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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1 011111 021	or Other Than An Aut	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Asso	ciation PAC(Kentucl	ky Physicians PAC Fed	leral-KPPAC Federal)
ADDRESS (number and street)	9300 Shelbyville Road		
Check if different	Suite 850		
than previously reported. (ACC)	Louisville		KY 40222
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00016444		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M:	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	20 (M4) Jul 20 (M7)	
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Flackia	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	on on 11 06	in the State of KY
5. Covering Period 10	18 2018	through 11	26 2018
I certify that I have examined this	s Report and to the best of Couch, Robert, , , MD	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	- Codon, Robert, , , IVID		
Signature of Treasurer Couch	, Robert, , , MD	[Electronically Filed]	Date 11 / 27 / 2018
NOTE: Submission of false, errone	ous, or incomplete information	n 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)

10 18 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 79034.94 January 1. 2018 (b) Cash on Hand at 25703.01 Beginning of Reporting Period..... 2528.13 43677.89 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 28231.14 122712.83 6(a) and 6(c) for Column B)..... 1136.83 95618.52 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 27094.31 27094.31 (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)

Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period 1787.66 740.00 2527.66 0.00 0.00 0.00 0.00 0.00	Calendar Year-to-Date 30888.94 11327.32 42216.26 0.00 43216.26 0.00 0.00
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	740.00 2527.66 0.00 0.00 2527.66 0.00 0.00 0.00	11327.32 42216.26 0.00 1000.00 43216.26 0.00
Than Political Committees (i) Itemized (use Schedule A)	740.00 2527.66 0.00 0.00 2527.66 0.00 0.00 0.00	11327.32 42216.26 0.00 1000.00 43216.26 0.00
(ii) Unitemized	740.00 2527.66 0.00 0.00 2527.66 0.00 0.00 0.00	11327.32 42216.26 0.00 1000.00 43216.26 0.00
(iii) Unitemized	740.00 2527.66 0.00 0.00 2527.66 0.00 0.00 0.00	11327.32 42216.26 0.00 1000.00 43216.26 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2527.66 0.00 0.00 2527.66 0.00 0.00	42216.26 0.00 1000.00 43216.26 0.00 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2527.66 0.00 0.00 2527.66 0.00 0.00	42216.26 0.00 1000.00 43216.26 0.00 0.00
Lines 11(a)(i) and (ii)	0.00 0.00 2527.66 0.00 0.00	0.00 1000.00 43216.26 0.00
(b) Political Party Committees	0.00 0.00 2527.66 0.00 0.00	1000.00 43216.26 0.00
(c) Other Political Committees (such as PACs)	0.00 2527.66 0.00 0.00	1000.00 43216.26 0.00
(c) Other Political Committees (such as PACs)	2527.66 0.00 0.00	43216.26 0.00 0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2527.66 0.00 0.00	43216.26 0.00 0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	4 4 4	
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	4 4 4	
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	7 7	
(Carry Totals to Line 37, page 5)		
Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
to Federal Candidates and Other Political Committees	49. 49.	45 45
Political Committees		
	0.00	0.00
Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.47	461.63
Transfers from Non-Federal and Levin Funds	4	4 4
(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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2528.13	43677.89
Total Fodoral Receipts		
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2528.13	43677.89

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonida 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	1136.83	24118.52
(c) Total Operating Expenditures	7 7 7	
(add 21(a)(i), (a)(ii), and (b))▶	1136.83	24118.52
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Conditions Committees	0.00	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	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	3.00	4 4 4
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	71500.00
Federal Election Activity (52 U.S.C. § 30101(20	0))	
(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	3.00	
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))	1136.83	95618.52
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4400.00	
TOTAL EITHOUT J. T.	1136.83	95618.52

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2527.66	43216.26
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
6. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2527.66	43216.26
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1136.83	24118.52
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	1136.83	24118.52

Use separate schedule(s)

FOR LINE NUMBER:						PAGE		6	OF		11
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

for each category of the 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 Alvarado, Ralph, , Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 2018 15 City Zip Code State Transaction ID: SA11AI.7888 KY Winchester 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2018 City State Zip Code Transaction ID: SA11AI.7889 KY Louisville 40207 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 916.63 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dave, Aroona, , Mrs., Date of Receipt Mailing Address 807 Shamrock Dr 29 2018 City Zip Code State Transaction ID: SA11AI.7881 KY Madisonville 42431-8646 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) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1183.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		7	OF		11
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 2018 15 City Zip Code State Transaction ID: SA11AI.7887 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2018 City State Zip Code Transaction ID: SA11AI.7891 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 Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Payne, Vaughn, , , MD Date of Receipt Mailing Address 9900 Corporate Campus Drive 12 2018 Ste 1000 City State Zip Code Transaction ID: SA11AI.7885 KY Louisville 40223 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) Aetna Better Health of KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 225.00 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

FOR LINE NUMBER:						PAGE	8	OF	11
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		13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2018 15 City Zip Code State Transaction ID: SA11AI.7892 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) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 803.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2018 City State Zip Code Transaction ID: SA11AI.7893 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 Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 803.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2018 City State Zip Code Transaction ID: SA11AI.7890 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) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 916.63 Other (specify) 229.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	PAGE		9	OF		11			
(check only one)											
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		13		14		15		16	;		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2018 City Zip Code State Transaction ID: SA11AI.7880 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 1575.00 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 2018 City State Zip Code Transaction ID: SA11AI.7884 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) ▼ 1650.00 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) 150.00 SUBTOTAL of Receipts This Page (optional)..... 1787.66 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10					
ITEMIZED DISBURSEMENTS		arate schedule(s)		FOR LINE NUMBER: PAGE 10 OF 11 (check only one)				
		category of the Summary Page	` X 21b					
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Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
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)				Data of Dishuraneset				
A. Kentucky Medical Association (KM	A)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road Suite 850		10 31 2018						
City S Louisville	State KY	Zip Code 40222		FEC Identification Number				
Purpose of Disbursement		40222		C				
Reimburse printing expense for KPPAC notecards			004	Transaction ID : SB21B.7904				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	ment For:		.,,,,	75.84				
Senate	Primary	General						
	Other (spec	cify) ▼		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)	١٨١			Date of Disbursement				
B. Kentucky Medical Association (KM	IA)			M M / D D / Y Y Y Y				
Mailing Address 9300 Shelbyville Road Suite 850				10 31 2018				
City	State	Zip Code		FEC Identification Number				
Louisville	KY	40222						
Purpose of Disbursement Reimburse October postage expense			001	C				
Candidate Name				Transaction ID : SB21B.7905				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	ment For:	I	71	113.83				
	Primary	General						
President State: District:	Other (spec	cify)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Kentucky Medical Association (KM.	A)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road Suite 850				10 31 2018				
	State	Zip Code		FEC Identification Number				
Louisville	KY	40222						
Purpose of Disbursement Reimburse set-up fee for KPPAC event at KMA Anr	nual Meeting	,	004	C				
Candidate Name		,		Transaction ID : SB21B.7907				
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	ment For:		71: -	159.00				
	Primary	General						
President	Other (spec	cify) 🔻		Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional)				348.67				

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Use separate schedule(s) for each category of the Detailed Summary Page Variable Va	SCHEDU	LE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 O					
Feel Principe Pr										
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 Pull) Kentucky Medical Association (KMA) Full Name (Last, First, Middle Initial) Full Name (Last, First		DIODONOLIVILIAIO			I ` ′					
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 Pull) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Midde Initial) A. Kentucky Medical Association (KMA) Mailing Address 3930 Shabbyville Road Suite 850 City State Zip Code KY 40222 Furpose of Disbursement Number Category/ Type Foll Name (Last, First, Midde Initial) B. City State Zip Code Furpose of Disbursement For: □ Furpose of Disbursement For: □ Furpose of Disbursement For: □ Furpose of Disbursement Candidate Name City State Zip Code FEC Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Primary □ General □ Fec Identification Number Classification State □ Fec Identification Number Classification State □ Fec Identification Number Classification State □ Fec Iden			Detailed		28a	28b 28c 29 30b				
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 (KMA) Mailing Address 9300 Shelbyville Road Suite 850 City Louisville Purpose of Disbursement November Administration Fee Candidate Name Office Sought: House Primary Office Sought: Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: Senate Primary Office Sought: House Primary Office Sought: Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: Senate Primary Office Sought: House President Disbursement For: Senate Primary Office Sought: House President Disbursement State: District Full Name (Last, First, Middle Initial) C. City State Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement this Period Furpose of Disbursement Candidate Name Category' Type Office Sought: House Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement this Period FEC Identification Number Category' Type Memo Item FEC Identification Number Category' Type Memo Item State: Date of Disbursement this Period FEC Identification Number Category' Type Memo Item State: District Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursement this Period Mumo Item Subtrotal of Disbursement this Period Mumo Item										
Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)										
A Kentucky Medical Association (KMA) Mailing Address 9300 Shelbyville Road Suite 850 City	/	•	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)				
Mailing Address 9300 Shelbyville Road Suite 850 City		,				Data of Dishamanant				
City		,	/IA)			M M / D D / Y Y Y Y				
Louisville KY 40222 Purpose of Disbursement November Administration Fee Candidate Name Category/ Type Testident Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement this Period Transaction ID: \$821B.7910 Amount of Each Disbursement Transaction ID: \$821B.7910 Transaction ID: \$821B.7910 Amount of Each Disbursement Transaction ID: \$821B.7910 Transaction ID: \$821B.791		-		T		11 15 2018				
Purpose of Disbursement November Administration Fee Candidate Name Office Sought:	•					FEC Identification Number				
Candidate Name Category/ Type Office Sought:		f Disbursement		70222		C				
Cardidate Name Office Sought: House Senate Prisident State: District: House Disbursement For: Senate President State: District: House Senate President State: District: House Senate President State: Disbursement For: Senate President State: Disbursement This Page (optional)	Novembe	er Administration Fee			001					
Office Sought:	Candidate	Name								
State: District: Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City	Office Sou	ight: House Disburse	ement For:			780.00				
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City										
B. Date of Disbursement	State:		Other (spe	ecity) 🔻		Memo Item				
Mailing Address City State Zip Code FEC Identification Number Candidate Name Candidate Name Disbursement For: Senate President Other (specify) State: District: City State Zip Code Primary General Other (specify) Date of Disbursement Category/ Amount of Each Disbursement this Period Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Coategory/ Type Coategory										
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