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Image# 201601279004624537

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	Committee			Office Use Or	nly
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, to the lines.	ype	12FE4M5		
Kentucky Medical Asso	ciation PAC(Kentucky Phy	sicians PAC	Fede	eral-KPPA(C Federal)
ADDRESS (number and street)	4965 US Hwy 42						
Check if different than previously reported. (ACC)	Suite 2000 Louisville				KY	46220	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦			STATE 🛦	ZIP	CODE A
C C00016444		3. IS THIS REPORT	× NEW	OR	AN (A)	MENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 X January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-E Report (d) 30-Day POST-	election for the:	Jun 2	20 (M5) 20 (M6) 0 (M7)	Sep	12S) in t Sta	Special (30S)
5. Covering Period 07	01	2015	through	12	31	2015	Y
I certify that I have examined this Type or Print Name of Treasurer	•	·	wledge and belie	t it is tru	ue, correct and	d complete.	
Signature of Treasurer Nancy	Swikert MD		[Electronically File	ed] [Date 01	/ D D D 27	2016
NOTE: Submission of false, erroned	ous, or incomplete	information may su	bject the person s	signing tl	his Report to th	ne penalties of	f 2 U.S.C. §437g.
Office Use Only						I	ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 66953.35 January 1. 2015 (b) Cash on Hand at 73845.38 Beginning of Reporting Period..... 57508.07 31428.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 105273.38 124461.42 6(a) and 6(c) for Column B)..... 20922.63 40110.67 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 84350.75 84350.75 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ontributions (other than loans) From:	Total Tills I Gliou	- Calendal Teal-to-Date
Than Political Committees		
(i) Itemized (use Schedule A)	24010.00	42519.00
(ii) Unitemized	7413.00	13980.00
Lines 11(a)(i) and (ii)▶	31423.00	56499.00
N. Bulling of Book Constitution	0.00	0.00
-	0.00	7 7
	0.00	1000.00
	2	7
	31423.00	57499.00
	0.00	0.00
Loans Received	0.00	0.00
pan Repayments Received	0.00	0.00
· ·	7	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
efunds of Contributions Made		
Federal Candidates and Other		
olitical Committees	0.00	0.00
·		
, ,	5.00	9.07
		,
(from Schedule H3)	0.00	0.00
	0.00	
Levin Funds (from Schedule H5)	0.00	0.00
	0.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(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		
2.	Transfers to Affiliated/Other Party	7	20110.01		
2	Contributions to	0.00	0.00		
ა.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1000.00		
4.	Independent Expenditures	0.00	0.00		
5.	(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
		0.00	0.00		
7. 8.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
			0.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9.	Other Disbursements	14500.00	16000.00		
_	F. L. al. Flactice Activity (0.11.0.0, 0.404/00))				
0.	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		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20922.63	40110.67		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20022 62	40110.67		
	from Line 31)	20922.63	40110.67		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		r age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	31423.00	57499.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31423.00	57499.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6422.63	23110.67
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	6422.63	23110.67

Use separate schedule(s) for each category of the

FOR	FOR LINE NUMBER: PAGE 6 OF					48		
(check only one)								
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor George C. Borst III, MD Date of Receipt Mailing Address 1201 St. Christopher Drive 20 2015 City Zip Code State Transaction ID: SA11AI.6173 41101 Ashland KY Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Cheryl Broster Date of Receipt Mailing Address 3629 Winding Woods Ln. 80 28 2015 City State Zip Code Transaction ID: SA11AI.6180 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Nancy Bunnell MD Date of Receipt Mailing Address 3246 New Orleans 07 15 2015 City Zip Code State Transaction ID: SA11AI.6147 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 68.75 С federal political committee. Name of Employer Occupation Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 206.25 Other (specify) 868.75 SUBTOTAL of Receipts This Page (optional).....

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

FOR	LINE	NU	MBER	:	PAGE	7	OF	48
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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)

V_{-}						
Α.	Full Name (Last, First, Middle Initial) Mrs. Nancy Bunnell MD		Date of Receipt			
	Mailing Address 3246 New Orleans	10 15 _ 2015 _				
	City	State Zip Code	Transaction ID : SA11AI.6275			
	Edgewood	KY 41017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	68.75			
	Name of Employer	Occupation				
	Self-Employed	Homemaker				
	Receipt For:	Aggregate Veer to Date W				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00				
 В.	Full Name (Last, First, Middle Initial) Doctor Thomas Bunnell MD		Date of Receipt			
	Mailing Address 3246 New Orleans		07 15 _2015 _			
	City	State Zip Code	Transaction ID : SA11AI.6148			
	Edgewood	KY 41017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С	68.75			
	Name of Employer	Occupation				
	St. Elizabeth	Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	206.25				
<u> </u>	Full Name (Last, First, Middle Initial) Doctor Thomas Bunnell MD		Date of Receipt			
	Mailing Address 3246 New Orleans		10 15 2015			
	City	State Zip Code	Transaction ID : SA11AI.6274			
	Edgewood	KY 41017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	68.75			
	Name of Employer	Occupation				
	St. Elizabeth	Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General	Aggregate real to bate V				
	Other (specify) ▼	275.00				
H		er only)	206.25			

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

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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 t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PAC(Kentucky Physicians PAC Fe	
Full Name (Last, First, Middle Initial) Doctor Bruce E. Burton MD		Date of Receipt
Mailing Address 3106 Oakridge Court		08 28 2015
City	State Zip Code	Transaction ID : SA11AI.6181
Owensboro	KY 42303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Radiology PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	530.00	
Full Name (Last, First, Middle Initial) Doctor John W. Collins MD Mailing Address (1974 Dec.)		Date of Receipt
Mailing Address 1014 Richmond Road		11 09 2015
City	State Zip Code	Transaction ID : SA11AI.6302
Lexington	KY 40502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Lexington clinic	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Doctor J. Gregory Cooper MD		Date of Receipt
Mailing Address 386 Culpepper Drive		12 02 2015
City	State Zip Code	Transaction ID : SA11AI.6329
Cynthiana	KY 41031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Family Care Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1300.00
TOTAL This Period (last page this line number	er only)	7

Use separate schedule(s) for each category of the

FOR LINE	-	: P	AGE !	9 OF	48
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Douglas Crutcher MD Date of Receipt Mailing Address 1210 KY Hwy 36E 2015 City State Zip Code Transaction ID: SA11AI.6182 Cynthiana KY 41031 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Harrison Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mary Helen Davis MD Date of Receipt Mailing Address 10720 Hobbs Station Road 80 29 2015 City State Zip Code Transaction ID: SA11AI.6183 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Behavioral Oncology & Mental Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Rita M. Egan MD Date of Receipt Mailing Address 2349 Abbeywood Road 11 10 2015 City Zip Code State Transaction ID: SA11AI.6303 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Physician Arthritis Center of Lexington Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page	X 11a	11b		11c		12
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Toni Ganzel MD Mailing Address 2513 Poplar Crest Road City Louisville FEC ID number of contributing federal political committee. Name of Employer University Surgical Associates Receipt For: Primary General Other (specify)	State Zip Code KY 40207 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Doctor Robert Granacher MD Mailing Address 1401 Harrodsburg Rd Ste Ad City Lexington FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code KY 40504-3701 C Occupation Physician Aggregate Year-to-Date 225.00	Date of Receipt 11 15 2015 Transaction ID: SA11AI.6312 Amount of Each Receipt this Period 75.00
Full Name (Last, First, Middle Initial) Doctor Robert Granacher MD Mailing Address 1401 Harrodsburg Rd Ste Address City Lexington FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code KY 40504-3701 C Occupation Physician Aggregate Year-to-Date 300.00	Date of Receipt 12 15 2015 Transaction ID : SA11Al.6325 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional)	•	650.00
TOTAL This Period (last page this line number	r only)	

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Hollis Hilty MD Date of Receipt Mailing Address 4812 Firebrook Blvd 03 2015 12 City State Zip Code Transaction ID: SA11AI.6328 KY Lexington 40513-1404 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Central Baptist Hospital ER Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John Johnstone MD Date of Receipt Mailing Address 819 W. Main Street 09 15 2015 City State Zip Code Transaction ID: SA11AI.6243 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John Johnstone MD Date of Receipt Mailing Address 819 W. Main Street 10 15 2015 City State Zip Code Transaction ID: SA11AI.6264 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Physician Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR	LINE	NUI	MBER	:	PAGE	. 1	12	OF	48
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٥.	tor commorbial purposes, other than doing the	That is and address of any political committee to	Conort Contributions from Guori Contribution.
\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association P	AC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)
١.	Full Name (Last, First, Middle Initial) Doctor Evelyn Montgomery Jones MD Mailing Address 8 West Vale		Date of Receipt
	City Paducah	State Zip Code KY 42001	08 29 2015 Transaction ID : SA11AI.6185 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Purchase Dermatology	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Doctor Shawn C. Jones MD Mailing Address a Wash Valle		Date of Receipt
	Mailing Address 8 West Vale City	State Zip Code	08 29 2015 Transaction ID : SA11Al.6184
	Paducah FEC ID number of contributing federal political committee.	KY 42001	Amount of Each Receipt this Period 500.00
	Name of Employer Purchase ENT	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Doctor Tushar G. Kothari MD		Date of Receipt
	Mailing Address 3260 Legacy Trace	Otata Zin Coda	08 31 2015
	City Cincinnati	State Zip Code OH 45237	Transaction ID : SA11AI.6228 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Radiology Associates of Northern Kentu	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1300.00
			

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

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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) Doctor Michael Kuduk MD Date of Receipt Mailing Address 375 Bobwhite Lane 2015 28 City State Zip Code Transaction ID: SA11AI.6230 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Michael Kuduk MD Date of Receipt Mailing Address 375 Bobwhite Lane 08 28 2015 City State Zip Code Transaction ID: SA11AI.6231 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Michael Lally MD Date of Receipt Mailing Address 2120 Rollingdale Rd 80 31 2015 City Zip Code State Transaction ID: SA11AI.6179

			Т	-		-	-	-		-	55	0.00	
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TOTAL This Period (last page this line number	only)	<u> </u>	4	-	-	- 7	-	-	7	-	_	(H)	

250.00

40513-1128

KY

С

Occupation Physician

Aggregate Year-to-Date ▼

250.00

Amount of Each Receipt this Period

Lexington

FEC ID number of contributing

federal political committee.

UK Samaritan Hospital ED

Other (specify)

General

Name of Employer

Primary

Receipt For:

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

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Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Thomas Logan MD Mailing Address 3602 Bridgepointe		Date of Receipt
mailing Address 3602 Bridgepointe		10 21 2015
City	State Zip Code	Transaction ID : SA11AI.6256
Owensboro	KY 42303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Midwest Ear Nose & Throat	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Doctor Eric Lydon MD		Date of Receipt
Mailing Address 2000 Long Knife Ct		M = M / D = D / Y = Y = Y
City	State Zip Code	07 15 2015 Transaction ID : SA11Al.6139
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
Central Psychiatric Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) C. Doctor Eric Lydon MD		Date of Receipt
Mailing Address 2000 Long Knife Ct		08 18 2015
City Louisville	State Zip Code KY 40207	Transaction ID : SA11AI.6165
	40201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	1
Central Psychiatric Services	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional).		700.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports at or for commercial purposes, other than using			erson for the	e purpose of	soliciting	g contribut	tions		
NAME OF COMMITTEE (In Full) Kentucky Medical Associatio	n PAC(Kent	ucky Physicians PAC I	ederal-l	KPPAC F	-eder	al)			
Full Name (Last, First, Middle Initial) Doctor Eric Lydon MD Mailing Address 2000 Lang Kaifa Ct				of Receipt					
Mailing Address 2000 Long Knife Ct			09	15	/ Y	2015	Y		
City Louisville	State KY	Zip Code 40207		nsaction ID: nt of Each R			_		
FEC ID number of contributing federal political committee.	C			7		100	.00		
Name of Employer Central Psychiatric Services Receipt For:	Occupation Physician								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00							
Full Name (Last, First, Middle Initial) B. Doctor Eric Lydon MD	'		Date of	of Receipt					
Mailing Address 2000 Long Knife Ct	0.1	7. 0.1	10	M / D D D	/ Y	2015	Y		
City Louisville	State KY	Zip Code 40207		saction ID: nt of Each R					
FEC ID number of contributing federal political committee.	С			7	7	100	.00		
Name of Employer Central Psychiatric Services	Occupation Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. Doctor Eric Lydon MD			Date of	of Receipt					
Mailing Address 2000 Long Knife Ct			M - 1	M / D D	/ Y	2015	Y		
City Louisville	State KY	Zip Code 40207		nsaction ID: nt of Each R					
FEC ID number of contributing federal political committee.	С		Amoun	nt of Lacif it	cccipt ti	100			
Name of Employer	Occupation								
Central Psychiatric Services	Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00							
SUBTOTAL of Receipts This Page (optiona	l)			1 70 1		300.	.00		
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Eric Lydon MD Date of Receipt Mailing Address 2000 Long Knife Ct 2015 15 City State Zip Code Transaction ID: SA11AI.6319 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Markert MD Date of Receipt Mailing Address 4129 Boones Grove Way 14 12 2015 City State Zip Code Transaction ID: SA11AI.6318 KY Louisville 40299 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor R. Wathen Medley Jr., MD Date of Receipt Mailing Address 1220 Frederica Street 07 24 2015 City State Zip Code Transaction ID: SA11AI.6154 KY Owensboro 42301 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Daviess County Medical Center** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Marianne Miller Date of Receipt Mailing Address 40 East Fountain Ave 31 2015 City Zip Code State Transaction ID: SA11AI.6223 OH Glendale 45246 Amount of Each Receipt this Period FEC ID number of contributing C 875.00 federal political committee. Name of Employer Occupation Self Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Theodore Miller MD, PhD Date of Receipt Mailing Address 20 Medical Village Dr Ste 268 08 31 2015 City State Zip Code Transaction ID: SA11AI.6222 KY Edgewood 41017-3473 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Name of Employer Occupation Head & Neck Surgery Assoc PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Adrienne Millett MD Date of Receipt Mailing Address 207 Wimberly Place 29 10 2015 City Zip Code State Transaction ID: SA11AI.6280 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Central Kentucky Eye Associate Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee PAC(Kentucky Physicians PAC F	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Monnig MD Mailing Address 111 Crystal Lane City Covington FEC ID number of contributing federal political committee.	State Zip Code KY 41015	Date of Receipt 08 31 2015 Transaction ID: SA11AI.6221 Amount of Each Receipt this Period 1000.00
Name of Employer The Urology Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mrs. Geraldine Montgomery Mailing Address 6414 Stinespring Dr City Paducah FEC ID number of contributing federal political committee. Name of Employer Retired - Self Receipt For: Primary General	State Zip Code KY 42001-8674 C Occupation Homemaker Aggregate Year-to-Date ▼	Date of Receipt 10 27 2015 Transaction ID: SA11AI.6262 Amount of Each Receipt this Period 875.00
Other (specify) Full Name (Last, First, Middle Initial) Doctor Wally Montgomery MD Mailing Address 117 N 2nd St Ste 2202 City Paducah FEC ID number of contributing federal political committee.	State Zip Code KY 42001-0741	Date of Receipt 10 27 2015 Transaction ID : SA11AI.6263 Amount of Each Receipt this Period 875.00
Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional).	>	2750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) Kentucky Medical Association F	PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)	Tiontoniuony i Trystolario i 710 i e	adiai ni 1710 i dadiaij
Mrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		07 15 2015
City	State Zip Code	Transaction ID : SA11AI.6140
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		08 18 2015
City	State Zip Code	Transaction ID : SA11AI.6166
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Mrs. Kimberly Moser		Date of Receipt
Mailing Address 3216 High Ridge Dr		09 15 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.6245
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogato icai to-Date ▼	
Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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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) Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 2015 10 City State Zip Code Transaction ID: SA11AI.6266 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 11 15 2015 City State Zip Code Transaction ID: SA11AI.6307 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 15 2015 City Zip Code State Transaction ID: SA11AI.6320 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 2015 15 City State Zip Code Transaction ID: SA11AI.6141 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 08 18 2015 City State Zip Code Transaction ID: SA11AI.6167 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 09 15 2015 City Zip Code State Transaction ID: SA11AI.6246 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Physician St. Elizabeth Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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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		Date of Receipt
Mailing Address 3216 High Ridge Drive		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11Al.6267
Taylor Mill	KY 41075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
St. Elizabeth Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Doctor Neal J. Moser MD	·	Date of Receipt
Mailing Address 3216 High Ridge Drive		11 15 2015
City	State Zip Code	Transaction ID : SA11AI.6308
Taylor Mill	KY 41075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
St. Elizabeth Physicians	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. Doctor Neal J. Moser MD		Date of Receipt
Mailing Address 3216 High Ridge Drive		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6321
Taylor Mill	KY 41075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
St. Elizabeth Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (option	onal)	150.00

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements matter the name and a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kent	tucky Physicians PAC I	Federal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Doctor Preston Nunnelley Jr., MD Mailing Address 1740 Nicholasville Rd City	State KY	Zip Code 40503	Date of Receipt 08 29 2015 Transaction ID: SA11AI.6190
FEC ID number of contributing federal political committee.	C	40000	Amount of Each Receipt this Period 300.00
Name of Employer Central Baptist Hospital Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Doctor Douglas Owen MD Mailing Address 609 Imperial Lake Road City Richmond FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate	Zip Code 40475 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) Doctor Douglas Owen MD Mailing Address 609 Imperial Lake Road City Richmond FEC ID number of contributing federal political committee.	State KY	Zip Code 40475	Date of Receipt 12 15 2015 Transaction ID: SA11AI.6322 Amount of Each Receipt this Period 20.00
Name of Employer Information Requested	Occupation Physician		

SUBTOTAL of Receipts This Page (optional)		I	7	Ī	Ξ	7		340	.00	
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240.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify) ▼

General

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Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Mrs. Patricia A. Pellegrini		Date of Receipt
Mailing Address 2113 Shelton R		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.6271
Lexington	KY 40515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.00
Name of Employer	Occupation	
Self	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggiogate Teal to Date ▼	
Other (specify) ▼	207.00	
Full Name (Last, First, Middle Initial) 3. Doctor Richard Pellegrini MD		Date of Receipt
Mailing Address 2113 Shelton R		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.6272
Lexington	KY 40515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	23.00
Name of Employer	Occupation	
UK Healthcare	Physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	207.00	
Full Name (Last, First, Middle Initial) Doctor John R. Potter MD		Date of Receipt
Mailing Address 506 Amanda Furnace Circle	е	09 04 2015
City	State Zip Code	Transaction ID : SA11AI.6237
Ashland	KY 41101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Ashland Children Clinic PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		546.00
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Dattatraya Prajapati MD Date of Receipt Mailing Address 2200 Bittel Road 2015 10 21 City Zip Code State Transaction ID: SA11AI.6258 Owensboro KY 42301 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roi Reed DO Date of Receipt Mailing Address 3670 New Boonesboro Road 10 21 2015 City State Zip Code Transaction ID: SA11AI.6260 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor K. Thomas Reichard MD Date of Receipt Mailing Address 2425 Cherokee Pkwy 09 11 2015 City Zip Code State Transaction ID: SA11AI.6299 KY Louisville 40204 Amount of Each Receipt this Period FEC ID number of contributing 450.00 С federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify)

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

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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) Mrs. Mary-Stuart Reichard Date of Receipt Mailing Address 2425 Cherokee Pkwy 09 2015 City State Zip Code Transaction ID: SA11AI.6298 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing 450.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John L. Roberts MD Date of Receipt Mailing Address 6007 Two Springs Lane 08 29 2015 City State Zip Code Transaction ID: SA11AI.6195 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Bruce Scott MD Date of Receipt Mailing Address 7501 Pine Knoll Circle

Zip Code

40059

State

KY

С

Occupation Physician

Aggregate Year-to-Date ▼

2015

500.00

07

24

Transaction ID: SA11AI.6156

Amount of Each Receipt this Period

City

Prospect

FEC ID number of contributing

Kentuckiana Ear, Nose & Throat PSC

General

federal political committee.

Name of Employer

Primary

Receipt For:

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Janet Smith MD Date of Receipt Mailing Address 6007 Two Springs Lane 2015 City State Zip Code Transaction ID: SA11AI.6196 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Cardiovascular Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor George B. Sonnier MD Date of Receipt Mailing Address 6410 Lime Ridge Pl 11 12 2015 City State Zip Code Transaction ID: SA11AI.6304 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Steven Stack MD Date of Receipt Mailing Address 2083 Bridgeport Drive 29 80 2015 City Zip Code State Transaction ID: SA11AI.6201 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation St. Joseph East Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional).....

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Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Mailing Address 10003 Country Hills Ct	n PAC(Kentucky Physicians PAC Fe	Date of Receipt
		07 15 2015
City	State Zip Code	Transaction ID : SA11AI.6143
Union	KY 41091	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer	Occupation	
St Elizabeth Family Practice Residency	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	541.00	
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD	'	Date of Receipt
Mailing Address 10003 Country Hills Ct		M = M / D = D / Y = Y = Y
City	State Zip Code	08 18 2015
Union	KY 41091	Transaction ID : SA11AI.6169 Amount of Each Receipt this Period
FEC ID number of contributing		Autourt of Lacif Heceipt this i effou
federal political committee.	C	73.00
Name of Employer	Occupation	
St Elizabeth Family Practice Residency	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	614.00	
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD	'	Date of Receipt
Mailing Address 10003 Country Hills Ct		09 15 2015
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.6248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer	Occupation	
St Elizabeth Family Practice Residency	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	687.00	

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Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD	n PAC(Kentucky Physicians PAC Fe	Date of Receipt				
Mailing Address 10003 Country Hills Ct		10 15 2015				
City	State Zip Code	Transaction ID : SA11AI.6269				
Union	KY 41091	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	73.00				
Name of Employer	Occupation					
St Elizabeth Family Practice Residency	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	760.00					
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD	•	Date of Receipt				
Mailing Address 10003 Country Hills Ct		M = M / D = D / Y = Y = Y				
City	State Zip Code	11 15 2015				
Union	KY 41091	Transaction ID : SA11Al.6310 Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	73.00				
Name of Employer	Occupation					
St Elizabeth Family Practice Residency	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	833.00					
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD		Date of Receipt				
Mailing Address 10003 Country Hills Ct		12 15 _ 2015 _				
City	State Zip Code	Transaction ID : SA11AI.6323				
Union	KY 41091	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	72.00				
Name of Employer	Occupation					
St Elizabeth Family Practice Residency	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify)	905.00					

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

FOF	R LINE	NU	IMBER	:	PAGE	3	30	OF	48
(che	ck only	or	ne)						
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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.

\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association P	AC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)
۹.	Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct		Date of Receipt
	City Union FEC ID number of contributing federal political committee.	State Zip Code KY 41091	73.00
	Name of Employer Retired Physician Receipt For: Primary General Other (specify) ▼	Occupation Retired Physician Aggregate Year-to-Date ▼ 541.00	
3.	Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Union FEC ID number of contributing federal political committee. Name of Employer		C 41091 Occupation	Amount of Each Receipt this Period 73.00
	Retired Physician Receipt For: Primary General Other (specify) ▼	Retired Physician Aggregate Year-to-Date ▼ 614.00	
Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Mailing Address 10003 Country Hills Ct City Union		State Zip Code KY 41091	Date of Receipt 09 15 2015 Transaction ID: SA11AI.6249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Retired Physician Receipt For:	Occupation Retired Physician Aggregate Year-to-Date	73.00
	Primary General Other (specify) ▼		
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	219.00
Т	OTAL This Period (last page this line number of	only)	

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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) Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 2015 10 City State Zip Code Transaction ID: SA11AI.6270 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 11 15 2015 City State Zip Code Transaction ID: SA11AI.6311 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 12 15 2015 City Zip Code State Transaction ID: SA11AI.6324 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 72.00 С federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 905.00 Other (specify) 218.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PAGE	32 OF	48
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Tuyen Tran MD Date of Receipt Mailing Address 216 Colonial Drive 2015 City State Zip Code Transaction ID: SA11AI.6204 Versailles KY 40383 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct 08 24 2015 City State Zip Code Transaction ID: SA11AI.6176 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Pulmonary Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 07 13 2015 City Zip Code State Transaction ID: SA11AI.6137 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. Name of Employer Occupation Physician Hazard Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) 1575.00 SUBTOTAL of Receipts This Page (optional).....

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

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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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) 1. Doctor Mitchell Wicker MD		Date of Receipt
Mailing Address P.O. Box 719		07 24 2015
City	State Zip Code	Transaction ID : SA11AI.6152
Hazard	KY 41702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	1
Hazard Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) 3. Doctor Mitchell Wicker MD		Date of Receipt
Mailing Address P.O. Box 719		08 09 2015
City	State Zip Code	Transaction ID : SA11AI.6175
Hazard	KY 41702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	1
Hazard Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	725.00	
Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD		Date of Receipt
Mailing Address P.O. Box 719		08 21 2015
City	State Zip Code	Transaction ID : SA11AI.6174
Hazard	KY 41702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	1
Hazard Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line numb	er only)	

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 03 2015 City Zip Code State Transaction ID: SA11AI.6253 Hazard KY 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 09 18 2015 City State Zip Code Transaction ID: SA11AI.6254 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 03 10 2015 City Zip Code State Transaction ID: SA11AI.6255 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. Name of Employer Occupation Physician Hazard Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 1025.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:					PAGE	3	35	OF		48
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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)	PAC(Kentucky Physicians PAC Fe				
Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Mailing Address B.O. Box 710		Date of Receipt			
Mailing Address P.O. Box 719		11 01 2015			
City Hazard	State Zip Code KY 41702	Transaction ID : SA11AI.6282			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	75.00			
Name of Employer	Occupation				
Hazard Clinic	Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1100.00				
Full Name (Last, First, Middle Initial) 3. Doctor Mitchell Wicker MD		Date of Receipt			
Mailing Address P.O. Box 719	Vailing Address P.O. Box 719				
City	State Zip Code	11 13 2015 Transaction ID : SA11AI.6313			
Hazard	KY 41702	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation				
Hazard Clinic	Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00				
Full Name (Last, First, Middle Initial) C. Doctor Mitchell Wicker MD		Date of Receipt			
Mailing Address P.O. Box 719		11 30 _ 2015 _			
City	State Zip Code	Transaction ID : SA11AI.6314			
Hazard	KY 41702	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	75.00			
Name of Employer	Occupation				
Hazard Clinic	Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1225.00				
SUBTOTAL of Receipts This Page (optional)		200.00			
TOTAL This Period (last page this line numb	er only)				

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(check only one)									
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 2015 12 City Zip Code State Transaction ID: SA11AI.6326 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 12 24 2015 City State Zip Code Transaction ID: SA11AI.6327 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor R. Brent Wright MD Date of Receipt Mailing Address 104 Northwood Drive 10 80 2015 City State Zip Code Transaction ID: SA11AI.6158 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician University of Louisville Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	R LINE	NU	MBER	:	PAGE	3	37	OF	48
(che	ck only	or	ne)						
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or for commercial purposes, other than using th	e 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 Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial) Octor K. John Yun MD		Date of Receipt
Mailing Address 707 St. John Road		08 29 2015
City Elizabethtown	State Zip Code KY 42701	Transaction ID : SA11AI.6207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Information Requested	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Doctor Robert Zaring MD Mailing Address 200 Abraham Flexner Way		Date of Receipt
City Louisville	State Zip Code KY 40202	08 31 2015 Transaction ID : SA11AI.6215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Louisville Pathology Associates PSC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	24010.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 38 OF 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	y one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
Г		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or u me and address of any polit	sed by any persical committee to	son for the purpose of so o solicit contributions fron	liciting contributions 1 such committee.
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PA	C(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Fe	deral)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KN	MA)		Date of Disbursement	t /
Mailing Address 4965 US Hwy 42 Suite 2000			07 15	2015
City	State Zip Code KY 40222		Transaction ID : SB	21B.6335
Louisville Purpose of Disbursement	KY 40222	<u> </u>	_	
July Administrative Expense		001	Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type		577.00
Office Sought: House Disburse	ement For:			
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial) B. Kentucky Medical Association (KN	10)		Date of Disbursement	·
- Reflucky Medical Association (Riv	nA)		M M / D D	/
Mailing Address 4965 US Hwy 42 Suite 2000			07 31	2015
City	State Zip Code		Transaction ID : SB	21B.6337
Louisville Purpose of Disbursement	KY 40222	Г		
Website domain name expense		001	Amount of Each Disb	ursement this Period
Candidate Name		Category/		
		Type		39.74
Office Sought: House Disburse	ement For:	I		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	4 ^ \		Date of Disbursement	•
C. Kentucky Medical Association (KN	/IA)			/
Mailing Address 4965 US Hwy 42 Suite 2000			08 15	2015
City	State Zip Code		T .: ID 00	04D 0040
Louisville	KY 40222		Transaction ID : SB	21B.6340
Purpose of Disbursement August Administrative Expense		1		
·		001	Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type		577.00
Office Sought: House Disburse	ement For:	Type		7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
•				4400 74
SUBTOTAL of Disbursements This Page (optional).		······		1193.74
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				1193.74

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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 39 OF 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Criccic offin)		
	Detailed Summary Page	\	22 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or une and address of any poli	used by any persitical committee to	on for the purpose of solicit contributions from	soliciting contributions om such committee.
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	(Kentucky Physici	ans PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KM.	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			08 31	2015
,	State Zip Code KY 40222		Transaction ID : S	B21B.6341
Louisville Purpose of Disbursement	40222	T		
Conference Call and Postage Expenses		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		129.07
Office Sought: House Disbursen	nent For:	1		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	Λ\		Date of Disburseme	ant.
B. Kentucky Medical Association (KM	A)			
Mailing Address 4965 US Hwy 42 Suite 2000			09 15	2015
City	State Zip Code		Transaction ID : S	SR21R 6343
Louisville	KY 40222		Transaction is . c	JB2 1B.00-10
Purpose of Disbursement September Administration Fee		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		577.00
Office Sought: House Disbursen	nent For:	- 7 -	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KM.	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42			10 / D D D 15	2015
Suite 2000	75. O. d.			
Louisville	State Zip Code KY 40222	,	Transaction ID: S	SB21B.6372
Purpose of Disbursement October Administration Fee		001	Amount of Each Dir	sbursement this Period
Candidate Name		Category/	Amount of Each Dis	577.00
Office Sought: House Disbursen	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:	• • • •			
				4000.07
SUBTOTAL of Disbursements This Page (optional)		·····•		1283.07
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 40 OF 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling	′	
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	nents may not be sold or us			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	N// a material mai Diagrapha i a i a	DAO E-		\
Kentucky Medical Association PAC	(Kentucky Physicia	ins PAC Fe	ederal-KPPAC F	-ederai)
Full Name (Last, First, Middle Initial)			Data of Diahuwaawa	
A. Kentucky Medical Association (KM	IA)		Date of Disbursem	ent
Mailing Address 4965 US Hwy 42			10 21	2015
Suite 2000 City	State Zip Code			
Louisville	KY 40222		Transaction ID:	SB21B.6373
Purpose of Disbursement Reimburse speaker fee from Annual Meeting				
Candidate Name		001	Amount of Each D	isbursement this Period
Canada Hame		Category/ Type		2000.00
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Kentucky Medical Association (KM	IA)		Date of Disbursem	ent
Mailing Address 4965 US Hwy 42 Suite 2000			10 21	2015
Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.6374
Purpose of Disbursement Printing of KPPAC contribution buckslips		003	Amount of Each D	isbursement this Period
Candidate Name		Category/		202.27
		Туре		303.87
Office Sought: House Disburser Senate	ment For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)	١٨\		Date of Disbursem	ont
C. Kentucky Medical Association (KM	A)		M M / D D	/ Y Y Y Y Y
Mailing Address 4965 US Hwy 42 Suite 2000			10 21	2015
,	State Zip Code		Transaction ID :	SB21B.6375
Louisville Purpose of Disbursement	KY 40222			
Shooting/Editing of Promotional video		004	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		166.66
	ment For:			,
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				2470.53
TOTAL This Book of Albana				
TOTAL This Period (last page this line number only))	·····		

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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 41 OF 48
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	1 (orlean orling	· — · — —	
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Any information copied from such Reports and State	ments may not be cold or			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
$ \; angle$ Kentucky Medical Association PA(C(Kentucky Physic	cians PAC Fe	ederal-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KM	IA)		Date of Disburseme	ent
Mailing Address 4005 HO II 40			M M / D D	/
Mailing Address 4965 US Hwy 42 Suite 2000			11 15	2015
	State Zip Code		Transaction ID : \$	SD21D 6277
Louisville Purpose of Disbursement	KY 40222		Transaction iD	3B21B.0377
November Administration Fee		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/		577.00
0		Type		577.00
Office Sought: House Disburse Senate	ment For: Primary Genera	al		
President	Other (specify)	ai		
State: District:				
Full Name (Last, First, Middle Initial)				
B. Kentucky Medical Association (KM	1A)		Date of Disburseme	_
Mailing Address 4965 US Hwy 42			11 15	2015
Suite 2000				
	State Zip Code KY 40222		Transaction ID : \$	SB21B.6378
Louisville Purpose of Disbursement	40222			
Fedex Fees		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/		94.53
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary Genera	al		
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	14)		Date of Disburseme	≏nt
C. Kentucky Medical Association (KN	IA)		M M / D D	/ Y Y Y Y
Mailing Address 4965 US Hwy 42			12 15	2015
Suite 2000 City	State Zip Code			
Louisville	KY 40222		Transaction ID:	SB21B.6380
Purpose of Disbursement December Administration Fee				
Candidate Name		001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		577.00
Office Sought: House Disburse	ment For:	1 75-		
Senate	Primary Genera	al		
State: District:	Other (specify) ▼			
- Stories				
SUBTOTAL of Disbursements This Page (optional)				1248.53
		<u> </u>		
TOTAL This Period (last page this line number only)			

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SC	CHEDULE B (FEC Form 3X)			505.11	INIT AT					PΛC	E 42	OF 48
	EMIZED DISBURSEMENTS		arate schedule(s)	FOR LI		UMBER: one)	:			L'AG	_ 42	01 40
111	LIVIIZED DISBURSEIVIEN IS		category of the	(Gricon)		22		23		24	25	<u>26</u>
		Detailed	Summary Page		27	28a	H	28b	H	28c	29	30b
An	y information copied from such Reports and Staten	nents mav r	not be sold or us	sed by any n	person	for the	purp	ose o	of sol	icitina	contrib	utions
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal committe	e to s	solicit co	ntribu	ıtions	fron	such	comm	ttee.
	NAME OF COMMITTEE (In Full)											
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	Full Name (Last, First, Middle Initial)					Date o	f Dieł	hurea	mani			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 43 OF 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oncore on	·	22 24 25 25
	Detailed Summary Page	X 21b	22 28a	23 24 25 26 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)		5465),, O, E, I, I)
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC F	ederal-KPF	PAC Federal)
Full Name (Last, First, Middle Initial)				
A. Paypal			Date of Dis	
Mailing Address PO Box 105658			11	30 2015
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Full Name (Last, First, Middle Initial)				
B. Paypal			Date of Dis	
Mailing Address PO Box 105658			12	31 2015
City	State Zip Code		Transacti	on ID : SB21B.6383
Atlanta Purpose of Disbursement	GA 30348		Transacti	OH ID . OB21B.0303
Paypal Fees		001	Amount of	Each Disbursement this Period
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NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Alvarado for Sate Senate			Date of Dispursement
Mailing Address 3250 McClure Road			09 21 2015
•	State Zip Code		Transaction ID : SB29.6363
Winchester Purpose of Disbursement	KY 40391		Transaction is . Ob25.0505
Contribution to Ralph Alvarado Campaign Fund		011	Amount of Each Disbursement this Period
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Office Sought: House Disburser	ment For: 2016	Туре	1000.00
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Full Name (Last, First, Middle Initial) B. David P. Givens KY Senate Camp	aine Fred		Date of Disbursement
B. David P. Givens KY Senate Camp	aign Fund		M M / D D / Y Y Y Y
Mailing Address P.O. Box 12			09 21 2015
Greensburg	State Zip Code KY 42743		Transaction ID : SB29.6369
Purpose of Disbursement Contribution to David Givens Campaign Contribution	on	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
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	ment For: 2016 Primary General		
President	Primary General Other (specify) ▼		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
C. Diane St. Onge Campaign Fund			Date of Disbursement
Mailing Address PO Box 17351			09 21 2015
City	State Zip Code		Turner attent ID
Lakeside Park	KY 41017		Transaction ID: SB29.6371
Purpose of Disbursement Contribution to Diane St. Onge Campaign Fund		011	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00
Office Sought: House Disburser	ment For: 2016	1,700	
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ary 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. 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 Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Kentucky House Democratic Caucus Campaign Committee Mailing Address PO Box 4204 City State: Zip Code Frankfort State: District: Full Name (Last, First, Middle Initial) B. Kentucky House Democratic Caucus Campaign Committee Mailing Address PO Box 4204 City State Zip Code Frankfort State: District: Full Name (Last, First, Middle Initial) B. Kentucky House Democratic Caucus Committee Candidate Name Office Sought: House Disbursement For: 2015 Primary General Primary General Primary General Primary General Category/ Type Category/ Type Date of Disbursement Transaction ID: SB29.6350 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB29.6350 Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Contribution to House Majority Caucus Committee Candidate Name Category/ Type Catego	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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City State Zip Code Frankfort KY 40502 Purpose of Disbursement Contribution to House Minority Caucus Committee Candidate Name Candidate Name Office Sought: House President Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)		aucus Campaign Comm	ittee	
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NAME OF COMMITTEE (In Full)	and address of any point		construction for such committee.
Kentucky Medical Association PA	AC(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. KY Senate Democratic Caucus C	Campaign Committee		Date of Disbursement
Mailing Address PO Box 4582			09 21 2015
City	State Zip Code		Transaction ID : SB29.6346
Frankfort Purpose of Disbursement	KY 40601		Transastion 15 1 5525155 15
Contribution to Senate Minority Caucus Committ	ee	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Senate President Disburs	sement For: 2015 Primary	, ,	
State: District:			
Full Name (Last, First, Middle Initial) B. McDaniel for Senate			Date of Disbursement
Mailing Address 500 Mason Road			09 21 2015
City	State Zip Code		
Taylor Mill	KY 41015		Transaction ID : SB29.6368
Purpose of Disbursement Contribution to Chirstian McDaniel Campaign Fu	ind	011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	sement For: 2016 ✓ Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Republican Party of Kentucky			Date of Disbursement
Mailing Address 105 West 3rd Street			09 21 2015
City Frankfort	State Zip Code KY 40601		Transaction ID : SB29.6354
Purpose of Disbursement Contribution to the Kentucky Republican Party		011	
Candidate Name		Category/	Amount of Each Disbursement this Period 1000.00
Office Sought: House Senate President Disburs	sement For: 2015 Primary	Туре	
State: District:			
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or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Full Name (Last, First, Middle Initial)	of any political committee to solicit contributions from such committee	
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Full Name (Last, First, Middle Initial)		
Kentucky Medical Association PAC(Kentucky Full Name (Last, First, Middle Initial)	Physicians PAC Federal-KPPAC Federal)	
A		
A. Sam Wright Campaign Fund	Date of Disbursement	Υ
Mailing Address 156 Main Street Suite 205	09 21 2015	
	Code Transaction ID : SB29.6357	
Whitesburg KY 41 Purpose of Disbursement	858 Transaction 12 : 6225:5667	
Contribution to chief circuit cour judge sam wright campaign	011 Amount of Each Disbursement this F	Period
Candidate Name	Category/ Type 1000	.00
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Full Name (Last, First, Middle Initial)		
B. Senate Republican Caucus Campaign Comm	Date of Disbursement	Υ
Mailing Address PO Box 1068	09 21 2015	
Frankfort KY 40	Code Transaction ID : SB29.6345	
Purpose of Disbursement Contribution to Senate Majority Caucus	011 Amount of Each Disbursement this F	Period
Candidate Name	Category/ Type 2500	.00
President Other (specify)	General	
State: District: Full Name (Last, First, Middle Initial)		
C. Thayer for Senate	Date of Disbursement	V
Mailing Address 105 Spyglass Drive	09 21 2015	
Georgetown KY 40	Code Transaction ID : SB29.6360	
Purpose of Disbursement Contribution to Damon Thayer Campaign Fund	011 Amount of Each Disbursement this F	Period
Candidate Name	Category/ Type 500	.00
	21	
Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify)	General	
Senate Primary	General	
Senate President Primary Other (specify)	General V	.00

SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 48 OF 48
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NAME OF COMMITTEE (In Full)	2/14			
Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Thayer for Senate			Date of Disbursement 12 15 2015	
Mailing Address 105 Spyglass Drive				
,	State Zip Code		Transaction ID : \$	SB20 6388
Georgetown Purpose of Disbursement	KY 40324		Transaction ib . (3B23.0300
Contribution to Damon Thayer Campaign Fund 011			Amount of Each Di	sbursement this Period
Candidate Name Cat		Category/	1000.00	
0		Type	7	1000.00
Office Sought: House Disburse Senate	ment For: 2016 Primary General			
President	Other (specify)			
State: District:	,			
Full Name (Last, First, Middle Initial)			5 . (5)	
В.			Date of Disburseme	_
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Purpose of Disbursement				
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Office Sought: House Disburse	ment For:	Туре	-	7
Senate	Primary General			
President	Other (specify) ▼			
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Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
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Candidate Name Category/ Type				
Office Sought: House Disburse	ment For:	71		
Senate	Primary General			
President District:	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				1000.00
TOTAL This Period (last page this line number only)	·····		15000.00