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Image# 202007149244563475

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Au	ithorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
KENTUCKY MEDICA	AL ASSOCIATION PAC (KE	NTUCKY PHYSICIANS F	PAC FEDERAL-KPPAC FEDERAL)
ADDRESS (number and stre	eet) 9300 SHELBYVILLE ROA	VD	
▼ Chapte if different	SUITE 800		
Check if different than previously reported. (ACC)	LOUISVILLE		KY 40222 -
2. FEC IDENTIFICATION	ON NUMBER ▼ C	CITY A	STATE ▲ ZIP CODE ▲
C C00016444		IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPOR (Choose One)	Report Due On:	eb 20 (M2) May 20 ar 20 (M3) Jun 20 ((Mon-Election Year Only) Sep. 20 (M9) Dec. 20 (M12)
(a) Quarterly Reports:	- 4	or 20 (M4) Jul 20 (M	(Non-Election Year Only)
April 15 Quarterly Re	port (Q1)		
July 15 Quarterly Re	port (Q2) (C) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Re	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Re		tion on	in the State of
July 31 Mid- Report (Non- Year Only) (N	election (d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination F (TER)	Report	tion on	in the State of
5. Covering Period	04 01 2020		16 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have exami	ned this Report and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Tre	Morgan, Anne-Tyler, , , Eseasurer	oy. 	
Signature of Treasurer	Morgan, Anne-Tyler, , , Esq.	[Electronically Filed]	Date 07 / 14 / 2020
NOTE: Submission of false,	erroneous, or incomplete informati	ion may subject the person sign	ing 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)

04 01 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 21739.86 January 1. 2020 (b) Cash on Hand at 23258.62 Beginning of Reporting Period..... 7871.03 14868.69 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36608.55 31129.65 6(a) and 6(c) for Column B)..... 11753.81 17232.71 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 19375.84 19375.84 (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)

R	eport Covering the Period: From:	01 2020 To:	: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	7358.81	11296.47
	(ii) Unitemized(iii) TOTAL (add	511.66	3571.12
	Lines 11(a)(i) and (ii)	7870.47	14867.59
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	7870.47	14867.59
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
47	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.56	1.10
	(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))▶	7871.03	14868.69
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7871.03	14868.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page **4**

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal	Total Tills I Gliou	Calcilual Teal-10-Date
(Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) New Federal Obers	0.00	0.00
((ii) Non-Federal Shareb) Other Federal Operating	0.00	0.00
(Expenditures	9253.81	14732.71
(c) Total Operating Expenditures	45 1 45 1	7- 7- 7- 7-
	(add 21(a)(i), (a)(ii), and (b))▶	9253.81	14732.71
	Fransfers to Affiliated/Other Party		
	Committees Contributions to	0.00	0.00
F	Federal Candidates/Committees and Other Political Committees	2500.00	2500.00
	ndependent Expenditures	4 4 2000	
(use Schedule E)	0.00	0.00
(Coordinated Parfy Expenditures 52 U.S.C. § 30116(d))	7 1 7 1 7	7 7 7
(use Schedule F)	0.00	0.00
,	and Danas manta Mada	222	
L	Loan Repayments Made	0.00	0.00
L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other	4 4	
(Than Political Committees	0.00	0.00
			4 1 4 1 4 1 4
`	b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
,	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
	(add Lines Zo(a), (b), and (c))	0.00	0.00
(Other Disbursements (Including		
1	Non-Federal Donations)	0.00	0.00
	Fodoral Floation Activity /FO. H.C.C. & 20101/0		4 4
	Federal Election Activity (52 U.S.C. § 30101(2 a) Allocated Federal Election Activity	:0))	
((from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(/	3.00	3.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	
	Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
7	Fotal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11752 81	17232.71
	\(\text{V}\)	11753.81	11232.11
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
f	rom Line 31)	11753.81	17232.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5				
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7870.47	14867.59				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7870.47	14867.59				
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9253.81	14732.71				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
88. Net Operating Expenditures (subtract Line 37 from Line 36)	9253.81	14732.71				

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, Thomas, , Dr., Date of Receipt Mailing Address 3246 New Orleans Dr. 2020 15 City Zip Code State Transaction ID: SA11AI.4263 41017 KY Edgewood Amount of Each Receipt this Period FEC ID number of contributing C 137.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Credit card contribution 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. Burns, Frank, , Dr., Date of Receipt Mailing Address 13324 Shelbyville Rd. 04 15 2020 City State Zip Code Transaction ID: SA11AI.4256 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Frank R Burns MD, PLC Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 333.32 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , Dr., Date of Receipt Mailing Address 13324 Shelbyville Rd. 18 2020 City Zip Code State Transaction ID: SA11AI.4274 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Credit card contribution Frank R Burns MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.65 Other (specify)

SUBTOTAL of Receipts This Page (optional)			I	,	Ξ	Ξ	,	_	30	4.16	Ξ	
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	Statements may not be sold or used by any per- e name and address of any political committee t	
NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATI	ON PAC (KENTUCKY PHYSICIANS P	PAC FEDERAL-KPPAC FEDERAL)
Full Name of Individual (Last, First, Middle In Gleis, Linda, , , Mailing Address 5550 Herin Point Drive	itial) or Full Organization Name	Date of Receipt
Unit 1	State Zip Code	04 13 2020
City Napes	State Zip Code FL 34108	Transaction ID : SA11AI.4250
FEC ID number of contributing	C 34100	Amount of Each Receipt this Period 500.00
federal political committee.	0	4 4
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
University of Louisville	Retired Physician	Credit card contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to bate v	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	
3. Jones, Shawn, , ,		Date of Receipt
Mailing Address 8 West Vale		04 23 2020
City	State Zip Code	Transaction ID : SA11AI.4265
Paducah	KY 42001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1750.00
Name of Employer (for Individual) Baptist Health Medical Group	Occupation (for Individual) Physician	Memo Item Check contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 4010 Dupont Circle Ste. 300		04 15 2020
City	State Zip Code	Transaction ID : SA11AI.4258
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Sensible Psychiatric Services	Occupation (for Individual) Physican	Memo Item Credit card contribution
Receipt For:	, , , , , , , , , , , , , , , , , , ,	- Clear cara contribution
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	341.66	
SUBTOTAL of Receipts This Page (optional)	•	2350.00
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 Lydon, Eric, , Dr., Date of Receipt Mailing Address 4010 Dupont Circle Ste. 300 18 2020 City Zip Code State Transaction ID: SA11AI.4276 KY Louisville 40207 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) Sensible Psychiatric Services Physican Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 441.66 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Dr., Date of Receipt Mailing Address 4010 Dupont Circle Ste. 300 15 2020 City State Zip Code Transaction ID: SA11AI.4286 KY Louisville 40207 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) Sensible Psychiatric Services Physican Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 541.66 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Martin, Kevin, , , Date of Receipt Mailing Address 5788 Brookstone Dr. 80 2020 City State Zip Code Transaction ID: SA11AI.4284 OH Cincinnati 45230 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) Credit card contribution St. Elizabeth Physicians Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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 Meadows, Cory, , , Esq. Date of Receipt Mailing Address 9300 Shelbyville Rd. Ste. 850 18 2020 City Zip Code State Transaction ID: SA11AI.4271 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Executive VP** Kentucky Medical Association Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** oakley, maurice, , , Date of Receipt Mailing Address 1901 Winchester Ave. Ste. 102 04 15 2020 City State Zip Code Transaction ID: SA11AI.4262 KY Ashland 41101 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) Ashland Advanced Eye Care Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** oakley, maurice, , , Date of Receipt Mailing Address 1901 Winchester Ave. Ste. 102 18 2020 City Zip Code State Transaction ID: SA11AI.4329 KY Ashland 41101 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) Credit card contribution Ashland Advanced Eye Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 541.66 SUBTOTAL of Receipts This Page (optional).....

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 Oghia, H. Michael, , Dr., Date of Receipt Mailing Address 100 Medical Center 2020 15 City Zip Code State Transaction ID: SA11AI.4270 KY Hazard 41701 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) Hazard ARH Regional Med. Ctr. Physician Credit card contribution 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. Oghia, H. Michael, , Dr., Date of Receipt Mailing Address 100 Medical Center 06 18 2020 City State Zip Code Transaction ID: SA11AI.4293 KY Hazard 41701 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) Hazard ARH Regional Med. Ctr. Physician Credit card contribution 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. Papp, Charles, , Dr., Date of Receipt Mailing Address 2620 Wilhite Dr. 15 2020 City State Zip Code Transaction ID: SA11AI.4261 KY Lexington 40503 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) Credit card contribution Colorectal Surg. & Gastro Ass. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION	N PAC (KE	ENTUCKY PHYSICIANS F	PAC FEDERAL-KPPAC FEDERAL)			
Α.	Full Name of Individual (Last, First, Middle Init Papp, Charles, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 2620 Wilhite Dr.			05 18 2020			
	City	State	Zip Code	Transaction ID : SA11AI.4279			
	Lexington	KY	40503	_ Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Colorectal Surg. & Gastro Ass.	Physic	,	Credit card contribution			
	Receipt For:						
	Primary General	ear-to-Date ▼					
	Other (specify) ▼		500.00				
В.	Full Name of Individual (Last, First, Middle Init Papp, Charles, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 2620 Wilhite Dr.			06 18 2020			
	City	State	Zip Code	Transaction ID : SA11AI.4292			
	Lexington	KY	40503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual) Colorectal Surg. & Gastro Ass.	Occup Physic	oation (for Individual) cian	Memo Item Credit card contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify) ▼		600.00				
_	Full Name of Individual (Last, First, Middle Init Payne, Vaughn, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
О.	Mailing Address 6713 Regal Rd.			M = M / D = D / Y = Y = Y			
	O'th.	04-4-	7:- 0-1-	04 11 2020			
	City Louisville	State KY	Zip Code 40222	Transaction ID : SA11AI.4249			
	Louisville	IXI	40222	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Retired	Physic	cian	PayPal contribution			
	Receipt For:		ear-to-Date ▼				
	Primary General	7.55.054.0					
	Other (specify)		400.00				
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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 Payne, Vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 2020 City Zip Code State Transaction ID: SA11AI.4269 KY Louisville 40222 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) Retired Physician Paypal contribution 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. Payne, Vaughn, , Dr., Date of Receipt Mailing Address 6713 Regal Rd. 06 2020 City State Zip Code Transaction ID: SA11AI.4326 KY Louisville 40222 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) Retired Paypal contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, , Dr., Date of Receipt Mailing Address 413 S Loop Rd. 15 2020 Zip Code City State Transaction ID: SA11AI.4259 KY Edgewood 41017 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) Credit card contribution St. Elizabeth Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) 273.00 SUBTOTAL of Receipts This Page (optional).....

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 Swikert, Donald, , Dr., Date of Receipt Mailing Address 413 S Loop Rd. 2020 18 City Zip Code State Transaction ID: SA11AI.4277 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St. Elizabeth Family Practice Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Dr., Date of Receipt Mailing Address 413 S Loop Rd. 06 15 2020 City State Zip Code Transaction ID: SA11AI.4287 KY Edgewood 41017 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 Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 438.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Nancy, , Dr., Date of Receipt Mailing Address 10003 Country Hills Ct. 15 2020 Zip Code City State Transaction ID: SA11AI.4260 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) Credit card contribution Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) 219.00 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 Swikert, Nancy, , Dr., Date of Receipt Mailing Address 10003 Country Hills Ct. 18 City State Zip Code Transaction ID: SA11AI.4278 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Dr., Date of Receipt Mailing Address 10003 Country Hills Ct. 15 2020 City State Zip Code Transaction ID: SA11AI.4288 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) Retired Credit card contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 438.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Toney, Dale, , , Date of Receipt Mailing Address 744 Andover Village Dr. 02 2020 City State Zip Code Transaction ID: SA11AI.4282 KY Lexington 40509 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) Check contribution University of Kentucky Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 396.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Waid, Thomas, , Dr., Date of Receipt Mailing Address 4768 Firebrook Rd. 2020 15 City Zip Code State Transaction ID: SA11AI.4257 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UK HealthCare** Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , Dr., Date of Receipt Mailing Address 4768 Firebrook Rd. 05 18 2020 City State Zip Code Transaction ID: SA11AI.4275 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UK HealthCare Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Waid, Thomas, , Dr., Date of Receipt Mailing Address 4768 Firebrook Rd. 18 2020 City State Zip Code Transaction ID: SA11AI.4321 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Credit card contribution **UK HealthCare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional).....

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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 Watson, Carolyn, , Dr., Date of Receipt Mailing Address 567 Friedman Lane 2020 10 City Zip Code State Transaction ID: SA11AI.4247 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing C 1300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates Paducah Physician Credit card contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Dr., Jr. Date of Receipt Mailing Address 181 Roy Campbell Dr. 04 10 2020 City State Zip Code Transaction ID: SA11AI.4248 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) ARH Hazard Clinic PayPal contribution 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.** Wicker, Mitchell, , Dr., Jr. Date of Receipt Mailing Address 181 Roy Campbell Dr. 2020 City State Zip Code Transaction ID: SA11AI.4281 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) Paypal contribution ARH Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 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, , Dr., Jr. Date of Receipt Mailing Address 181 Roy Campbell Dr. 2020 City Zip Code State Transaction ID: SA11AI.4313 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) **ARH Hazard Clinic** Physician Paypal Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Zalla, Mark, , , Date of Receipt Mailing Address 1018 Colina Dr. 2020 City State Zip Code Transaction ID: SA11AI.4267 KY Villa Hills 41017 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) **Dermatology Associates of NKY** Check contribution Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 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) 575.00 SUBTOTAL of Receipts This Page (optional)..... 7358.81 TOTAL This Period (last page this line number only).....

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IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	1 ` ′	heck only one) X 21b 22 23 26 27				
			Summary Page	210 28a	28b 28c	26 27 29 30b			
Ar	y information copied from such Reports and Stater	nents may n	ot be sold or use	ed by any perso	on for the purpose of	soliciting contributions			
or	for commercial purposes, other than using the name	ne and addre	ess of any politica	al committee to	solicit contributions	from such committee.			
	NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION	PAC (KEN	NTUCKY PHY	SICIANS PA	AC FEDERAL-KF	PPAC FEDERAL)			
Α.	Full Name (Last, First, Middle Initial) KENTUCKY MEDICAL ASSOCIATION PAC (KENT KPPAC FEDERAL)	UCKY PHYS	ICIANS PAC FEE	DERAL-	Date of Disbursement				
	Mailing Address 9300 SHELBYVILLE ROAD SUITE 800		I		04 16 2020				
	City SULLE	State KY	Zip Code 40222		FEC Identification	Number			
	Purpose of Disbursement Administrative Fee to Connected Org				C C00016444				
	Candidate Name	Category/ Type			Transaction ID : SB21B.4306 Amount of Each Disbursement this Period				
	Senate	ment For:	General	,,		796.00			
	State: President District:	Other (spec	ıfy) ▼		Memo Item				
В.	Full Name (Last, First, Middle Initial) KENTUCKY MEDICAL ASSOCIATION PAC (KENT KPPAC FEDERAL)	UCKY PHYS	SICIANS PAC FEE	DERAL-	Date of Disbursen				
	Mailing Address 9300 SHELBYVILLE ROAD SUITE 800		05 15	2020					
	City :	State KY	Zip Code 40222		FEC Identification	Number			
	Purpose of Disbursement Operating expenditure	· · · ·	C C00016444						
	Candidate Name	Category/ Type			Transaction ID : SB21B.4298 Amount of Each Disbursement this Period				
	Office Sought: House Disburser Senate	ment For: Primary	General			796.00			
	President State: District:	Other (spec	ify)		Memo Item				
<u>С</u> .	Full Name (Last, First, Middle Initial) KENTUCKY MEDICAL ASSOCIATION PAC (KENT KPPAC FEDERAL)	UCKY PHYS	ICIANS PAC FEE	DERAL-	Date of Disbursen				
	Mailing Address 9300 SHELBYVILLE ROAD SUITE 800				05 29	2020			
	City LOUISVILLE Purpose of Disbursement Operating expenditure	State KY	Zip Code 40222		FEC Identification Number C C00016444				
	Candidate Name			Category/ Type		D: SB21B.4300 Disbursement this Period			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General	. , , , ,		3303.47			
	State: District:	.,,,,,	-, ,		Memo Item				
s	UBTOTAL of Disbursements This Page (optional)			·····		4895.47			
Т	OTAL This Period (last page this line number only))							

ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION	me and addre	ess of any politica	al committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. KENTUCKY MEDICAL ASSOCIATION PAC (KENT KPPAC FEDERAL) Mailing Address 9300 SHELBYVILLE ROAD SUITE 800	TUCKY PHYS	SICIANS PAC FED	DERAL-	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
LOUISVILLE Purpose of Disbursement Administrative Fee to Connected Org. Candidate Name	ement For: Primary Other (spec	Zip Code 40222 General	Category/ Type	FEC Identification Number C C00016444 Transaction ID: SB21B.4316 Amount of Each Disbursement this Period 796.00 Memo Item
Lexington Purpose of Disbursement Operating expenditure Candidate Name Office Sought: House Disburse Senate President State: District:	State KY ment For: Primary Other (spec	Zip Code 40507 General	Category/ Type	Date of Disbursement M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) C. Mountjoy Chilton Medley Mailing Address 462 S 4th Street #2600 City Louisville Purpose of Disbursement Accounting Service Fee	State KY	Zip Code 40202	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 20 OF 21				
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check			only one)				
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				28a					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan								
	NAME OF COMMITTEE (In Full)) [2		, , , , , , , , , , , , , , , , , , ,				
$ \rangle$	KENTUCKY MEDICAL ASSOCIATION	PAC (KEN	NTUCKY PH	/SICIANS F	PAC FEDERAL-KPPAC FEDERAL)				
_	Full Name (Last, First, Middle Initial)								
Α.	PNC				Date of Disbursement				
	Mailing Address 720 Euclid Ave.				05 04 2020				
	,	State	Zip Code		FEC Identification Number				
	Lexington Purpose of Disbursement	KY	40502						
	Banking/Merchant Services Fees			· · ·	C				
	Candidate Name			Category/	Transaction ID : SB21B.4312 Amount of Each Disbursement this Period				
				Type					
		ment For:			243.99				
	Senate President	Primary Other (spec	General						
	State: District:	Other (spec	, (iiy) ▼		Memo Item				
	Full Name (Last, First, Middle Initial)								
В.	PNC				Date of Disbursement				
					M = M / D = D / Y = Y = Y				
	Mailing Address 720 Euclid Ave.	06 02 2020							
	City :	State KY	Zip Code 40502		FEC Identification Number				
	Purpose of Disbursement	- Ki	40302		C				
	Banking/Merchant Services Fees				Transaction ID : SB21B.4317				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		.,,,,,	33.35				
	Senate	Primary	General		4 4				
	President	Other (spec	cify)		Memo Item				
_	State: District: Full Name (Last, First, Middle Initial)				_				
C.	i un maine (Last, i list, Mildule IIIIIal)				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement				C				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
				Type	Tanasan S. 2001 Dissardanian dila Period				
		ment For:							
	Senate President	Primary Other (spec	General						
	State: District:	Other (spec	y) ▼		Memo Item				
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s	UBTOTAL of Disbursements This Page (optional)			·····•	277.34				
					9253.81				
T	OTAL This Period (last page this line number only))			9203.01				

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SCHEDULE B (FEC Form 3X)	Haranana L. C. C.	FOR LINE NUMBER: PAGE 21 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 x 23 26 27
	Detailed Summary Page	28a 28b 28c 29 30b
		by any person for the purpose of soliciting contributions
	e and address of any politica	I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) KENTUCKY MEDICAL ASSOCIATION F	PAC (KENTUCKY PHYS	SICIANS PAC FEDERAL-KPPAC FEDERAL)
Full Name (Last, First, Middle Initial)		Date of Dishuraneset
A. Senate Republican Caucus Campa	iign Committee	Date of Disbursement
Mailing Address P.O. Box 1068		06 23 2020
,	State Zip Code KY 40602	FEC Identification Number
Purpose of Disbursement	40002	C
Check contribution		Transaction ID : SB23.4303
Candidate Name Senate Republican Caucus Campa	ian Committee	Category/ Amount of Each Disbursement this Period
	nent For: 2020	2500.00
	Primary General	
State: District:	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
В.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	itate Zip Code	FEC Identification Number
Purpose of Disbursement		C
Candidate Name		
Candidate Name		Category/ Amount of Each Disbursement this Period Type
Office Sought: House Disbursem	nent For:	
	Primary General Other (specify)	
State: District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
0		
City	state Zip Code	FEC Identification Number
Purpose of Disbursement	<u> </u>	C
Candidate Name		
		Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disbursem		
	Primary General Other (specify) ▼	П.,
State: District:	Carlot (opcony) 🔻	Memo Item
· ·		0500.00
SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only).		2500.00