

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

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)			
ADDRESS (number and street)		9300 SHELBYVILLE ROAD	
<input type="checkbox"/> Check if different than previously reported. (ACC)		SUITE 800	
		LOUISVILLE	KY
		40222	-
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲
C C00016444			ZIP CODE ▲
3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)			
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:			
<input type="checkbox"/> April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)
<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2)		<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Aug 20 (M8)
<input type="checkbox"/> October 15 Quarterly Report (Q3)		<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> January 31 Year-End Report (YE)		<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)		<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Jan 31 (YE)
<input type="checkbox"/> Termination Report (TER)		<input type="checkbox"/> Oct 20 (M10)	
(c) 12-Day PRE-Election Report for the:			
<input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)			
<input type="checkbox"/> Convention (12C) <input type="checkbox"/> Special (12S)			
Election on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 2px;"> </span>			
(d) 30-Day POST-Election Report for the:			
<input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)			
Election on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 2px;"> </span>			
5. Covering Period <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> through <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>			
04 01 2020 through 06 30 2020			

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Morgan, Anne-Tyler, , , Esq.

Type or Print Name of Treasurer

Signature of Treasurer

Morgan, Anne-Tyler, , , Esq.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y Y Y  
07 14 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
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)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2020</span>		21739.86
(b) Cash on Hand at Beginning of Reporting Period.....	23258.62	
(c) Total Receipts (from Line 19) .....	7871.03	14868.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31129.65	36608.55
7. Total Disbursements (from Line 31).....	11753.81	17232.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19375.84	19375.84
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2020

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2020
**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 .....

511.66

3571.12

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7870.47

14867.59

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7870.47

14867.59

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.56

1.10

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total 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

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9253.81	14732.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9253.81	14732.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. 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 Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11753.81	17232.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11753.81	17232.71

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7870.47	14867.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7870.47	14867.59
36. 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
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	9253.81	14732.71

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bunnell, Thomas, , Dr.,

Mailing Address 3246 New Orleans Dr.

City  
Edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

137.50

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Frank, , Dr.,

Mailing Address 13324 Shelbyville Rd.

City  
Louisville

State  
KY

Zip Code  
40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frank R Burns MD, PLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

83.33

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Frank, , Dr.,

Mailing Address 13324 Shelbyville Rd.

City  
Louisville

State  
KY

Zip Code  
40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frank R Burns MD, PLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period

83.33

☐ Memo Item

Credit card contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

304.16

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

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

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gleis, Linda, , ,**

Mailing Address 5550 Herin Point Drive  
Unit 1

City Napes State FL Zip Code 34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Louisville

Occupation (for Individual)  
Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 13 / 2020

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Shawn, , ,**

Mailing Address 8 West Vale

City Paducah State KY Zip Code 42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Health Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

04 / 23 / 2020

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period

1750.00

☐ Memo Item  
Check contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lydon, Eric, , Dr.,**

Mailing Address 4010 Dupont Circle Ste. 300

City Louisville State KY Zip Code 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric Services

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

341.66

Date of Receipt

04 / 15 / 2020

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lydon, Eric, , Dr.,

Mailing Address 4010 Dupont Circle Ste. 300

City  
Louisville

State  
KY

Zip Code  
40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric Services

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lydon, Eric, , Dr.,

Mailing Address 4010 Dupont Circle Ste. 300

City  
Louisville

State  
KY

Zip Code  
40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric Services

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2020

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Kevin, , ,

Mailing Address 5788 Brookstone Dr.

City  
Cincinnati

State  
OH

Zip Code  
45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Physicians

Occupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2020

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Credit card contribution

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meadows, Cory, , , Esq.**

Mailing Address 9300 Shelbyville Rd. Ste. 850

City  
LouisvilleState  
KYZip Code  
40222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kentucky Medical AssociationOccupation (for Individual)  
Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period

41.66

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. oakley, maurice, , ,**

Mailing Address 1901 Winchester Ave. Ste. 102

City  
AshlandState  
KYZip Code  
41101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Advanced Eye CareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. oakley, maurice, , ,**

Mailing Address 1901 Winchester Ave. Ste. 102

City  
AshlandState  
KYZip Code  
41101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Advanced Eye CareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Credit card contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.66

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oghia, H. Michael, , Dr.,**

Mailing Address 100 Medical Center

City  
Hazard

State  
KY

Zip Code  
41701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard ARH Regional Med. Ctr.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2020

**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oghia, H. Michael, , Dr.,**

Mailing Address 100 Medical Center

City  
Hazard

State  
KY

Zip Code  
41701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hazard ARH Regional Med. Ctr.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2020

**Transaction ID : SA11AI.4293**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Papp, Charles, , Dr.,**

Mailing Address 2620 Wilhite Dr.

City  
Lexington

State  
KY

Zip Code  
40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorectal Surg. & Gastro Ass.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papp, Charles, , Dr.,

Mailing Address 2620 Wilhite Dr.

City  
Lexington

State  
KY

Zip Code  
40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorectal Surg. & Gastro Ass.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papp, Charles, , Dr.,

Mailing Address 2620 Wilhite Dr.

City  
Lexington

State  
KY

Zip Code  
40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorectal Surg. & Gastro Ass.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2020

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Payne, Vaughn, , Dr.,

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2020

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

100.00

☐ Memo Item  
PayPal contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Payne, Vaughn, , Dr.,**

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2020

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

100.00

☐ Memo Item  
☐ Paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Payne, Vaughn, , Dr.,**

Mailing Address 6713 Regal Rd.

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2020

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period

100.00

☐ Memo Item  
☐ Paypal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swikert, Donald, , Dr.,**

Mailing Address 413 S Loop Rd.

City  
Edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St. Elizabeth Family Practice

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

04 / 15 / 2020

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

73.00

☐ Memo Item  
☐ Credit card contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

273.00

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

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

FOR LINE NUMBER: PAGE 13 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swikert, Donald, , Dr.,**

Mailing Address 413 S Loop Rd.

City  
Edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Family Practice

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

**Transaction ID : SA11AI.4277**

Amount of Each Receipt this Period

73.00

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swikert, Donald, , Dr.,**

Mailing Address 413 S Loop Rd.

City  
Edgewood

State  
KY

Zip Code  
41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Elizabeth Family Practice

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2020

**Transaction ID : SA11AI.4287**

Amount of Each Receipt this Period

73.00

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swikert, Nancy, , Dr.,**

Mailing Address 10003 Country Hills Ct.

City  
Union

State  
KY

Zip Code  
41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period

73.00

☐ Memo Item

Credit card contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

219.00

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

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

FOR LINE NUMBER: PAGE 14 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Nancy, , Dr.,

Mailing Address 10003 Country Hills Ct.

City  
UnionState  
KYZip Code  
41091FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period

73.00

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Nancy, , Dr.,

Mailing Address 10003 Country Hills Ct.

City  
UnionState  
KYZip Code  
41091FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2020

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

73.00

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toney, Dale, , ,

Mailing Address 744 Andover Village Dr.

City  
LexingtonState  
KYZip Code  
40509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Kentucky

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2020

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

250.00

☐ Memo Item

Check contribution

SUBTOTAL of Receipts This Page (optional).....▶

396.00

TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 15 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waid, Thomas, , Dr.,

Mailing Address 4768 Firebrook Rd.

City  
Lexington

State  
KY

Zip Code  
40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UK HealthCare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

83.33

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waid, Thomas, , Dr.,

Mailing Address 4768 Firebrook Rd.

City  
Lexington

State  
KY

Zip Code  
40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UK HealthCare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period

83.33

☐ Memo Item

Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waid, Thomas, , Dr.,

Mailing Address 4768 Firebrook Rd.

City  
Lexington

State  
KY

Zip Code  
40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UK HealthCare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period

83.33

☐ Memo Item

Credit card contribution

SUBTOTAL of Receipts This Page (optional).....▶

249.99

TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 16 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watson, Carolyn, , Dr.,

Mailing Address 567 Friedman Lane

City  
PaducahState  
KYZip Code  
42001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pathology Associates PaducahOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

1300.00

☐ Memo Item  
Credit card contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Dr., Jr.

Mailing Address 181 Roy Campbell Dr.

City  
HazardState  
KYZip Code  
41702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARH Hazard ClinicOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

75.00

☐ Memo Item  
PayPal contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Dr., Jr.

Mailing Address 181 Roy Campbell Dr.

City  
HazardState  
KYZip Code  
41702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARH Hazard ClinicOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2020

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Paypal contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1450.00



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

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

FOR LINE NUMBER: PAGE 17 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wicker, Mitchell, , Dr., Jr.</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2020</div> </div> </p>		
<p>Mailing Address 181 Roy Campbell Dr.</p>			<p><b>Transaction ID : SA11AI.4313</b></p>		
<p>City Hazard</p>	<p>State KY</p>	<p>Zip Code 41702</p>	<p>Amount of Each Receipt this Period  <div> <div>75.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p><input type="checkbox"/> Memo Item Paypal Contribution</p>		
<p>Name of Employer (for Individual) ARH Hazard Clinic</p>		<p>Occupation (for Individual) Physician</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼  <div> <div>450.00</div> </div> </p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zalla, Mark, , ,</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>05 / 06 / 2020</div> </div> </p>		
<p>Mailing Address 1018 Colina Dr.</p>			<p><b>Transaction ID : SA11AI.4267</b></p>		
<p>City Villa Hills</p>	<p>State KY</p>	<p>Zip Code 41017</p>	<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p><input type="checkbox"/> Memo Item Check contribution</p>		
<p>Name of Employer (for Individual) Dermatology Associates of NKY</p>		<p>Occupation (for Individual) Doctor</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div> </p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y Y</div> </div> </p>		
<p>Mailing Address</p>					
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Receipt this Period  <div> <div></div> </div> </p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) </p>		<p>Aggregate Year-to-Date ▼  <div> <div></div> </div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<div> <div>575.00</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<div> <div>7358.81</div> </div>		

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name (Last, First, Middle Initial)

**A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Administrative Fee to Connected Org

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	0		

FEC Identification Number

**C** C00016444**Transaction ID : SB21B.4306**

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Operating expenditure

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	0		

FEC Identification Number

**C** C00016444**Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Operating expenditure

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00016444**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

3303.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4895.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**

Full Name (Last, First, Middle Initial)

**A. KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)**Mailing Address 9300 SHELBYVILLE ROAD  
SUITE 800City  
LOUISVILLEState  
KYZip Code  
40222Purpose of Disbursement  
Administrative Fee to Connected Org.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	2	0		

FEC Identification Number

**C** C00016444**Transaction ID : SB21B.4316**

Amount of Each Disbursement this Period

796.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. McBrayer PLLC**Mailing Address 201 E. Main Street  
Ste. 900City  
LexingtonState  
KYZip Code  
40507Purpose of Disbursement  
Operating expenditure

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mountjoy Chilton Medley**

Mailing Address 462 S 4th Street #2600

City  
LouisvilleState  
KYZip Code  
40202Purpose of Disbursement  
Accounting Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.4305**

Amount of Each Disbursement this Period

2535.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4081.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address 720 Euclid Ave.

City  
LexingtonState  
KYZip Code  
40502Purpose of Disbursement  
Banking/Merchant Services Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.4312

Amount of Each Disbursement this Period

243.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address 720 Euclid Ave.

City  
LexingtonState  
KYZip Code  
40502Purpose of Disbursement  
Banking/Merchant Services Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

33.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

277.34

TOTAL This Period (last page this line number only).....▶

9253.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KENTUCKY MEDICAL ASSOCIATION PAC (KENTUCKY PHYSICIANS PAC FEDERAL-KPPAC FEDERAL)

Full Name (Last, First, Middle Initial)

**A. Senate Republican Caucus Campaign Committee**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		23		2020

Mailing Address P.O. Box 1068

City  
FrankfortState  
KYZip Code  
40602Purpose of Disbursement  
Check contribution

Candidate Name

Senate Republican Caucus Campaign Committee

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

C

Transaction ID : SB23.4303

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

**TOTAL** This Period (last page this line number only).....▶

2500.00