

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Kentucky Educational Medical PAC

ADDRESS (number and street)

Suite 2000

4965 US Highway 42

☐Check if different  
than previously  
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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  
Quarterly 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

06

30

2006

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

Mary-Stuart Reichard

Signature of Treasurer

Electronically Filed by Mary-Stuart Reichard

Date

07

11

2006

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. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Kentucky Educational Medical PAC

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		110462.09
(b) Cash on Hand at Beginning of Reporting Period .....	105207.94	
(c) Total Receipts (from Line 19) .....	15707.18	54581.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	120915.12	165043.58
7. Total Disbursements (from Line 31) .....	34413.37	78541.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86501.75	86501.75
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. 02/2003)

Page 3

Write or Type Committee Name

Kentucky Educational Medical PAC

Report Covering the Period:

From:

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

To:

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5500.00	11000.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9900.00	42800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	15400.00	53800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	15400.00	53800.00
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.) .....	307.18	781.49
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 Transfer (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)) .....	15707.18	54581.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15707.18	54581.49

**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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10213.37	24991.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10213.37	24991.83
22. Transfers to Affiliated/Other Party Committees.....	2700.00	14550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00
(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	1000.00
29. Other Disbursements.....	21500.00	38000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	34413.37	78541.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34413.37	78541.83

**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) .....	15400.00	53800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15400.00	52800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10213.37	24991.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10213.37	24991.83

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

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

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

A. Full Name (Last, First, Middle Initial)

David J. Bensema, MD

Mailing Address 2108 Woodmont Dr

City State Zip Code  
 Lexington KY 40502-3062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Internal Medicine

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  
 0 5 / 1 8 / 2 0 0 6

Transaction ID: R7501

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Baretta R. Casey, MD

Mailing Address 171 Cedar Hills Dr

City State Zip Code  
 Pikeville KY 41501-8704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UK Center for Rural Health

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  
 0 6 / 2 7 / 2 0 0 6

Transaction ID: R7554

Amount of Each Receipt this Period

350.00

Check

C. Full Name (Last, First, Middle Initial)

John W. Collins, MD

Mailing Address 1014 Richmond Rd

City State Zip Code  
 Lexington KY 40502-1610

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: R7493

Amount of Each Receipt this Period

500.00

Check

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** J. Gregory Cooper, MD

Mailing Address 386 Culpepper Dr

City

Cynthiana

State

KY

Zip Code

41031-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Care Associates PSC

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  
0 4 / 1 3 / 2 0 0 6

Transaction ID: R7472

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

**B.** Carolyn B. Daley

Mailing Address 3111 Maria Dr

City

Lexington

State

KY

Zip Code

40516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: R7483

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

**C.** Robert J. Emslie, MD

Mailing Address 936 Fairway St

City

Bowling Green

State

KY

Zip Code

42101-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Gilbert Clinic

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  
0 4 / 2 7 / 2 0 0 6

Transaction ID: R7494

Amount of Each Receipt this Period

500.00

Check

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

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

**A.** Full Name (Last, First, Middle Initial)  
Martin Alan Kassan, MD  
Mailing Address 2725 Auburn Ave

City State Zip Code  
Ashland KY 41102-6169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Martin Kassan, MD

Occupation  
Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: R7540

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Andrew R. Pulito, MD  
Mailing Address 809 Westchester Dr

City State Zip Code  
Lexington KY 40502-3327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UKMC, Dept of Ped Surgery

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  
0 4 / 1 1 / 2 0 0 6

Transaction ID: R7462

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
K. Thomas Reichard, MD  
Mailing Address 2425 Cherokee Pkwy

City State Zip Code  
Louisville KY 40204-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Louisville Bone & Joint  
Specialists PS

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  
0 4 / 1 1 / 2 0 0 6

Transaction ID: R7464

Amount of Each Receipt this Period

500.00

Check

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary-Stuart Reichard  
Mailing Address 2425 Cherokee Pkwy

City State Zip Code  
Louisville KY 40204-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: R7465

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
K. Eric Ruby, MD  
Mailing Address 76 N Linnwood Dr

City State Zip Code  
Somerset KY 42501-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Urology PSC

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  
0 5 / 1 8 / 2 0 0 6

Transaction ID: R7522

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Judah L. Skolnick, MD  
Mailing Address 3023 Wickland Rd

City State Zip Code  
Louisville KY 40205-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentuckiana Pulmonary Ass-  
ociates PLLC

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  
0 5 / 1 8 / 2 0 0 6

Transaction ID: R7525

Amount of Each Receipt this Period

150.00

Check

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

1150.00

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

5500.00

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

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

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

**A.** Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code  
 Louisville KY 40218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.49

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: R7498

Amount of Each Receipt this Period

157.01

Cash

**B.** Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code  
 Louisville KY 40218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.49

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: R7553

Amount of Each Receipt this Period

150.17

Cash

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

307.18

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

307.18

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 23

<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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A. American Medical Association PAC**

Mailing Address 1101 Vermont Avenue NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Transfer to Federal-Affiliated PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1335**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1400.00

**B. Kentucky Medical Association**

Mailing Address Suite 2000  
4965 US Highway 42

City  
Louisville

State  
KY

Zip Code  
40222

Purpose of Disbursement  
Invoice #DL06056 (Phone 16.34; Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1333**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

96.68

80.34)

**C. Kentucky Medical Association**

Mailing Address Suite 2000  
4965 US Highway 42

City  
Louisville

State  
KY

Zip Code  
40222

Purpose of Disbursement  
4/06 Admin Fee (Rent, Phone, Mail,

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1334**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1586.00

Supplies)

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

3082.68

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 23

<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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Kentucky Medical Association

Mailing Address Suite 2000  
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
5/06 Admin Fee (Rent, Phone, Mail,  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1357

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1586.00

Supplies)

Full Name (Last, First, Middle Initial)

**B.** Kentucky Medical Association

Mailing Address Suite 2000  
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse for Printing 999.23; Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1358

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2730.48

1,689.57; Supplies 41.68

Full Name (Last, First, Middle Initial)

**C.** Kentucky Medical Association

Mailing Address Suite 2000  
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
06/06 Admin Fee (Rent, phone, mail,

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1364

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1586.00

supplies)

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

5902.48

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Kentucky Medical Association

Mailing Address Suite 2000  
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse for Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1367

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

335.75

Full Name (Last, First, Middle Initial)

**B.** Kentucky Medical Association

Mailing Address Suite 2000  
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse for Mail 53.77; phone 64.91,

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1368

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

303.67

KEMPAC Website 184.99

Full Name (Last, First, Middle Initial)

**C.** Kentucky State Treasurer

Mailing Address

City Frankfort State KY Zip Code 40601

Purpose of Disbursement  
2005 Income Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1331

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

175.00

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

814.42

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1355**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.86

Full Name (Last, First, Middle Initial)

**B.** Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1361**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.64

Full Name (Last, First, Middle Initial)

**C.** Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: D1362**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.29

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

113.79

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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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

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40206-2248

Purpose of Disbursement  
4/06 Political Consultant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1332

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40206-2248

Purpose of Disbursement  
5/06 Political Consultant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1360

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Marshall E. White

Mailing Address 1304 S. Sixth Street

City Louisville State KY Zip Code 40206-2248

Purpose of Disbursement  
06/06 Political Consultant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1369

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

100.00

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

300.00

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

10213.37

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Transfer to Federal- Affiliated PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1356

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**B.** American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Transfer to Federal-affiliated PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1363

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1050.00

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

2700.00

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

2700.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Adam Koenig Campaign Fund

Mailing Address 3346 Canterbury Ct.

City  
Erlanger

State  
KY

Zip Code  
41018

Purpose of Disbursement  
2006 Primary Election Adam Koenig

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1345

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-69-R)

Full Name (Last, First, Middle Initial)

**B.** Bill Farmer Campaign Fund

Mailing Address 3361 Squire Oak Drive

City  
Lexington

State  
KY

Zip Code  
40515

Purpose of Disbursement  
2006 Primary Election William P. Farmer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-88-R)

Full Name (Last, First, Middle Initial)

**C.** Bob DeWeese Campaign Fund

Mailing Address 6206 Glen Hill Rd

City  
Louisville

State  
KY

Zip Code  
40222

Purpose of Disbursement  
2006 Primary Election Bob M. DeWeese

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1348

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

(KY-48-R)

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

2000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Charles L. Siler Campaign Fund

Mailing Address 3570 Tackett Creek Road

City  
Williamsburg

State  
KY

Zip Code  
40769-7880

Purpose of Disbursement

2006 Primary Election Charles L. Siler

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** D1341

Date of Disbursement

/

Amount of Each Disbursement this Period

500.00

(KY-82-R)

Full Name (Last, First, Middle Initial)

**B.** SA Creative

Mailing Address 10801 Electron Drive, Suite 102

City  
Louisville

State  
KY

Zip Code  
40299-3880

Purpose of Disbursement

Independent Expenditure (Watkins (R-11))

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** D1359

Date of Disbursement

/

Amount of Each Disbursement this Period

10000.00

House) Invoice #6905

Full Name (Last, First, Middle Initial)

**C.** David A. Watkins Campaign Fund

Mailing Address 1413 N Elm St Ste 106

City  
Henderson

State  
KY

Zip Code  
42420

Purpose of Disbursement

2006 Primary Election David A. Watkins,

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** D1351

Date of Disbursement

/

Amount of Each Disbursement this Period

1000.00

MD (KY-11-D)

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

11500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** David L. Williams Campaign Fund

Mailing Address PO Box 666

City  
Burkesville

State  
KY

Zip Code  
42717-0666

Purpose of Disbursement  
2006 Primary Election David L. Williams  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

(KY-16-R)

Full Name (Last, First, Middle Initial)

**B.** David Osborne Campaign Fund

Mailing Address 11410 Covered Bridge Road

City  
Prospect

State  
KY

Zip Code  
40059

Purpose of Disbursement  
2006 Primary Election David Osborne  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-59-R)

Full Name (Last, First, Middle Initial)

**C.** Jimmie Lee Campaign Fund

Mailing Address 901 Dogwood Dr

City  
Elizabethtown

State  
KY

Zip Code  
42701

Purpose of Disbursement  
2006 Primary Election Jimmie Lee  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1350

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-25-D)

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

2000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** John Will Stacy Campaign Fund

Mailing Address PO Box 135

City  
West Liberty

State  
KY

Zip Code  
41471

Purpose of Disbursement  
2006 Primary Election John Will Stacy  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-71-D)

Full Name (Last, First, Middle Initial)

**B.** Julie Denton Campaign Fund

Mailing Address 1708 Golden Leaf Way

City  
Louisville

State  
KY

Zip Code  
40245

Purpose of Disbursement  
2006 Primary Election Julie Rose Denton  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1353

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

(KY-36-R)

Full Name (Last, First, Middle Initial)

**C.** Marie L. Rader Campaign Fund

Mailing Address PO Box 323

City  
McKee

State  
KY

Zip Code  
40447-0323

Purpose of Disbursement  
2006 Primary Election Marie L. Rader  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1337

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-89-R)

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

2000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Ralph A. Alvarado Campaign Fund

Mailing Address 120 Casa Landa Way

City  
Winchester

State  
KY

Zip Code  
40391-8768

Purpose of Disbursement  
2006 Primary Election Ralph A. Alvarado

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-73-R)

Full Name (Last, First, Middle Initial)

**B.** Rick G. Nelson Campaign Fund

Mailing Address Route 3, Box 686

City  
Middlesboro

State  
KY

Zip Code  
40965

Purpose of Disbursement  
2006 Primary Election Rick G. Nelson

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-87-D)

Full Name (Last, First, Middle Initial)

**C.** Sal Santoro Campaign Fund

Mailing Address 596 Waterlot Ct

City  
Florence

State  
KY

Zip Code  
41041

Purpose of Disbursement  
2006 Primary Election Sal Santoro

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1346

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

(KY-60-R)

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

1500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Educational Medical PAC

Full Name (Last, First, Middle Initial)

## **A. Tanya Pullin Campaign Fund**

Mailing Address 1026 Johnson Lane

City State Zip Code  
 South Shore KY 41175

Purpose of Disbursement  
 2006 Primary Election Tanya Pullin

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1336

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

(KY-98-D)

Full Name (Last, First, Middle Initial)

## **B. Thomas Turner Campaign Fund**

Mailing Address 175 Clifty Grove Church Rd.

City State Zip Code  
 Somerset KY 42501

Purpose of Disbursement  
 2006 Primary Election Thomas Turner

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1340

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

(KY-85-R)

Full Name (Last, First, Middle Initial)

## **C. Tim Moore Campaign Fund**

Mailing Address 417 Bates Rd

City State Zip Code  
 Elizabethtown KY 42701

Purpose of Disbursement  
 2006 Primary Election Tim Moore

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D1349

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

(KY-26-R)

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

1500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<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

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 Educational Medical PAC

Full Name (Last, First, Middle Initial)

**A.** Travis Calhoun Campaign Fund

Mailing Address 4922 Lavtonsville Rd

City  
Hopkinsville

State  
KY

Zip Code  
42240

Purpose of Disbursement

2006 Primary Election Travis N. Calhoun,

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D1352

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

MD (KY-9-D)

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

1000.00

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

21500.00