi	upation -employed physician regate Year-to-Date ▼ 300.00	
Full Name (Last, Firs Shawn C. Jones, Md Mailing Address Po	t, Middle Initial)		Date of Receipt 0 8 2 6 2 0 0 9
City Paducah FEC ID number of confederal political comm			Transaction ID: A91BB651CE80D48F19D Amount of Each Receipt this Period 1000.00
Name of Employer Purchase DERM/EN Receipt For: Primary Other (specify)	TLLC Physical Aggst General	upation sician regate Year-to-Date ▼	1
Full Name (Last, Firs		0 0 0 0 0 0 0 0	Date of Receipt
City Lexington FEC ID number of co	Sta KY ontributing		Transaction ID: AEADB0FA44F2B491890 Amount of Each Receipt this Period 500.00
Name of Employer Lexington Clinic Receipt For:	Occi Phys	upation sician regate Year-to-Date ▼	
Primary Other (specify)	General	500.00	
SUBTOTAL of Receipt	s This Page (optional)		1800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to Kentucky Physicians PAC Federal-KPPA	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Contactly 1 Hydioland 1 700 1 cacital 10 1 70	
Thomas K. Slabaugh, Sr. Mailing Address 1401 Harrodsburg Ro	I Ste C-405	Date of Receipt
City	State Zip Code KY 40504-3702	0 9 1 7 2 0 0 9 Transaction ID: A4BE87FE93C7748F6
Lexington FEC ID number of contributing federal political committee.	KY 40504-3702	Amount of Each Receipt this Period 500.00
Name of Employer Urologic Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert P. Meriwether, Md		Date of Receipt
Mailing Address PO Box 9347		09 17 2009
City	State Zip Code	Transaction ID: A7A41529E0F7248AA9
<u>Paducah</u>	KY 42002-9347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Neurosurgical Associates of Western KY	Occupation Self-employed physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) William E. Trent		Date of Receipt
Mailing Address 120 E Adams St Ste	6	09 17 2009
City Lagrange	State Zip Code KY 40031-1278	Transaction ID: A898245B563FD4F0C
FEC ID number of contributing federal political committee.	C 40031-1276	Amount of Each Receipt this Period 300.00
Name of Employer Bluegrass Women's Center PLLC	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
		1100.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Meredith J. Evans, Md Mailing Address PO Box 1238			Date of Receipt 0 9 1 7 2 0 0 9
	City Middlesboro FEC ID number of contributing	State KY	Zip Code 40965-3038	Transaction ID: AE15CB8E3FBFC4D448I Amount of Each Receipt this Period
	federal political committee. Name of Employer Meredith J. Evans, MD	Occupation Physician		150.00
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) David G. Sanford, Md Mailing Address P O Box 728			Date of Receipt 0 9 2 1 2 0 0 9
	City Middlesboro	State KY	Zip Code 40965-0728	Transaction ID: A946A4AEE7F6A417DA8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40000 0720	500.00
	Name of Employer Tri-State Eye Center	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) Eric Francis Lydon, Md			Date of Receipt
	Mailing Address 3002 Lime Kiln Ln			09 25 2009
	City <u>Louisville</u>	State KY	Zip Code 40222-6013	Transaction ID: AE268212304984AD4839 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central Psychiatric Servi- ces Receipt For:	Occupation Physician	ear-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate 1	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X 11a
	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (he name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) James M. Donley, Md Mailing Address 5002 Lago Dr			Date of Receipt 0 9 28 2009
	City Madisonville	State KY	Zip Code 42431-9435	Transaction ID: A8E259A041E7A42938E
	FEC ID number of contributing federal political committee.	C	42431-3433	Amount of Each Receipt this Period 500.00
	Name of Employer Center for Orthopaedic Se- rvices Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- ' '	oloyed physician e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Syamala H. K. Reddy, Facs Md Mailing Address 200 Medical Center	Dr Ste 3-A		Date of Receipt 1 0 2 0 2 0 0 9
	City	State	Zip Code	Transaction ID: A85A9EE939B154B24AE
	Hazard	KY	41701-9478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Syamal H K Reddy	Occupation Self-emr	n Noyed physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
 ;.	Full Name (Last, First, Middle Initial) Rita M. Egan			Date of Receipt
	Mailing Address 333 Waller Ave Ste	100		10 20 2009
	City	State	Zip Code	Transaction ID: AD35AB18E41054EC280
	Lexington	KY	40504-2915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Arthritis Center of Lexin- gton	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> / A .	Full Name (Last, First, Middle Initial) Barton L. Ramsey, III MD Mailing Address 440 W Martin Luther City Danville FEC ID number of contributing federal political committee. Name of Employer Eye Associates of Danville PSC Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial		Date of Receipt M M
_ B.	Full Name (Last, First, Middle Initial) Juan J. Ortiz, Md Mailing Address 207 Sparks Ave Ste City Jeffersonville FEC ID number of contributing federal political committee. Name of Employer River Cities Cardiology MPC Receipt For: Primary General Other (specify)	State IN C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Philip K. Lichtenstein, Md Mailing Address 601 Stanley Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Healthpoint Family Care Receipt For: Primary General Other (specify)	State OH C Occupatio Physician Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	er only)		12350.00

В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 21b 27	one) 22 23 24 25 26 28 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentuc	cky Physicians PAC Federa	al-KPPAC Fe	ederal)
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: B6F8D4AA37DD84BE3966 Date of Disbursement
Mailing Address 1304 S. 6th St			$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D & M \\ D & 2 & D & M \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
•	State Zip Code KY 40208-2248		Amount of Each Disbursement this Period
Purpose of Disbursement July 2009 Political Consultant Fee			100.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: BAD8CBD6AE2694D47BC3
Kentucky Medical Association			Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & D & M \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
•	State Zip Code KY 40222-6379		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		10.30
Reimb KMA for Domain name purchase Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: B61010B4A3E8C441DAEF
Kentucky Medical Association			Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000			$\begin{bmatrix} M 7 & M \\ 0 & 7 \end{bmatrix} = \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} = \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	State Zip Code KY 40222-6379		Amount of Each Disbursement this Period
Purpose of Disbursement July 2009 Admin Fee			691.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71	
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			801.30

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FORM 3X EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only		PAGE 14 / 21
				27	28a 28b	28c 29 30b
	ny Information copied from such Reports and for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (
. <u>/</u>	Full Name (Last, First, Middle Initial)					BC54E7EB60651438788
	PNC Bank			Date of Disburser		
	Mailing Address 2500 Lime Kiln Lar	ne			0 7 3	2009
	City Louisville	State KY	Zip Code 40222-6240		Amount of Each [Disbursement this Period
	Purpose of Disbursement July 2009 Credit Card Merchant Fees				23.04	
	Candidate Name			Category/ Type		
	Senate President	isbursement For: Primary Other (spe	General ecify) ▼			
_	State: District: Full Name (Last, First, Middle Initial)				Transaction ID:	 B7BE2105DEBE141A2AI
	Kentucky Medical Association				Date of Disburser	nent
	Mailing Address 4965 US Highway Suite 2000		08	2009		
	City Louisville	State KY	Zip Code 40222-6379		Amount of Each [Disbursement this Period
	Purpose of Disbursement August 2009 Admin Fee					691.00
	Candidate Name			Category/ Type		
	Senate President	isbursement For: Primary Other (spe	General ecify) ▼			
	State: District: Full Name (Last, First, Middle Initial) Kentucky Medical Association				Transaction ID: Date of Disburser	B47C7EB7A9FDF46F193
	Mailing Address 4965 US Highway Suite 2000	42			08 / 3	1 Y 2009
	City Louisville	State KY	Zip Code 40222-6379		Amount of Each [Disbursement this Period
	Purpose of Disbursement Fedex charges, and mileage for MEW			•		180.25
	Candidate Name			Category/ Type		
	Senate President	isbursement For: Primary Other (spe	General ecify) ▼			
	State: District:					
						894.29

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only o	10= 10, =1
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kenti	ucky Physicians PAC Fede	ral-KPPAC Fe	ederal)
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BA1699084B37640ED99 Date of Disbursement
Mailing Address 1304 S. 6th St			088 / 031 / 2009
City Louisville	State Zip Code KY 40208-2248		Amount of Each Disbursement this Period
Purpose of Disbursement August 2009 Political Consulting Fee			100.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) PNC Bank			Transaction ID: BAE885076EFE84CBD8
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City Louisville	State Zip Code KY 40222-6240		Amount of Each Disbursement this Period
Purpose of Disbursement Aug 2009 Credit Card Merchant Fees			23.04
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B8F548FFE705B46DE8
Mailing Address 4965 US Highway 42 Suite 2000			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ 2 & 0 & O & 9 \end{smallmatrix} \end{bmatrix}$
City Louisville	State Zip Code KY 40222-6379		Amount of Each Disbursement this Period
Purpose of Disbursement September 2009 Admin Fee			691.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			814.04
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NAME OF COMMITTEE (In Full)	The and address of any political	CONTINUED TO SOME	cit contributions from such committee
Kentucky Medical Association PAC (Ken	tucky Physicians PAC Fede	eral-KPPAC Fe	ederal)
Full Name (Last, First, Middle Initial)			Transaction ID: B2DD79BD65E134B07
Marshall E. White, III			Date of Disbursement
Mailing Address 1304 S. 6th St			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 2 & 8 \\ 2 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Louisville	State Zip Code KY 40208-2248		Amount of Each Disbursement this Period
Purpose of Disbursement	10200-2240		100.00
September 2009 Political Consulting Fee Candidate Name		Catanami	
Candidate Name		Category/ Type	
Office Sought: House Disbur	sement For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) SA Creative			Transaction ID: B114BA830EF254816B Date of Disbursement
Mailing Address 10801 Electron Drive, S	Suite 102		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Louisville	State Zip Code KY 40299-3880		Amount of Each Disbursement this Period
Purpose of Disbursement	K1 40299-3860		187.50
Lapel pins for Contributors Candidate Name		Category/	
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Full Name (Last, First, Middle Initial) PNC Bank			Transaction ID: BCAC380A34ACC4A4 Date of Disbursement
Mailing Address 2500 Lime Kiln Lane			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
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Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: BA5BAD3B8742843E5A12											
Mailing Address 4965 US Highway 42 Suite 2000														
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Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BA3CF3696C7DE4790B95 Date of Disbursement											
Mailing Address 1304 S. 6th St			10 31 7 2009											
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Marshall E. White, III			Transaction ID: BD23FB1A2546E43EDB29 Date of Disbursement											
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TOTAL This Period (last page this line number only)

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 20 / 21 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Transaction ID: B4D8C45B90AEC47ECA4A PNC Bank Date of Disbursement 3 1 **1** 2 2009 Mailing Address 2500 Lime Kiln Lane City State Zip Code Amount of Each Disbursement this Period Louisville KY 40222-6240 23.00 Purpose of Disbursement December 2009 Merchant Fees Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: B53A73166E17943B4AFC Marshall E. White, III Date of Disbursement 3 1 2009 Mailing Address 1304 S. 6th St City State Zip Code Amount of Each Disbursement this Period Louisville 40208-2248 ΚY 100.00 Purpose of Disbursement December 2009 Political consultant Fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	123.00
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TOTAL This Period (last page this line number only)	•	7517.68

Other (specify)

State:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 21 / 21
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may not be sold or used by and address of any political co	any person for any person for any person for any experience to soli	or the purpose of soliciti cit contributions from s	ng contributions uch committee
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentuc	sky Physicians PAC Federa	al-KPPAC F	ederal)	
Full Name (Last, First, Middle Initial)			Transaction ID: B6	
Kentucky Medical Association PAC (Kentuc PAC Federal-KPPAC Federal)	cky Physicians		Date of Disbursemen	
Mailing Address 4965 US Highway 42 Suite 2000			11 / 11	['] 2009 [']
	State Zip Code KY 40222		Amount of Each Disk	
Purpose of Disbursement Transfer of funds from Federal to State Account for	r Candidate Support			11000.00
Candidate Name	C	Category/ Type		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: B9	99B6EF3B451E476D8
Kentucky Medical Association PAC (Kentuc PAC Federal-KPPAC Federal)	cky Physicians		Date of Disbursemen	t
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	State Zip Code KY 40222		Amount of Each Disk	oursement this Period
Purpose of Disbursement Transfer of Funds to State Account		•		1500.00
Candidate Name		Category/ Type		
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	12500.00
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State: