

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 David R. Watkins


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

| L | $\begin{aligned} & \text { Office } \\ & \text { Use } \\ & \text { Only } \end{aligned}$ |  |  |  |  |  |  |  | FEC FORM 3X <br> Rev. 12/2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

6. (a) Cash on Hand January 1,
Y-Y
2012
(b) Cash on Hand at

Beginning of Reporting Period $\qquad$
57236.83
(c) Total Receipts (from Line 19) $\qquad$

$\square 47686.39$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$

7. Total Disbursements (from Line 31) $\qquad$
$\square, 4799.12$
$\square, 63041.60$

$\square 54789.79$
9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0,00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

FEC Form 3X (Rev. 06/2004)

## Write or Type Committee Name <br> Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)


11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............
(ii) Unitemized
(iii) TOTAL (add

Lines 11(a)(i) and (ii). $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). $\qquad$


|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 29550.00 |
| :---: | :---: |
|  | 16620.00 |
|  | ,$\quad 46170.00$ |
|  | 0.00 |
|  | 1500.00 |

0.00

|  | 47670.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |
|  |  |
|  | 0.00 |


|  | 47670.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |
|  |  |
|  | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$
$\qquad$
$\qquad$
14. Loan Repayments Received $\qquad$
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$ to Federal Candidates and Other Political Committees. $\qquad$
17. Other Federal Receipts (Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3) ...........................
(b) Levin Funds (from Schedule H5) .........
(c) Total Transfers (add 18(a) and 18(b))..
19. Total Receipts (add Lines 11(d),
$12,13,14,15,16,17$, and 18(c)) ......... $\square$
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\downarrow$


| 47686.39 |  |
| :--- | :--- |
|  | 47686.39 |$\square \quad 47686.39$

FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs)..
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..........
29. Other Disbursements $\qquad$
$0,0.00$
0.00
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
..


| , 0.00 |  |
| :---: | :---: |
| ,$~$ | 0.00 |
| ,$~$ | 0.00 |
|  | 0.00 |

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

$\square$
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)............................................

63041.60

DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


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



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)


Date of Receipt


Transaction ID : SA11AI. 4924
Amount of Each Receipt this Period
$\square 100.00$

Date of Receipt


Transaction ID : SA11AI. 4921
Amount of Each Receipt this Period
300.00

Date of Receipt

| $\begin{gathered} \text { M1. M } \\ 11 \end{gathered}$ | $29$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 4910
Amount of Each Receipt this Period
300.00

|  | 700.00 |
| :--- | :--- | :--- |

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



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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 John Johnstone MD

| Mailing Address 793 Eastern Byp Ste 201 |  |
| :---: | :---: |
| City | State Zip Code |
| Richmond | KY 40475 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Information Requested | Physician |
| Receipt For: 2012 | Aggregate Year-to-Date $\boldsymbol{V}$ |
| Other (specify) | $275.00$ |

Date of Receipt


Transaction ID : SA11AI. 4925
Amount of Each Receipt this Period
$\square 25.00$

Date of Receipt
B. $\frac{\text { Doctor James Keller MD }}{\text { Mailing Address } 315 \text { Summit Lane }}$

| City | State Zip Code |
| :---: | :---: |
| Ft. Mitchell | KY 41011 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation <br> Physician |
| Receipt For: 2012 Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 300.00 |



Transaction ID : SA11AI. 4923
Amount of Each Receipt this Period
$\square 300.00$

Date of Receipt

| Full Name (Last, First, Middle Initial) Doctor Robert D. Knight MD |  |
| :---: | :---: |
| Mailing Address 4318 Spring Bank Drive |  |
| City Owensboro | State Zip Code <br> KY 42303 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer CEP-America | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ |


| SUBTOTAL of Receipts This Page (optional)......................................................................... | $475.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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



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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) Doctor Tushar G. Kothari MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 3260 Legacy Trace |  |  |
| City | State Zip Code | Transaction ID : SA11AI. 4906 |
| Cincinnati | OH 45237 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $150.00$ |
| Name of Employer <br> Radiology Associates of Northern Kentu | Occupation <br> Physician |  |
| Receipt For: 2012 Primary General Other (specify) | Aggregate Year-to-Date |  |


| B. Doctor George B. Sonnier MD |  |
| :---: | :---: |
| Mailing Address 6410 Lime Ridge PI |  |
| City | State Zip Code |
| Louisville | KY 40222 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Self-Employed | Occupation <br> Physician |
| Receipt For: 2012 Primary <br> General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4915
Amount of Each Receipt this Period
$\square 137.50$

Date of Receipt

| Mailing Address 6410 Lime Ridge PI |  |
| :---: | :---: |
| City Louisville | State Zip Code <br> KY 40222 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Self-Employed | Occupation <br> Homemaker |
| Receipt For: 2012 Primary General Other (specify) | Aggregate Year-to-Date $\square$ |


| 12 | 02 | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 4916
Amount of Each Receipt this Period
$\square 137.50$

|  | 425.00 |
| :---: | :---: |
|  | 1600.00 |

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



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## NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)


Full Name (Last, First, Middle Initial)
B. Kentucky Medical Association (KMA)

| $\begin{array}{ll}\text { Mailing Address } & 4965 \text { US Hwy } 42 \\ & \text { Suite } 2000\end{array}$ |  |  |  | 11 30 2012 |
| :---: | :---: | :---: | :---: | :---: |
| City Louisville |  |   <br> State Zip Code <br> KY 40222 |  | Transaction ID : SB21B. 4891 |
| Purpose of Dis Printing and P | rsement tage for Mailing |  |  | Amount of Each Disbursement this Period |
| Candidate Nam |  |  | Category/ Type | $1129.66$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

c. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 <br> Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement November 2012 Admin Fee |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br>  <br> Senate <br>  President |  |  |

Date of Disbursement


## Transaction ID : SB21B. 4896

Amount of Each Disbursement this Period
$\square 575.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $2084.37$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , |

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

| Use separate schedule | FOR LINE NUMBER: (check only one) |  |  | PAGE 10 OF |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l\|l} \hline \times & 21 b \\ 27 \end{array}$ | 22 28 a | $\begin{aligned} & 23 \\ & 28 \mathrm{~b} \end{aligned}$ | $\begin{aligned} & 24 \\ & 28 \mathrm{c} \end{aligned}$ |  | 25 |  |  | 30b |

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## $\rangle$ Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Louisville |  | KY 40222 |  |
| Purpose of Disbursement October 2012 Admin Fee |  |  |  |
|  |  |  | 001 |
| Candidate Name |  |  |  |
| Office Sought: | House |  |  |
|  | Senate |  |  |
|  | President |  |  |
| State: | District: |  |  |

Date of Disbursement


Transaction ID : SB21B. 4897

Amount of Each Disbursement this Period
$\square 575.00$

Date of Disbursement

| M 11 | D 30 | 2012 |
| :---: | :---: | :---: |

## Transaction ID : SB21B. 4898

Amount of Each Disbursement this Period
$\square \quad 406.60$

Date of Disbursement


Transaction ID : SB21B. 4899

Amount of Each Disbursement this Period
$\square 575.00$

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



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## name of COMmittee (In Full) <br> Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

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

| Mailing Address 2500 Lime Kiln Lane |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement Credit Card Merchant Fees |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

C.

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate  <br> Sent  <br> President  |  |  |

## Date of Disbursement



Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $145.95$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................... | $3786.92$ |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  | PAGE |  | 12 OF |  | 12 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\square 21 \mathrm{~b}$ |  | 23 | 24 |  | 25 |  | 26 |
|  | 27 | 28a | 28b | 28c | X | 29 |  | 30b |

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## $\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) }\end{aligned}$

Full Name (Last, First, Middle Initial)
A. Republican Party of Kentucky

| Mailing Address 105 West 3rd Street |  |  |  | 12 14 2012 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Frankfort |  | State Zip Code <br> KY 40601 |  | Transaction ID : SB29.4901 <br> Amount of Each Disbursement this Period |
| Purpose of Dis Contribution to | sement enate trust |  | $011$ |  |
| Candidate Nam |  |  | Category/ Type | $1000.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

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

| Mailing Address |
| :--- |
| City |
| Purpose of Disbursement |
| Candidate Name |
| Office Sought: |
|  |
| State: |

## 

Amount of Each Disbursement this Period
$\qquad$

Date of Disbursement


| City |  | State Zip Code |  |
| :---: | :---: | :---: | :---: |
| Purpose of Disbursement |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: State: |  House <br> - <br> Senate <br> $\square$ President <br> District:  |  |  |

Amount of Each Disbursement this Period $\square$,


