

**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  
Suite 850  
Check if different than previously reported. (ACC) Louisville KY 40222 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00016444

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☒ POST-Election General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Report for the:

Election on 11 / 06 / 2018 in the State of KY

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

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

Couch, Robert, , MD

Type or Print Name of Treasurer

Signature of Treasurer

Couch, Robert, , MD

[Electronically Filed]

Date

11 / 27 / 2018

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  
10 / 18 / 2018 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2018

	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;">2018</span>		79034.94
(b) Cash on Hand at Beginning of Reporting Period.....	25703.01	
(c) Total Receipts (from Line 19) .....	2528.13	43677.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28231.14	122712.83
7. Total Disbursements (from Line 31).....	1136.83	95618.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27094.31	27094.31
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
1	0		1	8		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	8

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).....	1787.66	30888.94
(ii) Unitemized .....	740.00	11327.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2527.66	42216.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2527.66	43216.26
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.).....	0.47	461.63
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)) .....	2528.13	43677.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2528.13	43677.89

**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
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 .....	1136.83	24118.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1136.83	24118.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	71500.00
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)) ..	1136.83	95618.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1136.83	95618.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	2527.66	43216.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2527.66	43216.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1136.83	24118.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1136.83	24118.52

# **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 11

(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. Alvarado, Ralph, , Doctor, MD

Mailing Address 3520 McClure Road

City  
Winchester

State  
KY

Zip Code  
40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winchester Medical Associates

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2018

Transaction ID : SA11Al.7888

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Burns, Frank, , , MD

Mailing Address 301 Pepperbush Road

City  
Louisville

State  
KY

Zip Code  
40207

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 ▼

916.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2018

Transaction ID : SA11Al.7889

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Dave, Aroona, , Mrs.,

Mailing Address 807 Shamrock Dr

City  
Madisonville

State  
KY

Zip Code  
42431-8646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : SA11Al.7881

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1183.33

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 PageFOR LINE NUMBER: PAGE 7 OF 11  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Johnstone, John, , Doctor, MD**

Mailing Address 819 W. Main Street

City  
RichmondState  
KYZip Code  
40475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information RequestedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

Transaction ID : SA11Al.7887

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Lydon, Eric, , Doctor, MD**

Mailing Address 2000 Long Knife Ct

City  
LouisvilleState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sensible Psychiatric ServicesOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

Transaction ID : SA11Al.7891

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Payne, Vaughn, , , MD**Mailing Address 9900 Corporate Campus Drive  
Ste 1000City  
LouisvilleState  
KYZip Code  
40223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aetna Better Health of KYOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2018

Transaction ID : SA11Al.7885

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

225.00

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 8 OF 11  
(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, , Doctor, MD**

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)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

11 / 15 / 2018

Transaction ID : SA11AI.7892

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

**B. Swikert, Nancy, , Doctor, MD**

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 Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

11 / 15 / 2018

Transaction ID : SA11AI.7893

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

**C. Waid, Thomas, , , MD**

Mailing Address 4768 Firebrook Blvd

City  
Lexington

State  
KY

Zip Code  
40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Physician

Occupation (for Individual)

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

11 / 15 / 2018

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

229.33



# **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 11  
 (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. Wicker, Mitchell, , Doctor, MD**

Mailing Address P.O. Box 719

City  
Hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hazard Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2018

**Transaction ID : SA11Al.7880**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**B. Wicker, Mitchell, , Doctor, MD**

Mailing Address P.O. Box 719

City  
Hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hazard Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2018

**Transaction ID : SA11Al.7884**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

150.00

1787.66

**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 10 OF 11

<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 (KMA)**Mailing Address 9300 Shelbyville Road  
Suite 850City  
LouisvilleState  
KYZip Code  
40222Purpose of Disbursement  
Reimburse printing expense for KPPAC notecards

004

Category/  
Type

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
10		31		2018

FEC Identification Number

C

**Transaction ID : SB21B.7904**

Amount of Each Disbursement this Period

75.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kentucky Medical Association (KMA)**Mailing Address 9300 Shelbyville Road  
Suite 850City  
LouisvilleState  
KYZip Code  
40222Purpose of Disbursement  
Reimburse October postage expense

001

Category/  
Type

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
10		31		2018

FEC Identification Number

C

**Transaction ID : SB21B.7905**

Amount of Each Disbursement this Period

113.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kentucky Medical Association (KMA)**Mailing Address 9300 Shelbyville Road  
Suite 850City  
LouisvilleState  
KYZip Code  
40222Purpose of Disbursement  
Reimburse set-up fee for KPPAC event at KMA Annual Meeting

004

Category/  
Type

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
10		31		2018

FEC Identification Number

C

**Transaction ID : SB21B.7907**

Amount of Each Disbursement this Period

159.00

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

348.67

**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 11 OF 11

<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 (KMA)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	1	8		

Mailing Address 9300 Shelbyville Road  
Suite 850City  
LouisvilleState  
KYZip Code  
40222Purpose of Disbursement  
November Administration Fee

001

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7910

Amount of Each Disbursement this Period

780.00

☐ 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

Category/  
Type

Candidate Name

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

State: District:

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

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

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

780.00

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

1128.67