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### **FEC** FORM 3X

### **REPORT OF RECEIPTS** AND DISBURSEMENTS

	-or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Ass	ociation PAC(Kentud	cky Physicians PAC Fe	ederal-KPPAC Federal)
ADDRESS (number and street)	4965 US Hwy 42		
▼ Charle if different	Suite 2000		
Check if different than previously reported. (ACC)	Louisville		KY 46220
2. FEC IDENTIFICATION NU	JMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00016444		IS THIS REPORT NEW (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	ar 20 (M3)	(Non-Election Year Only)  M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (C	01)	or 20 (M4) Jul 20 (M	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y		ion on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	ion on	in the State of
5. Covering Period 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 09	30 / 2016
I certify that I have examined th		of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	Tailor, Monalisa, , , MD r		
Signature of Treasurer	r, Monalisa, , , MD	[Electronically Filed]	Date 10 / 14 / 2016
NOTE: Submission of false, erron	eous, or incomplete informati	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

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

07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84350.75 January 1. 2016 (b) Cash on Hand at 76059.84 Beginning of Reporting Period..... 19112.69 43693.61 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 128044.36 95172.53 6(a) and 6(c) for Column B)..... 28333.02 61204.85 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 66839.51 66839.51 (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. 05/2016)

Write or Type Committee Name

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

01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15275.50 35534.50 (i) Itemized (use Schedule A)..... 2834.66 7151.66 (ii) Unitemized ..... (iii) TOTAL (add 42686.16 18110.16 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 1000.00 1000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 43686.16 19110.16 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 2.53 7.45 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 43693.61 19112.69 20. Total Federal Receipts 19112.69 43693.61 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

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	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
21.	Operating Expenditures: – (a) Allocated Federal/Non-Federal		Jaionaa Tour to Date			
	Activity (from Schedule H4)	0.00	0.00			
	(i) Federal Share	0.00	0.00			
	(ii) Non-Federal Share	0.00	0.00			
	(b) Other Federal Operating Expenditures	2533.02	16904.85			
	(c) Total Operating Expenditures	2522.00	40004.05			
2	(add 21(a)(i), (a)(ii), and (b))	2533.02	16904.85			
	Transfers to Affiliated/Other Party Committees	0.00	0.00			
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00			
ŀ.	Independent Expenditures	4 4				
5.	(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00			
	(use Schedule F)	0.00	0.00			
6.	Loan Repayments Made	0.00	0.00			
	Loans MadeRefunds of Contributions To:	0.00	0.00			
-	(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees	0.00	0.00			
	(such as PACs)	-1000.00	-1000.00			
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-1000.00	-1000.00			
		7 7	1000.00			
).	Other Disbursements (Including Non-Federal Donations)	26800.00	45300.00			
	Non rederal Benaliensy	26800.00	40300.00			
).	Federal Election Activity (52 U.S.C. § 30101(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	4 4	4 4 4			
	Entirely With Federal Funds	0.00	0.00			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28333.02	61204.85			
	Total Federal Disbursements					
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	20000 22				
	HOIT LINE OT J	28333.02	61204.85			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) om Line 11(d), page 3)	19110.16	43686.16
al Contribution Refunds om Line 28(d))	-1000.00	-1000.00
t Contributions (other than loans) btract Line 34 from Line 33)	20110.16	44686.16
al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b))	2533.02	16904.85
sets to Operating Expenditures om Line 15, page 3)	0.00	0.00
t Operating Expenditures btract Line 37 from Line 36)	2533.02	16904.85

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beattie, James, , Doctor, Jr., MD Date of Receipt Mailing Address 250 Park St 2016 City Zip Code State Transaction ID: SA11AI.6609 KY **Bowling Green** 42101 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Bowling Green Associated Pathologists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Broster, Cheryl, , Mrs., Date of Receipt Mailing Address 3629 Winding Woods Ln. 80 2016 City State Zip Code Transaction ID: SA11AI.6626 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Broster, Cheryl, Mrs., Date of Receipt Mailing Address 3629 Winding Woods Ln. 06 2016 City State Zip Code Transaction ID: SA11AI.6649 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Bunnell, Nancy, , Mrs., MD Date of Receipt Mailing Address 3246 New Orleans 2016 15 City Zip Code State Transaction ID: SA11AI.6617 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 206.25 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bunnell, Thomas, , Doctor, MD Date of Receipt Mailing Address 3246 New Orleans 07 15 2016 City State Zip Code Transaction ID: SA11AI.6618 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 206.25 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Burton, Bruce, E., Doctor, MD Date of Receipt Mailing Address 3106 Oakridge Court 22 2016 City State Zip Code Transaction ID: SA11AI.6610 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 637.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gleis, Gregory, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 19 2016 City Zip Code State Transaction ID: SA11AI.6632 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gleis, Gregory, Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 16 2016 City State Zip Code Transaction ID: SA11AI.6680 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 19 2016 City State Zip Code Transaction ID: SA11AI.6633 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 2016 16 City Zip Code State Transaction ID: SA11AI.6681 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kuduk, Michael, , Doctor, MD Date of Receipt Mailing Address 375 Bobwhite Lane 10 2016 City State Zip Code Transaction ID: SA11AI.6675 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Martin, Kevin, Doctor, MD Date of Receipt Mailing Address 5788 Brookstone Dr 04 2016 City State Zip Code Transaction ID: SA11AI.6622 OH Cincinnati 45230-3596 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Cranley Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meadows, Cory, , Mr., Date of Receipt Mailing Address 4965 US Hwy 42 2016 City Zip Code State Transaction ID: SA11AI.6648 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Theodore, H., Doctor, MD Date of Receipt Mailing Address 40 E. Fountain Ave 09 2016 City State Zip Code Transaction ID: SA11AI.6658 OH Cincinnati 45246 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Head & Neck Surgery Assoc PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Monnig, William, , , MD Date of Receipt Mailing Address 111 Crystal Lane 13 2016 City State Zip Code Transaction ID: SA11AI.6661 KY Covington 41015 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Urology Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Diana, , Mrs., Date of Receipt Mailing Address 301 Rudy Ave 2016 City Zip Code State Transaction ID: SA11AI.6645 KY Henderson 42420 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, John, , Doctor, MD Date of Receipt Mailing Address 425 Cochran Rd 2016 City State Zip Code Transaction ID: SA11AI.6644 KY Lexington 40502-2315 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Plastic Surgeons of Lexington Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2016 City State Zip Code Transaction ID: SA11AI.6612 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 2016 19 City Zip Code State Transaction ID: SA11AI.6629 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 16 2016 City State Zip Code Transaction ID: SA11AI.6677 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Neils, Eric, Doctor, MD Date of Receipt Mailing Address 904 Squire Oaks Dr 14 2016 City State Zip Code Transaction ID: SA11AI.6601 KY Villa Hills 41017-1371 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology Assoc of No KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 2016 15 City Zip Code State Transaction ID: SA11AI.6619 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 15 2016 City State Zip Code Transaction ID: SA11AI.6620 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Padgett, Patrick, T., Mr., Date of Receipt Mailing Address 8422 Biggin Hill Lane 05 2016 City State Zip Code Transaction ID: SA11AI.6598 KY Louisville 40220 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association **EVP** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reichard, K. Thomas, , Doctor, MD Date of Receipt Mailing Address 2425 Cherokee Pkwy 2016 City Zip Code State Transaction ID: SA11AI.6603 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reichard, Mary-Stuart, , Mrs., Date of Receipt Mailing Address 2425 Cherokee Pkwy 2016 City State Zip Code Transaction ID: SA11AI.6602 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 13 2016 City State Zip Code Transaction ID: SA11AI.6659 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Janet, , Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 2016 13 City Zip Code State Transaction ID: SA11AI.6660 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cardiovascular Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 07 15 2016 City State Zip Code Transaction ID: SA11AI.6613 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 511.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 19 2016 City State Zip Code Transaction ID: SA11AI.6630 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 584.00 Other (specify) 646.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 16 2016 City Zip Code State Transaction ID: SA11AI.6679 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 657.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tran, Tuyen, , Doctor, MD Date of Receipt Mailing Address 216 Colonial Drive 2016 City State Zip Code Transaction ID: SA11AI.6664 KY Versailles 40383 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 10 2016 City Zip Code State Transaction ID: SA11AI.6600 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 1148.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2016 City Zip Code State Transaction ID: SA11AI.6611 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 975.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2016 City State Zip Code Transaction ID: SA11AI.6627 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2016 City State Zip Code Transaction ID: SA11AI.6643 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2016 City Zip Code State Transaction ID: SA11AI.6647 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 18 2016 City State Zip Code Transaction ID: SA11AI.6739 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wright, R., Brent, Doctor, MD Date of Receipt Mailing Address 104 Northwood Drive 06 2016 City State Zip Code Transaction ID: SA11AI.6646 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Louisville Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zalla, Mary Ann, , , Date of Receipt Mailing Address 1018 Colina Drive 2016 City Zip Code State Transaction ID: SA11AI.6599 KY Villa Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 15275.50 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may 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 of Individual (Last, First, Middle Initial) or Full Organization Name Citizens for Affordable Healthcare Date of Receipt Mailing Address C/O 375 Thomas More Parkway 2016 Suite 209 City Zip Code State Transaction ID: SA11C.6684 KY Crestview Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Price   Name					
NAME OF COMMITTEE (in Full)  Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)  Full Name (i.ast. First, Middle Initial)  A. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42  Suke 2000  City Suke 2000  City Suke 2000  City Suke 2000  City Gardinateration Fee  Candidate Name  Office Sought:  Full Name (i.ast. First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42  Suke 2000  City Suke 2000  City Gardinateration Fee  Candidate Name  Office Sought:  Full Name (i.ast. First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42  Suke 2000  City Suke 2000  City Suke 2000  City Suke 2000  City Gardinateration Fee  Candidate Name  Office Sought:  Full Name (i.ast. First, Middle Initial)  Category/ Type  Office Sought:  Full Name (i.ast. First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42  Suke 2000  City Su	Assistantial formation and Old				
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Mailing Address 4965 US Hwy 42 Suite 2000  City Culsyille Purpose of Disbursement July Administration Fee Candidate Name  Office Sought:  Fell Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City City Category Type  State  Senate President  Office Sought:  Full Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City City Category City Category Type  Office Sought:  Fec Identification Number  Category Type  General  Date of Disbursement Instruction Inst		4.4.\			Date of Dishuranment
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Louiswille Purpose of Disbursement July Administration Fee Candidate Name  Category/ Type  Office Sought: House Primary General President District:  Full Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City State Zip Code Louiswille President August Administration Fee Candidate Name  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Cher (specify)  Memo Item  FEC Identification ID: SB218.685 Amount of Each Disbursement  FEC Identification ID: SB218.685 Amount of Each Disbursement  Total Category/ Type  Gaseon  Transaction ID: SB218.667 Amount of Each Disbursement Inis Period  Category/ Type  Gaseon  Transaction ID: SB218.667 Amount of Each Disbursement Inis Period  Category/ Type  Gaseon  Memo Item  FEC Identification Number  Category/ Type  Gaseon  Transaction ID: SB218.667 Amount of Each Disbursement  FEC Identification Number  Category/ Type  Gaseon  Transaction ID: SB218.667 Amount of Each Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Transaction ID: SB218.669 Amount of Each Disbursement  FEC Identification Number  Category/ Transaction ID: SB218.669 Amount of Each Disbursement  FEC Identification Number  Category/ Transaction ID: SB218.669 Amount of Each Disbursement  FEC Identification Number  Category/ Transaction ID: SB218.669 Amount of Each Disbursement  FEC Identification Number  Category/ Transaction ID: SB218.669 Amount of Each Disbursement  Transaction ID: SB218.669 Amount of Each Disbursement  FILL Number  Transaction ID: SB218.669 Amount of Each Disbursement  Tra					1 1 1 1 1 1 1
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Candidate Name  Office Sought: House Senate Prisident State: District:  Full Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Louisville President Senate Primary General Other (specify)  Office Sought: House Disbursement For: Gase, 2000  City Louisville Name (Last, First, Middle Initial)  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Gase, 2000  City State: District: Senate Primary General Other (specify)  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Gase, 2000  City Gase, 2000  City State: District: Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Gase, 2000  FEC Identification Number  Category/ Type  Gase, 2000  City State: District: Senate Primary General Other (specify)  City Category/ Type  Office Sought: House Disbursement For: Gase, 2000  City State: District: Senate Primary General Other (specify)  Office Sought: House Disbursement For: Gase, 2000  City State: District: Senate Primary General Other (specify)  Office Sought: House Disbursement For: Gase, 2000  City State: District: Memorial Primary General Other (specify)  Office Sought: House Disbursement For: Gase, 2000  City State: District: Memorial Primary General Other (specify)  Memorial Each Disbursement Into Period  Transaction ID: S8218-6687  Amount of Each Disbursement Into Period  Transaction ID:	•			001	C
Office Sought: House Separate President For: Separate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Sund 2000  City Louiselle KY 40222  Purpose of Disbursement August Administration Fee  Candidate Name					
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State: District:  Full Name (Last, First, Middle Initial)  B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Suite 2000  City August Administration Fee Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Suite 2000  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  1917,00	Senate	Primary	General		
B. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Louisville Purpose of Disbursement August Administration Fee  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Louisville Purpose of Disbursement September Administration Expense  Candidate Name  Category/ Type  Office Sought:  Date of Disbursement Friction Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  639.00  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  639.00  FEC Identification Number  Category/ Type  FEC Identification Number  Memo Item  Substitute  Substitute  FEC Identification Number  Category/ Type  FEC Identification Number  Memo Item  Substitute  FEC Identification Number  Category/ Type  FEC Identification Number  Memo Item  FILL Number  FEC Identification Number  Category/ Type  FEC Identification Number  Date of Disbursement  For Identification Number  Type  FEC Identification Number  Comparison  FEC Identification Number  FILL Number  F		Other (sp	ecify) 🔻		Memo Item
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Mailing Address 4965 US Hwy 42 Suite 2000  City Louisville Purpose of Disbursement August Administration Fee Candidate Name  Office Sought: President State: District:  Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KMA)  Mailing Address 4965 US Hwy 42 Suite 2000  City Louisville RY August State Senate President State State Suite 2000  City Louisville RY August State Suite 2000  City Louisville RY August Senate Purpose of Disbursement September Administration Expense Candidate Name  Date of Disbursement September Administration Expense Candidate Name  Category/ Type  Office Sought: House Purpose of Disbursement September Administration Expense Candidate Name  Disbursement For: Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  General Other (specify)  Memo Item  SubtrotAL of Disbursements This Page (optional)	•	(AA)			Date of Disbursement
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A. Schickel for State Senate				Date of Disbursement
Mailing Address 2147 Natchez Trace				07 31 2016
,	State KY	Zip Code 41091		FEC Identification Number
Purpose of Disbursement	IXI	41091		C
Refund of John Schickel contribution made in May			010	Transaction ID : SB28C.6749
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:		Туре	-1000.00
x Senate	Primary	General		7 7
State: KY District:	Other (speci	fy) ▼		Memo Item
Full Name (Last, First, Middle Initial)				
В.				Date of Disbursement
				M = M / D = D / Y = Y = Y
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburserr	nent For:		Турс	
	Primary	General		
President State: District:	Other (speci	ту)		Memo Item
Full Name (Last, First, Middle Initial)				
C.				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name				
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem				4 4
	Primary Other (speci	General		
State: District:	Other (speci	iy) <b>▼</b>		Memo Item
SUBTOTAL of Disbursements This Page (optional)			·····•	-1000.00
TOTAL This Period (last page this line number only).				-1000.00

ess of any politica	cal committee to	22 28 28 29 30b  on for the purpose of soliciting contributions of solicit contributions from such committee.  ederal-KPPAC Federal)  Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6701  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6718
Zip Code 40741  Zip Code 2016  General  Zip Code	011 Category/ Type	Date of Disbursement  PEC Identification Number  C  Transaction ID: SB29.6701  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6701  FEC Identification Number  C  Transaction ID: SB29.6718
Zip Code 40741	O11 Category/ Type	Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6701  Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6718
Zip Code 40741	O11 Category/ Type	Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6701  Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  Date of Disbursement  FEC Identification Number  C  Transaction ID: SB29.6718
40741  2016  ★ General Sify) ▼	Category/ Type	FEC Identification Number  C Transaction ID: SB29.6701 Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  O9 01 2016  FEC Identification Number  C Transaction ID: SB29.6718
40741  2016  ★ General Sify) ▼	Category/ Type	FEC Identification Number  C Transaction ID: SB29.6701 Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  Man / Date / Yana Yana Yana Yana Yana Yana Yana Ya
40741  2016  ★ General Sify) ▼	Category/ Type	FEC Identification Number  C Transaction ID : SB29.6701 Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
40741  2016  ★ General Sify) ▼	Category/ Type	Transaction ID : SB29.6701  Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  09
✓ General Sify) ▼	Category/ Type	Transaction ID : SB29.6701 Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  09 01 2016  FEC Identification Number  C  Transaction ID : SB29.6718
✓ General Sify) ▼	Category/ Type	Amount of Each Disbursement this Period  500.00  Memo Item  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
✓ General Sify) ▼		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code	011	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code	011	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1 .	011	PEC Identification Number  Transaction ID : SB29.6718
1 .	011	PEC Identification Number  Transaction ID : SB29.6718
1 .	011	PEC Identification Number  C  Transaction ID : SB29.6718
1 .	011	Transaction ID : SB29.6718
40203	011	Transaction ID : SB29.6718
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	0	
	Category/ Type	Amount of Each Disbursement this Period
2016 <b>X</b> General		500.00
cify)		Memo Item
		<u> </u>
		Date of Disbursement
		09 01 7 2016
Zip Code		FEC Identification Number
42420		C
	011 Category/ Type	Transaction ID : SB29.6707 Amount of Each Disbursement this Period
	71:-	1000.00
🕶   General		Memo Item
		· · · · · · · · · · · · · · · · · · ·
-	42420 2016 <b>x</b> General	011 Category/ Type

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(	(s) (check only	THO MIDELLE.
	for each category of the Detailed Summary Page	e   `21h	22 23 26 27
	Dotallog Sulfilliary Lage	28a	28b 28c <b>x</b> 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	, po		
Kentucky Medical Association PA	C(Kentucky Physic	ians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Dennis Keene for State Represen	tative		Date of Disbursement
Mailing Address 1040 Johns hills road	,		09 01 2016
City Wildor	State Zip Code KY 41076		FEC Identification Number
Wilder Purpose of Disbursement	41070		C
Contribution to Dennis Keene Campaign Fund		011	Transaction ID : SB29.6728
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For: 2016	. , , , ,	1000.00
Senate	Primary		
President	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. Donna Mayfield for State Represe	entative		Date of Disbursement
Mailing Address 2059 Elkin Station Road			09 01 2016
			01 2010
City Winehoster	State Zip Code KY 40391		FEC Identification Number
Winchester Purpose of Disbursement	KY 40391		C
Contribution to Donna Mayfield Campaign Fund		011	Transaction ID : SB29.6730
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: Y House Disburse	ement For: 2016	Type	500.00
Senate Dispurse	Primary <b>x</b> General		333.53
President	Other (specify)		Memo Item
State: KY District: 73			<u> </u>
Full Name (Last, First, Middle Initial)  C. Elect Robert Benvenuti			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2384 Abbeywood Road			09 01 2016
City	State Zip Code		FEC Identification Number
Lexington Purpose of Disbursement	KY 40515		C
Contribution to Robert Benvenuti Campaign Fund		011	Transaction ID : SB29.6733
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: Y House Disburse	ement For: 2016	Type	1000.00
Senate Dispurse	Primary X General		7
President	Other (specify) ▼		Memo Item
State: KY District:			
SUPTOTAL of Dishursoments This Dane (artists)			2500.00
SUBTOTAL of Disbursements This Page (optional).		······	200.00
TOTAL This Period (last page this line number only	y)		1

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliny	one)
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC			
Full Name (Last, First, Middle Initial)  Fleming for Kentucky			Date of Disbursement
Mailing Address PO Box 6573			09 01 2016
City Louisville Purpose of Disbursement	State Zip Code KY 40207		FEC Identification Number
Contribution to Ken Fleming Campaign Fund  Candidate Name		011 Category/	Transaction ID : SB29.6722 Amount of Each Disbursement this Period
Senate	ment For: 2016  Primary    General  Other (specify) ▼	Type	500.00 Memo Item
Full Name (Last, First, Middle Initial)  3. House Republican Caucus Campa  Mailing Address PO Box 1068	ign Committee		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankfort Purpose of Disbursement Contribution to House Republican Caucus	State Zip Code KY 40502	011	FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: SB29.6726 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary		2500.00 Memo Item
Full Name (Last, First, Middle Initial)  Jason Nemes for State Representa	ative		Date of Disbursement
Mailing Address 10627 Gleneagle Place			09 01 2016
City Louisville Purpose of Disbursement Contribution to Jason Nemes Campaign Fund	State Zip Code KY 40223		FEC Identification Number
Candidate Name		O11 Category/ Type	Transaction ID: SB29.6716 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary 🗶 General Other (specify) 🔻		500.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)			3500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	11	anala calca L.L.C.	FOR LINE	NUMBER: PAGE 29 OF 36	
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	· _ ·	
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and State	ements may	not be sold or us			
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)			<u> </u>		
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)	
Full Name (Last, First, Middle Initial)	_			5	
A. Jeffery Hoover for State Represer	ntative			Date of Disbursement	
Mailing Address PO Box 985				09 01 2016	
City	State	Zip Code		FEC Identification Number	
Jamestown	KY	42629			
Purpose of Disbursement Contribution to Jeff Hoover Campaign Fund			011	C	
Candidate Name				Transaction ID : SB29.6732 Amount of Each Disbursement this Period	
			Category/ Type	Amount of Lacii Dispuisement this Fellod	
	ement For:			1000.00	
Senate	Primary	<b>X</b> General			
State: KY District: 83	Other (spe	ecny) ▼		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Jim DeCesare Campaign Fund				Date of Disbursement	
				M = M / D = D / Y = Y = Y	
Mailing Address PO Box 122	09 01 2016				
City Rockfield	State KY	Zip Code 42274		FEC Identification Number	
Purpose of Disbursement	1.22.1				
Contribution to Jim DeCesare Campaign Fund	Transaction ID : SB29.6736				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disburse	Туре	1000.00			
Office Sought: House Disbursement For: 2016 Senate Primary General				1000.00	
President	Other (spe			Memo Item	
State: District:	_			Memo Item	
Full Name (Last, First, Middle Initial)				Data of Dishurrane	
C. Keep State Representative Jeff G	reer			Date of Disbursement	
Mailing Address PO Box 1007				09 01 2016	
City	State	Zip Code		FEC Identification Number	
Brandenburg	KY	40108			
Purpose of Disbursement Contribution to Jeff Greer Campaign Fund			011	Transaction ID : SB29.6714	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:	2016	Туре	500.00	
Senate Dispurse	Primary	<b>★</b> General		4	
President	Other (spe			Memo Item	
State: KY District: 27	_			Willia Roll	
SUBTOTAL of Disbursements This Page (optional)			_	2500.00	
COSTOTAL OF DISDUISEMENTS THIS Fage (optional)			·····	4 4	
TOTAL This Period (last page this line number only	v)				

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S	CHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 30 OF 36	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)				
••			category of the Summary Page	21b	22 23 26 27	
_				28a	28b 28c <b>x</b> 29 30b	
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					
$\setminus$	NAME OF COMMITTEE (In Full)					
	Kentucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)	
_	Full Name (Last, First, Middle Initial)					
Α.	Kentucky Chamber PAC				Date of Disbursement	
	Mailing Address 464 Chenault Drive				09 08 2016	
	,	State	Zip Code		FEC Identification Number	
	Frankfort Piehuseenent	KY	40601			
	Purpose of Disbursement Participation fee in PAC event			001	C	
	Candidate Name				Transaction ID : SB29.6737 Amount of Each Disbursement this Period	
				Category/ Type	Amount of Each Disbursement this Fellou	
	Office Sought: House Disburser	ment For:			300.00	
	Senate	Primary	General		_	
	State: President State:	Other (spec	city) $\blacktriangledown$		Memo Item	
_	Full Name (Last, First, Middle Initial)					
В.	•	entative			Date of Disbursement	
					M = M / D = D / Y = Y = Y	
	Mailing Address 3216 High Ridge Drive	09 01 2016				
	City Taylor Mill	State KY	Zip Code 41051		FEC Identification Number	
	Purpose of Disbursement		C			
Contribution to Kim Moser Campaign Fund  O11  Candidate Name  Category/				011	Transaction ID : SB29.6727	
					Amount of Each Disbursement this Period	
Office Sought: 🙀 House Disburseme			ent For: 2016		1000.00	
	Office Sought: House Disburser	Primary	General		1000.00	
	President	Other (spec			Memo Item	
	State: KY District: 41				wemo item	
	Full Name (Last, First, Middle Initial)					
C.	McDaniel for Senate				Date of Disbursement	
	Mailing Address 500 Mason Road				09 01 2016	
		State KY	Zip Code		FEC Identification Number	
	Taylor Mill Purpose of Disbursement	K1	41015		C	
	Contribution to Chris McDaniel Campaign Fund				Transaction ID : SB29.6702	
	Candidate Name			Category/	Amount of Each Disbursement this Period	
	Office Cought:			Type	1000.00	
	Office Sought: House Disburser Senate	nent For: 2 Primary	016 General		1000.00	
	President	Other (spec				
	State: District:				Memo Item	
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5	SUBTOTAL of Disbursements This Page (optional)			·····•	2300.00	
Γ,	OTAL This Period (last page this line number only)	1				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(	FOR LINE (check only	
TI LIVIIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PA	AC(Kentucky Physici	ans PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Meredith for State Senate	M M / D D / Y Y Y		
Mailing Address 1424 Byrtle Grove Road			09 01 2016
City Leitchfield	State Zip Code KY 42754		FEC Identification Number
Purpose of Disbursement Contribution to Stephen Meredith Campaign Fun	d	011	C
Candidate Name		Category/	Transaction ID : SB29.6694 Amount of Each Disbursement this Period
Office Sought: House Disbur	sement For: 2016	Туре	500.00
x Senate	Primary General		
State: KY District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. Overly for State Representative	Date of Disbursement		
Mailing Address 340 Main Street	09 01 2016		
City Paris	State Zip Code KY 40361		FEC Identification Number
Purpose of Disbursement	C		
Contribution to Sannie Overly Campaign Fund  Candidate Name	011	Transaction ID : SB29.6729	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	sement For: 2016	1 7	1000.00
Senate President	Primary General Other (specify)		п.,
State: KY District:			Memo Item
Full Name (Last, First, Middle Initial)	tivo		Date of Disbursement
C. Phillip Pratt for State Representa	M M / D D / Y Y Y Y		
Mailing Address 700 Pocahontas Trail			09 01 2016
City	State Zip Code KY 40324		FEC Identification Number
Georgetown Purpose of Disbursement	C		
Contribution to Phillip Pratt Campaign Fund  Candidate Name		011 Category/ Type	Transaction ID : SB29.6724  Amount of Each Disbursement this Period
Office Sought: 🗶 House Disbur	sement For: 2016	1,700	500.00
Senate President	Primary		
State: KY District:	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optiona  TOTAL This Period (last page this line number or		<u> </u>	2000.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 32 OF 36
IT _	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	NOMBER:
	ny information copied from such Reports and Stater				
or	for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and add	ress of any politic	cai committee to	solicit contributions from such committee.
	Kentucky Medical Association PAC	C(Kentud	cky Physicia	ns PAC Fe	deral-KPPAC Federal)
Δ	Full Name (Last, First, Middle Initial)	_			Date of Disbursement
Λ.	Rick Rand for State Representative	M M / D D / Y Y Y Y			
	Mailing Address PO Box 273				09 01 2016
	City Bedford	State KY	Zip Code 40006		FEC Identification Number
	Purpose of Disbursement		40000		C
	Contribution to Rick Rand Campaign Fund			011	Transaction ID : SB29.6720
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Sought: 🗶 House Disburser	ment For:	2016	Туре	1000.00
	Senate	Primary	<b>✗</b> General		7 7 7
	President State: KY District:	Other (spe	cify) $\blacktriangledown$		Memo Item
_	Full Name (Last, First, Middle Initial)				_
В.	Robert Stivers Campaign Committ	ee			Date of Disbursement
					M = M / D = D / Y = Y = Y
	Mailing Address 207 Main Street				09 01 2016
	City Sanchester	State KY	Zip Code 40962		FEC Identification Number
	Purpose of Disbursement	C			
	Contribution to Robert Stivers Campaign Fund 011				Transaction ID : SB29.6703
Candidate Name				Category/ Type	Amount of Each Disbursement this Period
	Office Sought:	ment For:	nent For: 2016		1000.00
	Senate	Primary	<b>✗</b> General		7 7 7
	State: KY District:	Other (spe	cify)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Rocky Adkins Campaign Fund				Date of Disbursement
	Mailing Address PO Box 688				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Walling Address FO Box 600				03 01 2010
	•	State	Zip Code		FEC Identification Number
	Sandy Hook KY 41171 Purpose of Disbursement				C
	Contribution to Rocky Adkins Campaign Fund			011	Transaction ID : SB29.6735
				Category/	Amount of Each Disbursement this Period
	Office Sought:  House Disburser	Type  Office Sought:   ✓ House Disbursement For: 2016			1000.00
	Senate	Primary	<b>✗</b> General		
	State: KY District: 99	Other (spe	cify) $\blacktriangledown$		Memo Item
Г	State: KY District: 99				
s	SUBTOTAL of Disbursements This Page (optional)			·····	3000.00
Ι,	OTAL This Period (last page this line number only)	١			
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 33 OF 36
TEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem	nents may n	ot be sold or use	d by any perso	
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	\/ \langle_= \cdot	la - Dharaisis a	- DAO E-	danal KDDAO Fadanal)
igwedge Kentucky Medical Association PAC	(Kentuc	ky Physician	s PAC Fe	derai-KPPAC Federai)
Full Name (Last, First, Middle Initial)				
A. Russell Webbr for State Represent	ative			Date of Disbursement
Mailing Address PO Box 6650				09 01 2016
		I		
,	State KY	Zip Code 40165		FEC Identification Number
Purpose of Disbursement		40100		С
Contribution to Russell Webber Campaign Fund			011	Transaction ID : SB29.6713
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: 🗶 House Disbursem	nent For: 20	 016	Туре	500.00
	Primary	<b>x</b> General		7 7 4
State: KY District:	Other (speci	ify) ▼		Memo Item
Full Name (Last, First, Middle Initial)				
3. Senate Democratic Caucus Campa	aign Con	nmittee		Date of Disbursement
Marting Address				M M / D D / Y Y Y Y
Mailing Address 467 Indian Gap Road				09 01 2016
,	State	Zip Code		FEC Identification Number
Frankfort Purpose of Disbursement	KY	40601		
Contribution to the Senate Democratic Trust  Candidate Name  Category/				C Transaction ID : SB20 6602
				Transaction ID: SB29.6693  Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2	016	Туре	1000.00
	Primary	General		100000
	Other (speci	ify)		Memo Item
State: District:				<u></u>
Full Name (Last, First, Middle Initial)  Stan Lee for State Representative				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address P.O. Box 2090				09 01 2016
City	State	Zip Code		FEC Identification Number
Lexington	KY	40588		
Purpose of Disbursement Contribution to Stan Lee Campaign Fund			011	C
Candidate Name			Category/	Transaction ID: SB29.6719  Amount of Each Disbursement this Period
			Туре	1000.00
	nent For: 20 Primary	016 <b>∡</b> General		1000.00
	Other (speci	•••		Memo Item
State: District:				Wollie Rolli
CLIPTOTAL of Dishuranments This Dage (ortions)				2500.00
SUBTOTAL of Disbursements This Page (optional)			······	4 4
TOTAL This Period (last page this line number only).				1

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 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					
Full Name (Last, First, Middle Initial)  A. Steve Riley for State Representativ	'e		Date of Disbursement		
Mailing Address 189 Blue Sky Drive			09 01 2016		
Glasgow	State Zip Code KY 42141		FEC Identification Number		
Purpose of Disbursement Contribution to Steve Riley Campaign Fund Candidate Name		011	Transaction ID : SB29.6711 Amount of Each Disbursement this Period		
	nent For: 2016	Category/ Type	Amount of Each Disbursement this Period 500.00		
President	Primary <b>x</b> General Other (specify) ▼		Memo Item		
State: KY District:  Full Name (Last, First, Middle Initial)					
B. Steve West for State Senate		Date of Disbursement			
Mailing Address 202 Vimont Lane					
,	State Zip Code KY 40361		FEC Identification Number		
Purpose of Disbursement Contribution to Steve West Campaign Fund	011	C Transaction ID : SB29.6704			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
x Senate	nent For: 2016 Primary		500.00		
State: KY District:			Memo Item		
Full Name (Last, First, Middle Initial)  C. Susan Westrom Campaign Fund			Date of Disbursement		
Mailing Address P.O. Box 22778			09 / 01 / 2016		
Lexington	State Zip Code KY 40522		FEC Identification Number		
Purpose of Disbursement Contribution to Susan Westrom Campaign Fund Candidate Name	011 Category/	Transaction ID : SB29.6731 Amount of Each Disbursement this Period			
Office Sought	Туре				
Senate I President	nent For: 2016  Primary  General  Other (specify)		1000.00  Memo Item		
State: District:			ш		
SUBTOTAL of Disbursements This Page (optional)			2000.00		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or une and address of any polition	sed by any persical committee to	on for the purpose of soliciting contributions o solicit contributions from such committee
NAME OF COMMITTEE (In Full)	and dad.eec e. any pen		
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			5
Suzanne Miles for State Represent  Mailing Address PO Box 21592	tative		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 O Box 21092			2010
,	State Zip Code		FEC Identification Number
Owensboro	KY 21592		
Purpose of Disbursement Contribution to Suzanne Miles Campaign Fund		044	
		011	Transaction ID : SB29.6705
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For: 2016	Туре	500.00
Senate	Primary		
President State: District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
3. Thayer for Senate			Date of Disbursement
Mailing Address 105 Spy Glass Drive			09 01 2016
,	State Zip Code		FEC Identification Number
Georgetown	KY 40324		C
Contribution to Damon Thayer Campaign Fund	ose of Disbursement atribution to Damon Thayer Campaign Fund		
Candidate Name		O11 Category/ Type	Transaction ID: SB29.6699 Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: 2016	.,,,,	1000.00
x Senate	Primary <b>x</b> General		7 7 7
State: KY District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Thompson for State Representative	е		
Mailing Address PO Box 458			09 01 2016
City	State Zip Code		FEC Identification Number
Owensboro	KY 42302		
Purpose of Disbursement Contribution to Tommy Thompson Campaign Fund		011	Transaction ID : SB29.6709
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:  House Senate President  Disburser	nent For: 2016 Primary		1000.00
State: KY District:	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			2500.00
		······	
TOTAL This Period (last page this line number only)			

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 36 OF 36	
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only		
		Summary Page	21b	22 23 26 27	
[	1		28a	28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)	
Full Name (Last, First, Middle Initial)				Data of Disharanasa	
A. Tom Burch Campaign Fund				Date of Disbursement	
Mailing Address 4012 Lambert Avenue				09 01 2016	
City	State	Zip Code		FEC Identification Number	
Louisville Purpose of Disbursement	KY	40218			
Contribution to Tom Burch Campaign Fund			011	C	
Candidate Name				Transaction ID : SB29.6715  Amount of Each Disbursement this Period	
			Category/ Type	Amount of Each Dispulsement this Period	
Office Sought:  House Disburse	ment For:	2016		1000.00	
Senate	Primary	<b>✗</b> General			
State: KY District: 30	Other (spe	ecify) $lacktriangle$		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Walker Thomas for State Represe	entative			Date of Disbursement	
Walker Themas for State Represe	ritativo			M M / D D / Y Y Y Y	
Mailing Address 890 Kings Chapel Road	ling Address 890 Kings Chapel Road			09 01 2016	
City	State	Zip Code		FEC Identification Number	
Cadiz Purpose of Disbursement	KY	42211		C	
Contribution to Walker Thomas Campaign Fund					
Candidate Name  Category/ Type				Transaction ID : SB29.6706  Amount of Each Disbursement this Period	
				Attribute of Eddit Biodalionian this 1 chod	
Office Sought: House Disburse	ment For:	2016		500.00	
Senate	Primary	<b>✗</b> General			
President State: KY District:	Other (spe	ecify)		Memo Item	
Full Name (Last, First, Middle Initial)					
C.				Date of Disbursement	
Mailing Address				M M M / D D / Y Y Y Y	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				C	
·				C	
Candidate Name	Category/			Amount of Each Disbursement this Period	
011			Type		
Office Sought: House Disburse Senate	ment For:	Canaral			
President	Primary Other (spe	General			
State: District:	Caron (spe	<b>○</b> ○(1 <b>y</b> ) <b>▼</b>		Memo Item	
SUBTOTAL of Disbursements This Page (optional).			·····•	1500.00	
TOTAL This Period (last page this line number only	۸			26300.00	