Image# 12971392466 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

10	Other man /	Committee		Office Use Only				
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5			
Kentucky Medical Assoc	ciation PAC(K	Centucky Phy	/sicians P	AC Feder	ral-KPPAC	C Federal)		
ADDRESS (number and street)	4965 US Hwy 42							
Check if different	Suite 2000							
than previously reported. (ACC)	Louisville				KY [46220		
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦	
C C00016444		3. IS THIS REPORT	~ .	IEW N) OR	AM (A)	IENDED		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)	Sep	20 (M8) 20 (M9) 20 (M410)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Ele Report for		Primary (12P	12C)	General (12S)	Jan 31 (YE) Runoff (12R)	
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y Y	in the State of	of	
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-E Report for		General (300		Runoff (3		Special (30S)	
(TER)		Election on	M = M /	D D /	Y	in the State of	of	
5. Covering Period 04	/ D D / Y	2012	through	M M M	/ 30 /	2012		
I certify that I have examined this Type or Print Name of Treasurer	Report and to the David R. Watkins	e best of my kno	wledge and b	pelief it is trud	e, correct and	d complete.		
Signature of Treasurer David R	. Watkins		[Electronically	Filed] Da	ate 07	/ 09 /	2012	
NOTE: Submission of false, erroneou	us, or incomplete in	nformation may su	bject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.	
Office Use Only						FEC FOF Rev. 12/2		

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)

2012 06 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 70145.00 January 1, 2012 (b) Cash on Hand at 80025.68 Beginning of Reporting Period..... 27379.47 9288.85 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 89314.53 97524.47 6(a) and 6(c) for Column B)..... 13096.49 21306.43 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 76218.04 76218.04 (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)

×

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)

Write or Type Committee Name

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

R	eport Covering the Period: From: 04	01 2012	To: 06 / 30 / 2012
	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)	7550.00	15100.00
	(ii) Unitemized(iii) TOTAL (add	, 1735.00	10770.00
	Lines 11(a)(i) and (ii)▶	9285.00	25870.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	1500.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	9285.00	27370.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	3.85	9.47
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	9288.85	27379.47
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9288.85	27379.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period						
Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00. 11110 1 01100	Calendar Year-to-Date					
Activity (from Schedule H4)							
(i) Federal Share	0.00	0.00					
	000	0.00					
(ii) Non-Federal Share	0.00	0.00					
(b) Other Federal Operating	0.00	8206.74					
Expenditures(c) Total Operating Expenditures	0.00	0200.74					
(add 21(a)(i), (a)(ii), and (b))▶	0.00	8206.74					
Transfers to Affiliated/Other Party							
Committees	0.00	0.00					
Contributions to Federal Candidates/Committees							
and Other Political Committees	0.00	0.00					
Independent Expenditures	0.00	0.00					
(use Schedule E) Coordinated Party Expenditures	0.00	0.00					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
(use seriedule i)							
Loan Repayments Made	0.00	0.00					
-							
Loans Made	0.00	0.00					
Refunds of Contributions To: (a) Individuals/Persons Other		0.00					
Than Political Committees	0.00	0.00					
(h) Political Porty Committees	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(such as PACs)	0.00	0.00					
(0.00.00)		7 1 7 1 1 7					
(d) Total Contribution Refunds							
(add Lines 28(a), (b), and (c))▶	0.00	0.00					
		40000 00					
Other Disbursements	13096.49	13099.69					
Federal Election Activity (2 U.S.C. §431(20))							
(a) Allocated Federal Election Activity							
(from Schedule H6)							
(i) Federal Share	0.00	0.00					
(ii) "Levin" Share	0.00	0.00					
(b) Federal Election Activity Paid Entirely	0.00	0.00					
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					
Lines 30(a)(i), 30(a)(ii) and 30(b))	3.55	0.00					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13096.49	21306.43					
Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii)							
from Line 31)	13096.49	21306.43					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9285.00	27370.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9285.00	27370.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	8206.74				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	8206.74				

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

	LINE	_		PAGE	6	OF	19	
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	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)

\rangle	Kentucky Medical Association P	AC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)
Α.	Full Name (Last, First, Middle Initial) Doctor Keith Alexander MD		Date of Receipt
	Mailing Address 3633 Winding Wood Lane		04 12 2012
	City	State Zip Code	Transaction ID : SA11AI.4577
	Lexington	KY 40515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer	Occupation	
	Kentucky Ear Nose & Throat	Physician	
	Receipt For: 2012	Aggregate Year-to-Date ▼	
	✓ Primary General	Aggregate real-to-bate ¥	
	Other (specify)	300.00	
В.	Full Name (Last, First, Middle Initial) Doctor James F. Beattie Jr, MD		Date of Receipt
	Mailing Address 796 Grider Pond Rd		05 04 2012
	City	State Zip Code	Transaction ID : SA11AI.4598
	Bowling Green	KY 42104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer	Occupation	
	Bowling Green Associated Pathologists	Physician	
	Receipt For: 2012		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Cheryl Broster		Date of Receipt
	Mailing Address 3629 Winding Woods Ln.		05 10 _ 2012 _
	City	State Zip Code	Transaction ID : SA11AI.4603
	Lexington	KY 40515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	300.00
	Name of Employer	Occupation	
	Self-employed	Homemaker	
	Receipt For: 2012		
	☐ Primary ☐ General	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
s	UBTOTAL of Receipts This Page (optional)		1100.00
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Use separate schedule(s) for each category of the Detailed Summary Page

	LINE			PAGE	=	7	OF	19	
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

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) Mrs. Nancy Bunnell MD Mailing Address 3246 New Orleans		Date of Receipt
Maining Addition 5240 New Offeatis		04 12 2012
City	State Zip Code	Transaction ID : SA11AI.4575
Edgewood	KY 41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer	Occupation	
Self-Employed	Homemaker	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Doctor Thomas Bunnell MD		Date of Receipt
Mailing Address 3246 New Orleans		M = M / D = D / Y = Y = Y
City	Stata 7in Code	04 12 2012
City Edgewood	State Zip Code KY 41017	Transaction ID : SA11AI.4573
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer	Occupation	
St. Elizabeth	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Doctor J. Gregory Cooper MD	•	Date of Receipt
Mailing Address 386 Culpepper Drive		04 14 2012
City	State Zip Code	Transaction ID : SA11AI.4585
Cynthiana	KY 41031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Family Care Associates PSC	Physician	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	

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

	LINE	PAGE	8	OF	19			
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

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 Downing MD Date of Receipt Mailing Address 985 Matlock Pike 2012 City State Zip Code Transaction ID: SA11AI.4608 **Bowling Green** KY 42104-7408 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Philip Hurley MD Date of Receipt Mailing Address 4171 Troy Baril Pl 04 04 2012 City State Zip Code Transaction ID: SA11AI.4571 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Orthopaedic & Sports Medicine Owensbor Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor David E. Jones MD Date of Receipt Mailing Address 1236 Woodbridge Trail 05 16 2012 City Zip Code State Transaction ID: SA11AI.4605 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician Eye Center Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional).....

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

	R LINE			PAGE	=	9	OF	19	
l '	ck only	or	ne)						
X	11a		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 Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor James Patrick Murphy MD Date of Receipt Mailing Address 9901 Melissa Drive 02 2012 City State Zip Code Transaction ID: SA11AI.4594 Louisville KY 40223 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Murphy Pain Center Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Eric Neils MD Date of Receipt Mailing Address 904 Squire Oaks Dr 06 21 2012 City State Zip Code Transaction ID: SA11AI.4618 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: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Ira B. Potter MD Date of Receipt Mailing Address PO Box 190 06 27 2012 City Zip Code State Transaction ID: SA11AI.4619 KY Lackey 41643 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00 1300.00 SUBTOTAL of Receipts This Page (optional).....

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

			_	MBER	PAGE	 10	OF	19	
(cl	he	ck only	or	ne)					
[X	11a		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 Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Andrew R. Pulito MD Date of Receipt Mailing Address 809 Westchester Drive 16 2012 City Zip Code State Transaction ID: SA11AI.4607 Lexington KY 40502 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: 2012 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 05 23 2012 City State Zip Code Transaction ID: SA11AI.4610 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 05 23 2012 City Zip Code State Transaction ID: SA11AI.4612 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 875.00 С federal political committee. Name of Employer Occupation Phsycian St. Elizabeth Physicians Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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

	R LINE	PAGE	 11	OF	19			
(che	ck only	or	ne)					
	11a		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.

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Initial) Doctor Fred A. Williams Jr, MD Mailing Address 430 Twinbrook Rd	Doctor Fred A. Williams Jr, MD			
City Louisville	State Zip Code			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer Endocrine & Diabetes Associates	Occupation Physician			
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) 3. Mailing Address		Date of Receipt		
City				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
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 = Y			
·	City State Zip Code			
FEC ID number of contributing federal political committee. Name of Employer	Occupation			
Receipt For:				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional	l) >	250.00		
TOTAL This Period (last page this line num	nber only)	7550.00		

S ľ

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1		12	OF 19						
	EMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: (check only one)					J. 10				
• •		for each category of the Detailed Summary Page	`		21b			23		24	25	26
		Dotallou Guilliary 1 ago			27	28a		28b		28c	X 29	30b
	ny information copied from such Reports and Staten											
or	for commercial purposes, other than using the name	e and address of any politica	al com	nmitt	ee to	SOlicit co	ontril	outions	from	such	commi	ttee.
	NAME OF COMMITTEE (In Full)	/// antuals/ Dhysisian	D	^	· Ea	dorol	VΠ	$D^{A}C$	Ea	dorol	`	
	Kentucky Medical Association PAC	(Kentucky Physicial	15 F	AC	, rec	Jerai-	NΡ	PAC	ге	Jerai)	
_	Full Name (Last, First, Middle Initial)											
A.	Adam Haas Campaign Fund					Date of	of Di	sburse	ment			
	MA W. All STATE					M = 1	VI /		D /		Y Y	Y
	Mailing Address 643 Monroe Street					05	-	1	5		2012	_
	City	State Zip Code										
	Newport	KY 41071				Tran	sact	ion ID	: SB2	29.4652	2	
	Purpose of Disbursement Non-Federal Contribution to Adam Haas Campaign	Fund		44	\neg	A			D:-I			Deviced
	Candidate Name	i unu	0	11		Amoul	nt of	Each	Disbu	ırseme	nt this	Period
	Candidate Name		Cate	egor ype	y/						50	0.00
	Office Sought: House Disbursen	nent For: 2012	• • • • • • • • • • • • • • • • • • • •	урс				,		,		
	Senate	Primary General										
		Other (specify) ▼										
_	State: District:											
В.	Full Name (Last, First, Middle Initial)	omnoian Fund				Data (of Di	sburse	ment			
٥.	Bob DeWeese, MD, Re-Election C	ampaign rund				Date	JI DI		D /	V	Y Y	V
	Mailing Address 6206 Glen Hill Road					05	VI /		5		2012]
	•	State Zip Code KY 40222				Tran	sact	ion ID	: SB	29.464	9	
	Louisville Purpose of Disbursement	KY 40222			_							
	Non-Federal Contribution to Bob DeWeese Campai	gn Fund	0)11		Amou	nt of	Each	Disbu	ırseme	nt this	Period
	Candidate Name		Cate	egor	y/			-		-	100	00.00
				ype			-	7	_	7	100	00.00
		nent For: 2012 Primary General										
		Primary General Other (specify) ▼										
	State: District:	Canon (openity)										
	Full Name (Last, First, Middle Initial)											
C.	Carroll Gibson Campaign Fund					Date of Disbursement						
	-				M M / D D / Y Y Y				Y			
	Mailing Address 436 Shaw Station Road					05	-	1	5		2012	
	City	State Zip Code										
	Leitchfield	KY 42754				Tran	sact	ion ID	: SB	29.4640)	
	Purpose of Disbursement Non-Federal Contribution to Carroll Gibson Campai	an Fund			\neg							
	Candidate Name	girrana	0	11		Amou	nt of	Each	Disbu	ırseme	nt this	Period
	Candidate Name		Cate	egor ype	y/	Г.					100	0.00
	Office Sought: House Disbursen	nent For: 2012	')	, ۲۰	-			7		7		
		Primary General										
	President	Other (specify) ▼										
_	State: District:											
<u>ا</u> ۔											250	0.00
L	GUBTOTAL of Disbursements This Page (optional)				•		-	7	_	7	250	5.55
1	OTAL This Period (last page this line number only)				•					- ·		
					-		_	,		,		

SCHEDULE B (FEC Form 3X)	CHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.			
	for each category of the Detailed Summary Page	21b	22 23 24 25 26			
	Detailed Guillinary Fage	27	28a 28b 28c 🗙 29 30b			
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
$ \; angle$ Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)			
Full Name (Last, First, Middle Initial)						
A. Citizens for Addia Wuchner State F	Representative		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 911			05 15 2012			
City	State Zip Code					
Burlington	KY 41005		Transaction ID : SB29.4651			
Purpose of Disbursement	11000					
Non-Federal Contribution to Addia Wuchner Campa	ign Fund	011	Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
		Type	500.00			
	nent For: 2012					
Senate President	Other (specify) —					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Damon Thayer Campaign Fund			Date of Disbursement			
Bamon mayor Campaign rana			M M / D D / Y Y Y Y			
Mailing Address 102 Grayson Way			05 15 2012			
-						
City S Georgetown	State Zip Code KY 40324		Transaction ID : SB29.4648			
Purpose of Disbursement	40324					
Non-Federal Contribution to Damon Thayer Campa	ign Fund	011	Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
		Type	500.00			
	nent For: 2012					
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. David A. Watkins Campaign Fund			Date of Disbursement			
David A. Watkins Campaign i und			M M / D D / Y Y Y Y			
Mailing Address 5600 Timberlane Drive			05 15 2012			
City S Henderson	State Zip Code KY 42420		Transaction ID : SB29.4645			
Purpose of Disbursement	42420					
Non-Federal Contribution to David A. Watkins Camp	011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00			
		Type	1000.00			
	nent For: 2012					
Senate President	Primary General					
State: District:	Other (specify) ▼					
Side. District.						
SUBTOTAL of Disbursements This Page (optional)			2000.00			
TOTAL This Period (last page this line number only)						

S 17

SCHEDULE B (FEC Form 3X)			R LINE NUMBER: PAGE 14 OF 19			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TO MELTI.			
II LIVIIZED DISDUNSEWEN IS	for each category of the	21b	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c X 29 30b			
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso				
or for commercial purposes, other than using the name	e and address of any political	al committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)			
			,			
Full Name (Last, First, Middle Initial)			Date of Disbursement			
A. David Floyd Campaign Fund	David Floyd Campaign Fund					
Mailing Address 102 Maywood Avenue			05 15 2012			
City	State Zip Code		Transaction ID - SD20 4650			
Bardstown	KY 40004		Transaction ID : SB29.4650			
Purpose of Disbursement Non-Federal Contribution to David Floyd Campaign	Fund	011	Amount of Each Dishare and the Dishare			
Candidate Name		011	Amount of Each Disbursement this Period			
Candidate Haine		Category/ Type	500.00			
Office Sought: House Disbursen	nent For: 2012	, ypc				
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. David P. Givens KY Senate Campa	aign Fund		Date of Disbursement			
Mailing Address D. S. F.			M M / D D / Y Y Y Y Y			
Mailing Address P.O. Box 12			05 15 2012			
City	State Zip Code		Transporting ID - Open 1911			
Greensburg	KY 42743		Transaction ID : SB29.4641			
Purpose of Disbursement	aign Fund					
Non-Federal Contribution to David P. Givens Camp	aign Fund 011		Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
Office Sought: House Disbursen	nent For: 2012	Туре	, , , , , ,			
	nent For: 2012 Primary General					
	Other (specify)					
State: District:	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
C. Jimmie Lee Campaign Fund			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 901 Dogwood Drive			05 15 2012			
City	State Zip Code					
	KY 42701		Transaction ID : SB29.4644			
Purpose of Disbursement						
	Non-Federal Contribution to Jimmie Lee Campaign Fund 011					
Candidate Name		Category/	500.00			
Office Occupied		Туре	500.00			
	nent For: 2012					
	Primary General Other (specify)					
State: District:	Other (specify) ▼					
S.a.c. Diotriot.						
SUBTOTAL of Disbursements This Page (optional)			1500.00			
age (optional)		·····				
TOTAL This Period (last page this line number only).						

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SCHEDULE B (FEC Fo	_E B (FEC Form 3X)			NUMBER: PAGE 15 OF 19		
ITEMIZED DISBURSEME	•	Use separate schedule((s) FOR LINE (check only	NOMBETT.		
II EINIIZED DIOBUKOENIE	IN I O	for each category of the	21h			
		Detailed Summary Page	27	28a 28b 28c X 29 30b		
Any information copied from such Re	eports and Stater	ments may not be sold or	used by any pers	on for the purpose of soliciting contributions		
or for commercial purposes, other th	an using the nan	ne and address of any pol	litical committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)						
$ \; angle$ Kentucky Medical Asso	ciation PAC	C(Kentucky Physic	ians PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Init	ial\					
•	•			Date of Disbursement		
A. John Schickel Campai	gri iuriu			M M / D D / Y Y Y Y		
Mailing Address 2147 Natchez Tra	ace			05 15 2012		
City	;	State Zip Code		Transaction ID : SB29.4642		
Union		KY 41091	1			
Purpose of Disbursement Non-Federal Contribution to John	Schickel Campaig	gn fund	011	Amount of Each Disbursement this Period		
Candidate Name				Amount of Each bisbursement this renou		
			Category/ Type	500.00		
Office Sought: House	Disburser	ment For: 2012	71	,		
Senate		Primary General				
President		Other (specify) ▼				
State: District:						
Full Name (Last, First, Middle Init	,					
B. Kentucky Medical Asso	ociation (KM	IA)		Date of Disbursement		
Mailing Address 4965 US Hwy 42	<u> </u>			04 15 2012		
Suite 2000	-			04 13 2012		
City	,	State Zip Code		Transaction ID : SB29.4547		
Louisville		KY 40222		Transaction ib . 3529.4347		
Purpose of Disbursement April 2012 Admin Fee			004	American of Fools Diskumsons and this Davied		
Candidate Name			001	Amount of Each Disbursement this Period		
Canadate Name			Category/ Type	444.00		
Office Sought: House	Disburser	ment For: 2012	Турс			
Senate		Primary General				
President		Other (specify) ▼				
State: District:						
Full Name (Last, First, Middle Init	•					
C. Kentucky Medical Asso	ciation (KM	A)		Date of Disbursement		
Mailing Address 4965 US Hwy 42				04 15 2012		
Suite 2000				04 13 2012		
City		State Zip Code		Transaction ID - CD00 4540		
Louisville		KY 40222		Transaction ID: SB29.4549		
Purpose of Disbursement Reimburse for printing and postage	ie evnense		100			
Candidate Name			003	Amount of Each Disbursement this Period		
Candidate Name			Category/	2474.70		
Office Sought: House	Dishurser	ment For: 2012	Type			
Senate	Dissolisei	Primary General				
President		Other (specify) ▼				
State: District:		· ·				
SUBTOTAL of Disbursements This	Page (optional)			3418.70		
TOTAL This Period (last page this	ine number only))				

S	CHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 16 OF 19			
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check onl	ly one)			
-		Detailed Summary Page	21b				
			27	28a 28b 28c X 29 30b			
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
OI		le and address of any poin	icai committee t	o solicit contributions from such committee.			
$ \rangle$	NAME OF COMMITTEE (In Full)	YKontucky Physici	one BAC E	adoral KDDAC Endoral)			
	Kentucky Medical Association PAC	(Nemucky Physicia	alis PAC F	ederal-REFAC Federal)			
	Full Name (Last, First, Middle Initial)						
A.	Kentucky Medical Association (KM.	A)		Date of Disbursement			
	M. W. Add			M M / D D / Y Y Y Y			
	Mailing Address 4965 US Hwy 42 Suite 2000			04 15 2012			
		State Zip Code					
	Louisville	KY 40222		Transaction ID : SB29.4550			
	Purpose of Disbursement						
	Reimburse cost for mail prep for mailing		003	Amount of Each Disbursement this Period			
	Candidate Name		Category/ Type	27.49			
	Office Sought: House Disbursen	nent For: 2012					
		Primary General					
	President	Other (specify) ▼					
_	State: District:						
В.	Full Name (Last, First, Middle Initial)	۸۱		Date of Disbursement			
υ.	Kentucky Medical Association (KM	A)					
	Mailing Address 4965 US Hwy 42			05 15 2012			
	Suite 2000	State Zip Code					
	Louisville	KY 40222		Transaction ID : SB29.4548			
	Purpose of Disbursement			1			
	May 2012 Admin Fee		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/	444.00			
	Office Sought: House Disbursen	nent For: 2012	Type				
		Primary General					
		Other (specify)					
	State: District:	• • • •					
	Full Name (Last, First, Middle Initial)						
C.	Kentucky Medical Association (KM.	A)		Date of Disbursement			
	M. W. Add			M M / D D / Y Y Y Y			
	Mailing Address 4965 US Hwy 42 Suite 2000			06 15 2012			
		State Zip Code					
	Louisville	KY 40222		Transaction ID : SB29.4562			
	Purpose of Disbursement June 2012 Admin fee						
	Candidate Name		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/	444.00			
	Office Sought: House Disbursen	nent For: 2012	Type				
		Primary Seneral					
		Other (specify)					
	State: District:						
				1,1,1			
s	SUBTOTAL of Disbursements This Page (optional)		·····	915.49			
ļ -	OTAL This Period (last page this line number only)						
	VIAL THIS I CHOO (IASE PAYE THIS HITE HUTTINET OFFIN)						

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 17			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orin)			
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c X 29 30b	
Any information copied from such Reports and Statem	nents may not be sold or u				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC F	ederal)	
Full Name (Last, First, Middle Initial)					
A. Kentucky Medical Association (KM)	4)		Date of Disburseme	ent	
Mailing Address 4965 US Hwy 42 Suite 2000			06 15	2012	
,	State Zip Code KY 40222		Transaction ID: \$	SB29.4563	
Louisville Purpose of Disbursement	KY 40222				
Printing and Postage of Quarterly Newsletter		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type		91.25	
Office Sought: House Disbursem	nent For: 2012	71	,	,	
	Primary Seneral				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. McDaniel for Senate			Date of Disburseme	ent	
2. McDarlier for Seriale			M M / D D	/	
Mailing Address 500 Mason Road			05 15	2012	
	tate Zip Code		Transaction ID : \$	SB29.4646	
Taylor Mill Purpose of Disbursement	KY 41015				
Non-Federal Contribution to Chris McDaniel Campa	ign Fund	011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		250.00	
		Type		250.00	
	nent For: 2012				
	Primary General Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. Meade for State Representative			Date of Disburseme	ent	
			M M / D D	/	
Mailing Address 2900 Old US Hwy 150 E.			05 15	2012	
City	state Zip Code		Towns of the ID (200 4050	
Stanford	KY 40484		Transaction ID : §	SB29.4656	
Purpose of Disbursement Non-Federal Contribution to David Meade Campaign	n Fund	044			
Candidate Name	TT dild	011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		250.00	
Office Sought: House Disbursem	nent For: 2012	1,700			
	Primary General				
President	Other (specify) ▼				
State: District:					
				504.05	
				741 /7	
SUBTOTAL of Disbursements This Page (optional)		·····•		591.25	

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 18 OF 19			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b		
Any information copied from such Reports and Stat	ements may not be sold or us				
or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)	0/1/	DAG =	Level KDDAC 5 . L "		
Kentucky Medical Association PA	C(Kentucky Physicia	ns PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Initial)	_		Date of Disbursement		
A. Robert Benvenuti Campaign Fund	Robert Benvenuti Campaign Fund				
Mailing Address 2384 Abbyewood Road	05 15 2012				
City	Transaction ID - CD00 4657				
Lexington	KY 40515		Transaction ID: SB29.4657		
Purpose of Disbursement Non-Federal Contribution to Robert Benvenuti Ca	ampaign Fund	011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	500.00		
Office Sought: House Disburs	ement For: 2012	туре			
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. Stan Lee for State Representative	Δ		Date of Disbursement		
- Start Lee for State Representative			M = M / D = D / Y = Y = Y		
Mailing Address P.O. Box 2090			05 15 2012		
City Lexington	State Zip Code KY 40588		Transaction ID : SB29.4643		
Purpose of Disbursement Non-Federal Contribution to Stan Lee Campaign Fund 011			Amount of Each Disbursement this Period		
Candidate Name		Amount of Each Disbursement this Feriou			
		Category/ Type	500.00		
	ement For: 2012				
Senate President	Primary General Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. Susan Westrom Campaign Fund			Date of Disbursement		
Mailing Address P.O. Box 22778	Mailing Address P.O. Box 22778				
City					
Purpose of Disbursement	Purpose of Disbursement				
Non-Federal Contribution to Susan Westrom Campaign Fund 011			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	500.00		
Office Sought: House Disburs	ement For: 2012	туре	7		
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SURTOTAL of Dishursoments This Dags (actions)	1		1500.00		
SUBTOTAL of Disbursements This Page (optional	J				
TOTAL This Period (last page this line number on	ly)	·····			

SCHEDULE B (FEC Form 3X)		FOD / 11/15	NE NUMBER: PAGE 19 OF 19			
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.			
I EIVIIZED DISDURSEIVIEN IS	for each category of the	21b	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c X 29 30			
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
> Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)			
•			,			
Full Name (Last, First, Middle Initial)	J		Date of Disbursement			
Thomas M. McKee Campaign Fund	ı		M M / D D / Y Y Y			
Mailing Address 162 Culpepper Drive			05 15 2012			
City	State Zip Code		Transaction ID : SB29.4653			
Cynthiana	KY 41031		Transaction is : 0525.4000			
Purpose of Disbursement Non-Federal Contribution to Thomas M. McKee Car	npaign Fund	011	Amount of Each Disbursement this Period			
Candidate Name	. •		, and an each plant content that tellou			
		Category/ Type	500.00			
Office Sought: House Disbursen	nent For: 2012	71: -	, , , , , , , , , , , , , , , , , , , ,			
Senate	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Dishamana			
			Date of Disbursement			
Mailing Address			M = M / D = D / Y = Y = Y			
Maining Addition						
City	State Zip Code					
D (D)						
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		البيا	Amount of Lacif Disbursement this Period			
Canada Harrio		Category/ Type				
Office Sought: House Disbursen	nent For:	.,,,,				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
. .			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
maining / toda 000						
City	State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Period			
Candidate Hame		Category/ Type				
Office Sought: House Disbursen	nent For:	. , , , ,				
	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			500.00			
			12925.44			
TOTAL This Period (last page this line number only).			12920.44			