

**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) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

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

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2015

12

31

2015

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

Type or Print Name of Treasurer Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

27

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	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;">2015</span>		66953.35
(b) Cash on Hand at Beginning of Reporting Period.....	73845.38	
(c) Total Receipts (from Line 19) .....	31428.00	57508.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105273.38	124461.42
7. Total Disbursements (from Line 31) .....	20922.63	40110.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84350.75	84350.75
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. 06/2004)

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  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
12 31 2015**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).....

24010.00

42519.00

(ii) Unitemized .....

7413.00

13980.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31423.00

56499.00

(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) .....

31423.00

57499.00

## 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.).....

5.00

9.07

## 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))..... ▶

31428.00

57508.07

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

31428.00

57508.07

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	6422.63	23110.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6422.63	23110.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	14500.00	16000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	20922.63	40110.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20922.63	40110.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31423.00	57499.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31423.00	57499.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6422.63	23110.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6422.63	23110.67

# **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 48

(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 (Last, First, Middle Initial)

**A. Doctor George C. Borst III, MD**

Mailing Address 1201 St. Christopher Drive

City State Zip Code  
 Ashland KY 41101

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 20 2015

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Cheryl Broster**

Mailing Address 3629 Winding Woods Ln.

City State Zip Code  
 Lexington KY 40515

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-employed

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 28 2015

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Nancy Bunnell MD**

Mailing Address 3246 New Orleans

City State Zip Code  
 Edgewood KY 41017

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 15 2015

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period

68.75

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

868.75

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 48  
(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 (Last, First, Middle Initial)

**A. Mrs. Nancy Bunnell MD**

Mailing Address 3246 New Orleans

City	State	Zip Code
Edgewood	KY	41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period

68.75

Full Name (Last, First, Middle Initial)

**B. Doctor Thomas Bunnell MD**

Mailing Address 3246 New Orleans

City	State	Zip Code
Edgewood	KY	41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Elizabeth

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2015

Transaction ID : SA11AI.6148

Amount of Each Receipt this Period

68.75

Full Name (Last, First, Middle Initial)

**C. Doctor Thomas Bunnell MD**

Mailing Address 3246 New Orleans

City	State	Zip Code
Edgewood	KY	41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Elizabeth

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

68.75

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

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

206.25

# **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 48  
(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 (Last, First, Middle Initial)

## **A. Doctor Bruce E. Burton MD**

Mailing Address 3106 Oakridge Court

City State Zip Code  
 Owensboro KY 42303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Doctor John W. Collins MD**

Mailing Address 1014 Richmond Road

City State Zip Code  
 Lexington KY 40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lexington clinic

Occupation

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  
 11 / 09 / 2015

Transaction ID : SA11AI.6302

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **c. Doctor J. Gregory Cooper MD**

Mailing Address 386 Culpepper Drive

City State Zip Code  
 Cynthiana KY 41031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

Transaction ID : SA11AI.6329

Amount of Each Receipt this Period

500.00

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

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

1300.00



# **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)

PAGE 9 OF 48

☒ 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 (Last, First, Middle Initial)

## **A. Doctor Douglas Crutcher MD**

Mailing Address 1210 KY Hwy 36E

City State Zip Code  
 Cynthiana KY 41031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrison Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 29 / 2015

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Mary Helen Davis MD**

Mailing Address 10720 Hobbs Station Road

City State Zip Code  
 Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Behavioral Oncology & Mental Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 29 / 2015

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Rita M. Egan MD**

Mailing Address 2349 Abbeywood Road

City State Zip Code  
 Lexington KY 40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arthritis Center of Lexington

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.6303

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 10 OF 48  
(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 (Last, First, Middle Initial)

## **A. Toni Ganzel MD**

Mailing Address 2513 Poplar Crest Road

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Surgical Associates

Occupation  
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  
08 / 31 / 2015

**Transaction ID : SA11AI.6208**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Robert Granacher MD**

Mailing Address 1401 Harrodsburg Rd Ste A400

City State Zip Code  
Lexington KY 40504-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2015

**Transaction ID : SA11AI.6312**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Robert Granacher MD**

Mailing Address 1401 Harrodsburg Rd Ste A400

City State Zip Code  
Lexington KY 40504-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
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  
12 / 15 / 2015

**Transaction ID : SA11AI.6325**

Amount of Each Receipt this Period

75.00

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

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 48  
(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 (Last, First, Middle Initial)

**A. Doctor Hollis Hilty MD**

Mailing Address 4812 Firebrook Blvd

City

Lexington

State

KY

Zip Code

40513-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Baptist Hospital ER

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : SA11AI.6328

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Doctor John Johnstone MD**

Mailing Address 819 W. Main Street

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.6243

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Doctor John Johnstone MD**

Mailing Address 819 W. Main Street

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period

25.00

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

350.00

**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 12 OF 48  
(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 (Last, First, Middle Initial)

## **A. Doctor Evelyn Montgomery Jones MD**

Mailing Address 8 West Vale

City State Zip Code  
Paducah KY 42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Purchase Dermatology

Occupation

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  
08 / 29 / 2015

Transaction ID : SA11AI.6185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Shawn C. Jones MD**

Mailing Address 8 West Vale

City State Zip Code  
Paducah KY 42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Purchase ENT

Occupation

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  
08 / 29 / 2015

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Doctor Tushar G. Kothari MD**

Mailing Address 3260 Legacy Trace

City State Zip Code  
Cincinnati OH 45237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Northern Kentu

Occupation

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  
08 / 31 / 2015

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period

300.00

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

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

1300.00

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

PAGE 13 OF 48

<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 (Last, First, Middle Initial)

**A. Doctor Michael Kuduk MD**

Mailing Address 375 Bobwhite Lane

City	State	Zip Code
Winchester	KY	40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.6230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Doctor Michael Kuduk MD**

Mailing Address 375 Bobwhite Lane

City	State	Zip Code
Winchester	KY	40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Doctor Michael Lally MD**

Mailing Address 2120 Rollingdale Rd

City	State	Zip Code
Lexington	KY	40513-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UK Samaritan Hospital ED

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.6179

Amount of Each Receipt this Period

250.00

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

550.00

**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 14 OF 48  
(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 (Last, First, Middle Initial)

## **A. Thomas Logan MD**

Mailing Address 3602 Bridgepointe

City State Zip Code  
 Owensboro KY 42303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Ear Nose & Throat

Occupation

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  
 10 / 21 / 2015

Transaction ID : SA11AI.6256

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
 Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Psychiatric Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

Transaction ID : SA11AI.6139

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
 Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Psychiatric Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

100.00

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

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

700.00

# **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)

PAGE 15 OF 48

☒ 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 (Last, First, Middle Initial)

## **A. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Psychiatric Services

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SA11AI.6244**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Psychiatric Services

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11AI.6265**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Psychiatric Services

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2015

**Transaction ID : SA11AI.6305**

Amount of Each Receipt this Period

100.00

**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 PageFOR LINE NUMBER: PAGE 16 OF 48  
(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 (Last, First, Middle Initial)

**A. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Psychiatric ServicesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11AI.6319

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John Markert MD**

Mailing Address 4129 Boones Grove Way

City	State	Zip Code
Louisville	KY	40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	14	/	2015

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Doctor R. Wathen Medley Jr., MD**

Mailing Address 1220 Frederica Street

City	State	Zip Code
Owensboro	KY	42301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daviess County Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	24	/	2015

Transaction ID : SA11AI.6154

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 48  
(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 (Last, First, Middle Initial)

**A. Mrs. Marianne Miller**

Mailing Address 40 East Fountain Ave

City	State	Zip Code
Glendale	OH	45246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

**B. Doctor Theodore Miller MD, PhD**

Mailing Address 20 Medical Village Dr Ste 268

City	State	Zip Code
Edgewood	KY	41017-3473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Head &amp; Neck Surgery Assoc PSC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Adrienne Millett MD**

Mailing Address 207 Wimberly Place

City	State	Zip Code
Richmond	KY	40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Central Kentucky Eye Associate

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.6280

Amount of Each Receipt this Period

500.00

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

2250.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 48

<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 (Last, First, Middle Initial)

**A. William Monnig MD**

Mailing Address 111 Crystal Lane

City	State	Zip Code
Covington	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Geraldine Montgomery**

Mailing Address 6414 Stinespring Dr

City	State	Zip Code
Paducah	KY	42001-8674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired - Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.6262

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Doctor Wally Montgomery MD**

Mailing Address 117 N 2nd St Ste 2202

City	State	Zip Code
Paducah	KY	42001-0741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.6263

Amount of Each Receipt this Period

875.00

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

2750.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 48

<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 (Last, First, Middle Initial)

**A. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2015

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City

Taylor Mill

State

KY

Zip Code

41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period

50.00

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

150.00

**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 20 OF 48

(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			

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 (Last, First, Middle Initial)

**A. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2015

Transaction ID : SA11AI.6307

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.6320

Amount of Each Receipt this Period

50.00

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

150.00

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 21 OF 48  
(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 (Last, First, Middle Initial)

**A. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
Taylor Mill KY 41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

**Transaction ID : SA11AI.6141**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
Taylor Mill KY 41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

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  
08 / 18 / 2015

**Transaction ID : SA11AI.6167**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
Taylor Mill KY 41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SA11AI.6246**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 22 OF 48

(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 (Last, First, Middle Initial)

**A. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

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  
 10 15 2015

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 15 2015

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
 Taylor Mill KY 41075

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

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  
 12 15 2015

Transaction ID : SA11AI.6321

Amount of Each Receipt this Period

50.00

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

150.00

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:  
(check only one)

PAGE 23 OF 48

☒ 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 (Last, First, Middle Initial)

**A. Doctor Preston Nunnelley Jr., MD**

Mailing Address 1740 Nicholasville Rd

City

Lexington

State

KY

Zip Code

40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 29 / 2015

Transaction ID : SA11AI.6190

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Doctor Douglas Owen MD**

Mailing Address 609 Imperial Lake Road

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2015

Transaction ID : SA11AI.6309

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Doctor Douglas Owen MD**

Mailing Address 609 Imperial Lake Road

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2015

Transaction ID : SA11AI.6322

Amount of Each Receipt this Period

20.00

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

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

340.00

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

PAGE 24 OF 48

<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 (Last, First, Middle Initial)

**A. Mrs. Patricia A. Pellegrini**

Mailing Address 2113 Shelton R

City

Lexington

State

KY

Zip Code

40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.6271

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**B. Doctor Richard Pellegrini MD**

Mailing Address 2113 Shelton R

City

Lexington

State

KY

Zip Code

40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UK Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**C. Doctor John R. Potter MD**

Mailing Address 506 Amanda Furnace Circle

City

Ashland

State

KY

Zip Code

41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ashland Children Clinic PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period

500.00

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

546.00

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 PageFOR LINE NUMBER: PAGE 25 OF 48  
(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 (Last, First, Middle Initial)

**A. Dattatraya Prajapati MD**

Mailing Address 2200 Bittel Road

City	State	Zip Code
Owensboro	KY	42301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Roi Reed DO**

Mailing Address 3670 New Boonesboro Road

City	State	Zip Code
Winchester	KY	40391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

Transaction ID : SA11AI.6260

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Doctor K. Thomas Reichard MD**

Mailing Address 2425 Cherokee Pkwy

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

Transaction ID : SA11AI.6299

Amount of Each Receipt this Period

450.00

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

1450.00

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 26 OF 48  
(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 (Last, First, Middle Initial)

**A. Mrs. Mary-Stuart Reichard**

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 09 / 2015

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Doctor John L. Roberts MD**

Mailing Address 6007 Two Springs Lane

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neonatal Associates PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2015

Transaction ID : SA11AI.6195

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Doctor Bruce Scott MD**

Mailing Address 7501 Pine Knoll Circle

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentuckiana Ear, Nose & Throat PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2015

Transaction ID : SA11AI.6156

Amount of Each Receipt this Period

500.00

**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 PageFOR LINE NUMBER: PAGE 27 OF 48  
(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 (Last, First, Middle Initial)

**A. Doctor Janet Smith MD**

Mailing Address 6007 Two Springs Lane

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2015

Transaction ID : SA11AI.6196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Doctor George B. Sonnier MD**

Mailing Address 6410 Lime Ridge Pl

City	State	Zip Code
Louisville	KY	40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

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
11	/	12	/	2015

Transaction ID : SA11AI.6304

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Doctor Steven Stack MD**

Mailing Address 2083 Bridgeport Drive

City	State	Zip Code
Lexington	KY	40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph East Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2015

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period

300.00

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

1800.00

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 PageFOR LINE NUMBER: PAGE 28 OF 48  
(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 (Last, First, Middle Initial)

**A. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : SA11AI.6143

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**B. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**C. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

73.00

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

219.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 48

<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 (Last, First, Middle Initial)

**A. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**B. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

Transaction ID : SA11AI.6310

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**C. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period

72.00

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

218.00

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 30 OF 48

(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 (Last, First, Middle Initial)

**A. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 15 2015

Transaction ID : SA11AI.6144

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**B. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 18 2015

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**C. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 15 2015

Transaction ID : SA11AI.6249

Amount of Each Receipt this Period

73.00

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

219.00

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 31 OF 48  
(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 (Last, First, Middle Initial)

## **A. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 15 2015

Transaction ID : SA11AI.6270

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 15 2015

Transaction ID : SA11AI.6311

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
 Union KY 41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 15 2015

Transaction ID : SA11AI.6324

Amount of Each Receipt this Period

72.00

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

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

218.00

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

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

 FOR LINE NUMBER: PAGE 32 OF 48  
 (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 (Last, First, Middle Initial)

**A. Doctor Tuyen Tran MD**

Mailing Address 216 Colonial Drive

City	State	Zip Code
Versailles	KY	40383

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2015

Transaction ID : SA11AI.6204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Doctor John White MD**

Mailing Address 712 Tamarack Ct

City	State	Zip Code
Richmond	KY	40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pulmonary Associates

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SA11AI.6176

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City	State	Zip Code
Hazard	KY	41702

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Hazard Clinic

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2015

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period

75.00

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

1575.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 48

<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 (Last, First, Middle Initial)

**A. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	9		2	0	1	5		

Transaction ID : SA11AI.6175

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period

75.00

**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 34 OF 48

(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 (Last, First, Middle Initial)

**A. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City State Zip Code  
Hazard KY 41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2015

**Transaction ID : SA11AI.6253**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City State Zip Code  
Hazard KY 41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : SA11AI.6254**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City State Zip Code  
Hazard KY 41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2015

**Transaction ID : SA11AI.6255**

Amount of Each Receipt this Period

75.00

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

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

225.00

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

PAGE 35 OF 48

<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 (Last, First, Middle Initial)

**A. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2015

Transaction ID : SA11AI.6282

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

Transaction ID : SA11AI.6313

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Doctor Mitchell Wicker 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

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period

75.00

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

200.00

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 36 OF 48

(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 (Last, First, Middle Initial)

**A. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City State Zip Code  
Hazard KY 41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

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  
12 / 15 / 2015

**Transaction ID : SA11AI.6326**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Doctor Mitchell Wicker MD**

Mailing Address P.O. Box 719

City State Zip Code  
Hazard KY 41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : SA11AI.6327**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Doctor R. Brent Wright MD**

Mailing Address 104 Northwood Drive

City State Zip Code  
Glasgow KY 42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2015

**Transaction ID : SA11AI.6158**

Amount of Each Receipt this Period

1000.00

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

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

1150.00

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

PAGE 37 OF 48

<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 (Last, First, Middle Initial)

**A. Doctor K. John Yun MD**

Mailing Address 707 St. John Road

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

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
0	8		2	9		2	0	1	5		

Transaction ID : SA11AI.6207

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Doctor Robert Zaring MD**

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisville Pathology Associates PSC

Occupation

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
0	8		3	1		2	0	1	5		

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

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

550.00

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

24010.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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

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

**A. Kentucky Medical Association (KMA)**

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District: 

Amount of Each Disbursement this Period

577.00

### B. Kentucky Medical Association (KMA)

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

39.74

Full Name (Last, First, Middle Initial)

**C. Kentucky Medical Association (KMA)**

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

577.00

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

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

1193.74

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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

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

Category/  
Type

Gender	Percentage
Male	129.07
Female	100.00

Category/  
Type

577.00

The diagram consists of three rectangular boxes arranged horizontally, separated by slashes. Each box contains a number and a unit of time above it. The first box contains '10' and 'M' (months). The second box contains '15' and 'D' (days). The third box contains '2015' and 'Y' (years).

Category/  
Type

577.00

1283.07

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by three vertical supports. The top beam has a series of small rectangular protrusions along its length. The bottom beam has a series of small rectangular protrusions along its length. The vertical supports are located at the left end, at the center, and at the right end.

**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 40 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse speaker fee from Annual Meeting

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.6373**

Amount of Each Disbursement this Period

2000.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Kentucky Medical Association (KMA)**

Date of Disbursement

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

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Printing of KPPAC contribution buckslips

003

Candidate Name

Category/  
Type**Transaction ID : SB21B.6374**

Amount of Each Disbursement this Period

303.87

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Kentucky Medical Association (KMA)**

Date of Disbursement

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

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Shooting/Editing of Promotional video

004

Candidate Name

Category/  
Type**Transaction ID : SB21B.6375**

Amount of Each Disbursement this Period

166.66

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2470.53



**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 41 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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	5		

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
November Administration Fee

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.6377**

Amount of Each Disbursement this Period

577.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Kentucky Medical Association (KMA)**

Date of Disbursement

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

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Fedex Fees

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.6378**

Amount of Each Disbursement this Period

94.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Kentucky Medical Association (KMA)**

Date of Disbursement

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

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
December Administration Fee

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.6380**

Amount of Each Disbursement this Period

577.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1248.53

**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 42 OF 48

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 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. Paypal**

Mailing Address PO Box 105658

City Atlanta   State GA   Zip Code 30348

Purpose of Disbursement  
Paypal fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08   31   2015
**Transaction ID : SB21B.6342**

Amount of Each Disbursement this Period

202.69

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address PO Box 105658

City Atlanta   State GA   Zip Code 30348

Purpose of Disbursement  
Paypal Fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09   30   2015
**Transaction ID : SB21B.6344**

Amount of Each Disbursement this Period

4.96

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address PO Box 105658

City Atlanta   State GA   Zip Code 30348

Purpose of Disbursement  
Paypal Fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10   31   2015
**Transaction ID : SB21B.6376**

Amount of Each Disbursement this Period

2.48

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

210.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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

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

Category/  
Type

Response	Percentage
U.S. should take more action to protect the environment	6.71

Category/  
Type

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	4.96%

Category/ Type	Count	Percentage
Category 1	10	10.0%
Category 2	20	20.0%
Category 3	30	30.0%
Category 4	40	40.0%
Category 5	50	50.0%
Category 6	60	60.0%
Category 7	70	70.0%
Category 8	80	80.0%
Category 9	90	90.0%
Category 10	100	100.0%

Age Group	Percentage
18-24	11.67
25-34	11.67
35-44	11.67
45-54	11.67
55-64	11.67
65-74	11.67
75-84	11.67
85+	11.67

6417.67

**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 44 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Alvarado for Sate Senate**

Mailing Address 3250 McClure Road

City	State	Zip Code
Winchester	KY	40391

Purpose of Disbursement  
Contribution to Ralph Alvarado Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : SB29.6363**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. David P. Givens KY Senate Campaign Fund**

Mailing Address P.O. Box 12

City	State	Zip Code
Greensburg	KY	42743

Purpose of Disbursement  
Contribution to David Givens Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : SB29.6369**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Diane St. Onge Campaign Fund**

Mailing Address PO Box 17351

City	State	Zip Code
Lakeside Park	KY	41017

Purpose of Disbursement  
Contribution to Diane St. Onge Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : SB29.6371**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**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 45 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 Democratic Party**

Mailing Address PO Box 694

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement  
Contribution to Kentucky Deomocratic Party

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB29.6355

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kentucky House Democratic Caucus Campaign Committee**

Mailing Address PO Box 4204

City	State	Zip Code
Frankfort	KY	40604

Purpose of Disbursement  
Contribution to House Majority Caucus Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB29.6350

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Kentucky House Republican Caucus Campaign Committee**

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40502

Purpose of Disbursement  
Contribution to House Minority Caucus Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB29.6352

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

4500.00
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**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 46 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. KY Senate Democratic Caucus Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address PO Box 4582

City	State	Zip Code
Frankfort	KY	40601

**Transaction ID : SB29.6346**Purpose of Disbursement  
Contribution to Senate Minority Caucus Committee

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. McDaniel for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address 500 Mason Road

City	State	Zip Code
Taylor Mill	KY	41015

**Transaction ID : SB29.6368**Purpose of Disbursement  
Contribution to Chirstian McDaniel Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Republican Party of Kentucky**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address 105 West 3rd Street

City	State	Zip Code
Frankfort	KY	40601

**Transaction ID : SB29.6354**Purpose of Disbursement  
Contribution to the Kentucky Republican Party

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

3000.00
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**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 47 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Sam Wright Campaign Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address 156 Main Street  
Suite 205

City Whitesburg State KY Zip Code 41858

Purpose of Disbursement  
Contribution to chief circuit cour judge sam wright campaign

011

Candidate Name

Category/  
Type**Transaction ID : SB29.6357**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Senate Republican Caucus Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
Contribution to Senate Majority Caucus

011

Candidate Name

Category/  
Type**Transaction ID : SB29.6345**

Amount of Each Disbursement this Period

2500.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Thayer for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Mailing Address 105 Spyglass Drive

City Georgetown State KY Zip Code 40324

Purpose of Disbursement  
Contribution to Damon Thayer Campaign Fund

011

Candidate Name

Category/  
Type**Transaction ID : SB29.6360**

Amount of Each Disbursement this Period

500.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

4000.00
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**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 48 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Thayer for Senate**

Mailing Address 105 Spyglass Drive

City	State	Zip Code
Georgetown	KY	40324

Purpose of Disbursement  
Contribution to Damon Thayer Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

**Transaction ID : SB29.6388**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00
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15000.00
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