

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 Doctor Nancy Swikert MD


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


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
2013
(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$
67195.70
$\square 55686.86$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
99612.08
113087.56
7. Total Disbursements (from Line 31) $\qquad$
$\square 26532.95$
40008.43
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$
$\square 73079.13$
$\square 73079.13$
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)............


|  | 39235.81 |
| :---: | :---: |
|  | 15440.00 |
|  | 54675.81 |
|  | 0.00 |
|  | 1000.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$

|  | 32410.81 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 55675.81 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
$\square, 0.00$
0.00


| 0,00 |  |
| :---: | :---: |
| , | 11.05 |



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

19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots \ldots$ $\square$

| 55686.86 |
| :---: | :---: |
| -55686.86 |



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 $\qquad$
$0,0.00$
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, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 2, | 0.00 |

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

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)



| 0.00 |
| :---: | :---: |
| , 2000.00 |


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



COLUMN B Calendar Year-to-Date

40008.43
40008.43

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. 5117
Amount of Each Receipt this Period
$\square \quad 100.00$

Date of Receipt
B. $\frac{\text { Doctor Ralph Alvarado MD }}{\text { Mailing Address } 3520 \text { McClure Road }}$

| City <br> Winchester | State Zip Code <br> KY 40391 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Winchester Medical Associates | Occupation <br> Physician |
| Receipt For: 2013 Primary Other (specify) | Aggregate Year-to-Date |



Transaction ID : SA11AI. 5150
Amount of Each Receipt this Period
$\square 100.00$

Date of Receipt


| SUBTOTAL of Receipts This Page (optional)............................................................... | 5- 300.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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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)


Date of Receipt


Transaction ID : SA11AI. 5258
Amount of Each Receipt this Period
$\square \quad 100.00$

Date of Receipt
B. $\frac{\text { Doctor Ralph Alvarado MD }}{\text { Mailing Address } 3520 \text { McClure Road }}$

| City <br> Winchester | State Zip Code <br> KY 40391 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Winchester Medical Associates | Occupation <br> Physician |
| Receipt For: 2013 Primary <br> General Other (specify) | Aggregate Year-to-Date <br> 1100.00 |



Transaction ID : SA11AI. 5271
Amount of Each Receipt this Period
$\square 100.00$

Date of Receipt

| Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD |  |
| :---: | :---: |
| Mailing Address 3520 McClure Road |  |
| City Winchester | State Zip Code <br> KY 40391 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Winchester Medical Associates | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ <br> 1200.00 |


| SUBTOTAL of Receipts This Page (optional)................................................................ | 300.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 9 - |

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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 James Baker MD

Mailing Address 3080 Prestwicke Drive

| City <br> Fort Mitchell | State <br> KY |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | Zip Code <br> 41017 |
| Name of Employer | C |
| Commonwealth Orthopaedic Centers, PSC | Occupation <br> Receipt For: 2013 <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : SA11AI. 5288
Amount of Each Receipt this Period
$\square 500.00$

Date of Receipt


Transaction ID : SA11AI. 5262
Amount of Each Receipt this Period
$\square 900.00$

Date of Receipt


## Transaction ID : SA11AI. 5192

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.


| Occupation <br> Physician |
| :--- | :--- |
| Aggregate Year-to-Date $\boldsymbol{\nabla}$ |


| State |  |
| :--- | :--- |
| KY | Zip Code |

C


| SUBTOTAL of Receipts This Page (optional)................................................................ | $2400.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | 9 |

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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 David J. Bensema MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 2108 Woodmont Drive |  |  |
| City | State Zip Code |  |
| Lexington | KY 40502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $250.00$ |
| Name of Employer Central Baptist Hospital | Occupation <br> Physician |  |
|  | Aggregate Year-to-Date |  |



Date of Receipt


Transaction ID : SA11AI. 5281
Amount of Each Receipt this Period


| Full Name (Last, First, Middle Initial) Mrs. Cheryl Broster |  |
| :---: | :---: |
| Mailing Address 3629 Winding Woods Ln. |  |
| City Lexington | State Zip Code <br> KY 40515 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Self-employed | Occupation <br> Homemaker |
|  | Aggregate Year-to-Date $\square$ <br> 500.00 |

Date of Receipt


Transaction ID : SA11AI. 5338
Amount of Each Receipt this Period
189.73

In-kind - Food, Ice, Decorations, Invitations, postage for KPPAC Fundraiser

|  | 750.00 |
| :---: | :---: |

## 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)

| Mailing Address 1210 KY Hwy 36E |  |
| :---: | :---: |
| City Cynthiana | State Zip Code <br> KY 41031 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Harrison Memorial Hospital | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5196
Amount of Each Receipt this Period
$\square 250.00$

Date of Receipt


Transaction ID : SA11AI. 5285
Amount of Each Receipt this Period


Date of Receipt


Transaction ID : SA11AI. 5340
Amount of Each Receipt this Period
412.91

In-kind - Food and supplies for KPPAC Fundraiser

|  | 912.91 |
| :--- | :--- | :--- |

## 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 Larry Cunningham MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 3651 Parkers Mill Road |  |  |
| City | State Zip Code <br> KY 40513 |  |
| Lexington |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $250.00$ |
| Name of Employer Information Requested | Occupation <br> Physician |  |
|  | Aggregate Year-to-Date $\square$ |  |


| B. Doctor Larry Cunningham MD |  |
| :---: | :---: |
| Mailing Address 3651 Parkers Mill Road |  |
| City | State Zip Code |
| Lexington | KY 40513 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5339
Amount of Each Receipt this Period


In-kind - Food and Supplies for KPPAC Fundraiser

Date of Receipt


## Transaction ID : SA11AI. 5197

Amount of Each Receipt this Period


|  | 1662.90 |
| :---: | :---: | :---: |

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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 James Michael Francis MD |  | Date of Receipt <br> 10 <br> 04 <br> 2013 <br> Transaction ID : SA11AI. 5242 |
| :---: | :---: | :---: |
| Mailing Address 3824 Wyse Squa |  |  |
| City <br> Lexington | State Zip Code <br> KY 40510 |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | $250.00$ |
| Name of Employer | Occupation |  |
| Lexington Nephrology Associates | Physician |  |
|  | Aggregate Year-to-Date |  |


| B. Mrs. Tracy L. Francis |  |
| :---: | :---: |
| Mailing Address 3824 Wyse Square |  |
| City | State Zip Code |
| Lexington | KY 40510 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Self | Occupation Homemaker |
|  | Aggregate Year-to-Date $\square$ <br> 250.00 |

Date of Receipt


Transaction ID : SA11AI. 5244
Amount of Each Receipt this Period
250.00

Date of Receipt


| $09$ | 12 | $2013$ |
| :---: | :---: | :---: |

## Transaction ID : SA11AI. 5190

Amount of Each Receipt this Period
500.00
$0,1000.00$

## 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) Doctor Linda Gleis MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address VAMC PM \& R (117) <br> 800 Zorn Ave |  | M M M    <br> 09 V 12 2013 |
| City | State Zip Code | Transaction ID : SA11AI. 5189 |
| Louisville | KY 40206 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $500.00$ |
| Name of Employer Information Requested | Occupation <br> Physician |  |
| Receipt For: 2013 Primary <br> General Other (specify) | Aggregate Year-to-Date |  |


| B. Doctor Robert Granacher Jr, MD |  |
| :---: | :---: |
| Mailing Address 1401 Harrodsburg Road |  |
| City | State Zip Code |
| Lexington | KY 40504 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt

| 09 | $\begin{gathered} D \quad D \\ 12 \end{gathered}$ | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5180
Amount of Each Receipt this Period
$\square 500.00$

Date of Receipt


| SUBTOTAL of Receipts This Page (optional)................................................................ | 1250.00 |
| :---: | :---: |
| 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 Bill H. Harris MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 107 Primrose Ln |  | M , D D , YMYMーY |
| City | State Zip Code | Transaction ID : SA11AI. 5269 |
| Pikeville | KY 41501 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $300.00$ |
| Name of Employer Information Requested | Occupation <br> Physician |  |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date |  |



Date of Receipt


Transaction ID : SA11AI. 5191
Amount of Each Receipt this Period
$\square 1000.00$

Date of Receipt
C. Doctor John Johnstone MD
Mailing Address 793 Eastern Byp Ste 201

| City <br> Richmond | State <br> KY |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | Zip Code <br> 40475 |
| Name of Employer | C |
| Information Requested | Occupation <br> Receipt For: 2013 <br> $\quad$Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Full Name (Last, First, Middle Initial)


## Transaction ID : SA11AI. 5215

Amount of Each Receipt this Period
25.00
$0,1325.00$

## 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: 2013 | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $250.00$ |

Date of Receipt

| M.M |  |
| :---: | :---: | :---: | :---: | :---: |
| 10 | D |
| 16 | 2013 |

Transaction ID : SA11AI. 5257
Amount of Each Receipt this Period
$\square \quad 25.00$

Date of Receipt
B. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

| City <br> Richmond | State Zip Code <br> KY 40475 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date |



Transaction ID : SA11AI. 5272
Amount of Each Receipt this Period


Date of Receipt
C. Doctor John Johnstone MD
Mailing Address 793 Eastern Byp Ste 201

| City <br> Richmond | State Zip Code <br> KY 40475 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 300.00 |



## Transaction ID : SA11AI. 5279

Amount of Each Receipt this Period
25.00

|  | 75.00 |
| :--- | :--- | :--- |

## 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)


Date of Receipt


Transaction ID : SA11AI. 5200
Amount of Each Receipt this Period
1000.00


Date of Receipt

| $\begin{gathered} M-M \\ 08 \end{gathered}$ | ( D 0 D | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5141
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. Doctor Shawn C. Jones MD

Mailing Address 8 West Vale

| City Paducah | State Zip Code <br> KY 42001 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Purchase ENT | Occupation Physician |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 5139
Amount of Each Receipt this Period
875.00
2750.00

## 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)

| Mailing Address PO Box 1497 |  |
| :---: | :---: |
| City | State Zip Code |
| Frankfort | KY 40602 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Lexington-Fayette Co Health Dept | Physician |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5223
Amount of Each Receipt this Period
$\square \quad 250.00$

Full Name (Last, First, Middle Initial)
B. Mrs. Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

| City | State Zip Code |
| :---: | :---: |
| Paducah | KY 42001-8674 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation Homemaker |
| Receipt For: 2013 Primary <br> Other (specify) | Aggregate Year-to-Date $\square$ <br> 875.00 |

Date of Receipt


Transaction ID : SA11AI. 5176
Amount of Each Receipt this Period


Date of Receipt


## Transaction ID : SA11AI. 5175

Amount of Each Receipt this Period
$\square 875.00$
2000.00

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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)


Date of Receipt


Transaction ID : SA11AI. 5135
Amount of Each Receipt this Period
$\square \quad 300.00$

Full Name (Last, First, Middle Initial)
B. Doctor H. Michael Oghia MD

Mailing Address 4538 Hwy 15 S.

| FEC ID number of contributing federal political committee. | C |
| :---: | :---: |
| Name of Employer Jackson Urology | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5265
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. Doctor H. Michael Oghia MD

Mailing Address 4538 Hwy 15 S.

| City | State Zip Code |
| :---: | :---: |
| Jackson | KY 41339 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Jackson Urology | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 240.00 |

Date of Receipt


## Transaction ID : SA11AI. 5275

Amount of Each Receipt this Period
30.00

|  | 360.00 |
| :---: | :---: | :---: |

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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)


Date of Receipt


Transaction ID : SA11AI. 5245
Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mrs. Karen S. Papp

Mailing Address 2630 Brannon Rd

| City | State Zip Code |
| :---: | :---: |
| Nicholasville | KY 40356 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Self | Occupation Homemaker |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date <br> 250.00 |

Date of Receipt


Transaction ID : SA11AI. 5247
Amount of Each Receipt this Period
250.00

Date of Receipt

| Full Name (Last, First, Middle Initial) Doctor Andrew R. Pulito MD |  |
| :---: | :---: |
| Mailing Address 809 Westchester Drive |  |
| City <br> Lexington | State Zip Code <br> KY 40502 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer University of Kentucky | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ |



Transaction ID : SA11AI. 5286
Amount of Each Receipt this Period
$\square 500.00$
$0,1000.00$

## 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)

| Mailing Address 7101 W Hwy 22 |  |
| :---: | :---: |
| City <br> Crestwood | State Zip Code <br> KY 40014 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation Physician |
|  | Aggregate Year-to-Date |

Date of Receipt

| $\begin{gathered} M \\ 09 \end{gathered}$ | $\begin{gathered} D \quad D \\ 04 \end{gathered}$ | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5154
Amount of Each Receipt this Period
500.00

Date of Receipt


Transaction ID : SA11AI. 5199
Amount of Each Receipt this Period
$\square \quad 300.00$

Date of Receipt


Transaction ID : SA11AI. 5276
Amount of Each Receipt this Period
500.00
$0,1300.00$

## 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. 5185
Amount of Each Receipt this Period
$\square \quad 500.00$

Full Name (Last, First, Middle Initial)
B. Brian Sosnin MD

Mailing Address 364 Circle Valley Drive

| City | State Zip Code |
| :---: | :---: |
| Louisville | KY 40229 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 1000.00 |

Date of Receipt


Transaction ID : SA11AI. 5184
Amount of Each Receipt this Period
1000.00

Date of Receipt

| Full Name (Last, First, Middle Initial) |
| :--- |
| C. |
| Doctor Gordon Tobin II, MD |
| Mailing Address 1505 Northwind Rd |
| City |
| Louisville |
| FEC ID number of contributing |
| federal political committee. |
| Name of Employer State Kip Code <br> University Surgical Associates PSC C  <br> Receipt For: 2013 Occupation <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ Ghysician |
| $\square$ |


| SUBTOTAL of Receipts This Page (optional)................................................................ | , 1750.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 9 - |

## 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. 5224
Amount of Each Receipt this Period
$\square 150.00$

Full Name (Last, First, Middle Initial)
B. Doctor John White MD

Mailing Address 712 Tamarack Ct

| City <br> Richmond | State <br> KY |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | Zip Code <br> 40475 |
| Name of Employer |  |
| Pulmonary Associates | Occupation |
| Receipt For: 2013 |  |
| $\square$ Physician |  |

Date of Receipt

| $\begin{gathered} M-M \\ 09 \end{gathered}$ | $\begin{array}{\|c} \hline D \quad D \\ 04 \end{array}$ | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5155
Amount of Each Receipt this Period
2500.00

Date of Receipt

| Full Name (Last, First, Middle Initia) Doctor John White MD |  |
| :---: | :---: |
| Mailing Address 712 Tamarack Ct |  |
| City Richmond | State Zip Code <br> KY 40475 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Pulmonary Associates | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ <br> 3000.00 |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $3150.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 9 - |

## 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)


Date of Receipt

| $\begin{gathered} M \\ 07 \end{gathered}$ | D 24 | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5114
Amount of Each Receipt this Period
250.00

Date of Receipt


Transaction ID : SA11AI. 5115
Amount of Each Receipt this Period
250.00

Date of Receipt

| $09$ | $12$ | $2013$ |
| :---: | :---: | :---: |

## Transaction ID : SA11AI. 5211

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

|  | 800.00 |
| :---: | :---: |
|  | 23085.81 |

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

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

FOR LINE NUMBER: PAGE 24 OF 36 (check only one)


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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)


Date of Receipt

| 10 | $\begin{gathered} D \quad D \\ 22 \end{gathered}$ | ' | $2013$ |
| :---: | :---: | :---: | :---: |

Transaction ID : SA11C. 5344
Amount of Each Receipt this Period
1000.00

State PAC Contribution

| B. |
| :--- |
| Mailing Address |
| City |
| $\begin{array}{l}\text { FEC ID number of contributing } \\ \text { federal political committee. }\end{array}$ |
| Name of Employer State <br>   <br> $\begin{array}{l}\text { Receipt For: } \\ \square \\ \text { Primary } \quad \square \text { General } \\ \text { Other (specify) } \boldsymbol{\nabla}\end{array}$ Occupation |

C.

Mailing Address

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

Date of Receipt


Amount of Each Receipt this Period
$\square$

Date of Receipt


Amount of Each Receipt this Period
$\square$

| SUBTOTAL of Receipts This Page (optional)................................................................ | $1000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | , 1000.00 |

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



Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Doctor Emily Cunningham MD

| Mailing Address 3651 Parkers Mill Road |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Lexington |  | State Zip Code <br> KY 40513 |  |
|  |  |  |  |
| Purpose of Disbursement <br> In-kind - Food and supplies for KPPAC Fundraiser |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5341

Amount of Each Disbursement this Period
$\square \quad 412.91$

Date of Disbursement

| M 12 |  | [16 | , | $2013$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SB21B. 5342

Amount of Each Disbursement this Period
$\square 412.90$

Date of Disbursement


Transaction ID : SB21B. 5290

Amount of Each Disbursement this Period
$\square 604.00$

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



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## $\rangle$ KAME OF COMMITTEE (In Full)

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


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

| Suite 2000 |  |  |  | $08 \quad 15$ |
| :---: | :---: | :---: | :---: | :---: |
| City Louisville |  | State Zip Code <br> KY 40222 |  | Transaction ID : SB21B. 5294 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Administrative Fee |  |  | 001 |  |
| Candidate Nam |  |  | Category/ Type | $604.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

c. Kentucky Medical Association (KMA)

| $\begin{array}{cl}\text { Mailing Address } & 4965 \text { US Hwy } 42 \\ & \text { Suite } 2000\end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement Postage, Website Hosting |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: | $\square$ House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5295

Amount of Each Disbursement this Period
$\square \quad 230.87$

SUBTOTAL of Disbursements This Page (optional)
$\square, 3431.18$

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



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## $\rangle$ KAME OF COMMITTEE (In Full)

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

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

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

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 Padded Envelopes |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5300

Amount of Each Disbursement this Period 66.70

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



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



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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 42Suite 2000 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  | Transaction ID : SB21B. 5302 <br> Amount of Each Disbursement this Period |
| Purpose of Dis Administrative | sement |  | 001 |  |
| Candidate Nam |  |  | Category/ Type | $604.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

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


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



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## $\rangle$ KAME OF COMMITTEE (In Full)

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


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


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



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## NAME OF COMMITTEE (In Full)

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

| Mailing Address 2500 Lime Kiln Lane |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code |  |
|  |  | $\text { KY } 40222$ |  |
| Purpose of Dis Credit Card Pr | $\begin{aligned} & \text { sement } \\ & \text { essing Fee } \end{aligned}$ |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| M 09 |  | D D 30 | , | 2013 |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SB21B. 5301

Amount of Each Disbursement this Period
$\square 27.50$

Date of Disbursement


Transaction ID : SB21B. 5304

Amount of Each Disbursement this Period


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

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

FOR LINE NUMBER: $\quad$ PAGE 31 OF 36 (check only one)

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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 Processing Fee |  |  | 001 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| Mailing Address 2500 Lime Kiln Lane |  |  |  | 12 31 2013 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  | Transaction ID : SB21B. 5311 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Credit Card Processing Fee |  |  | 001 |  |
| Candidate Name |  |  | Category/ Type | $27.50$ |
| Office Sought: <br> State: | - House <br> $\square$ Senate <br> $\square$ President <br> District:  |  |  |  |

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

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

## Date of Disbursement



Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $154.95$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | $9054.62$ |

## 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. Alvarado for Sate Senate


Full Name (Last, First, Middle Initial)
B. Dan Seum for State Senate

| Mailing Address 1107 Holly Ave |  |  |  | 10 29 2013 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Fairdale |  | State Zip Code <br> KY 40118 |  | Transaction ID : SB23.5317 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement <br> Candidate Support for State Candidate Dan Seum |  |  | 011 |  |
| Candidate Nam |  |  | Category/ Type | $1000.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

Full Name (Last, First, Middle Initial)
C. Dennis Keene for State Representative

| Mailing Address 1040 Johns hills road |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Wilder |  | KY 41076 |  |
| Purpose of DisbursementCandidate Support for State Candidate Dennis Keene |  |  | 011 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br>  <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB23.5319

Amount of Each Disbursement this Period
$\square 1000.00$

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



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

Full Name (Last, First, Middle Initial)
A. Friends of Ryan Quarles


Full Name (Last, First, Middle Initial)
B. House Republican Caucus Campaign Committee


Full Name (Last, First, Middle Initial)
C. Joe Bowen for State Senate

| Mailing Address 2031 Fieldcrest Drive |  |  |  |
| :---: | :---: | :---: | :---: |
| City Owensboro |  | State Zip Code <br> KY 42301 |  |
|  |  |  |  |
| Purpose of Disbursement <br> Candidate Support for State Candidate Joe Bowen |  |  | 011 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> $\square$ Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB23.5323

Amount of Each Disbursement this Period
$\square \quad 500.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $2000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , |

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



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## $\rangle$ KAME OF COMMITTEE (In Full)

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

B. Kentucky House Democratic Caucus Campaign Committee

C. Kentucky Senate Democratic Caucus Campaign Committee

| Mailing Address PO Box 4582 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Frankfort |  | State Zip Code <br> KY 40601 |  |
|  |  |  |  |
| Purpose of Disbursement Contribution to Kentucky Senate Democratic Caucus |  |  | 011 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br>  President <br> District:  |  |  |

Date of Disbursement


Transaction ID : SB23.5334

Amount of Each Disbursement this Period
$\square 1000.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $6000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , \|r |

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

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

FOR LINE NUMBER: $\quad$ PAGE 35 OF 36 (check only one)

| $\begin{aligned} & 21 b \\ & 27 \end{aligned}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{a} \end{aligned}$ | X | $\begin{aligned} & 23 \\ & 28 \mathrm{~b} \end{aligned}$ | $\begin{aligned} & 24 \\ & 28 \mathrm{c} \end{aligned}$ | $\begin{aligned} & 25 \\ & 29 \end{aligned}$ | $\begin{aligned} & 26 \\ & 30 b \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |

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

Full Name (Last, First, Middle Initial)
A. McConnell Senate Committee '14


Full Name (Last, First, Middle Initial)
B. Senate Republican Caucus Campaign Committee

| Mailing Address PO Box 1068 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Frankfort |  | State Zip Code <br> KY 40602 |  |
|  |  |  |  |
| Purpose of Disbursement Contribution to the |  |  | + |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |
| Full Name (Last, First, Middle Initial) |  |  |  |
| Susan Westrom Campaign Fund |  |  |  |


| City <br> Lexington |  | State Zip Code <br> KY 40522 |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
| Purpose of Disbursement Candidate Support for State Candidate Susan Westrom |  |  |  | 011 |
| Candidate Name |  |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br>  Sresident |  |  |  |

Date of Disbursement

| $12$ | , | 18 | , | 2013 |
| :---: | :---: | :---: | :---: | :---: |

## Transaction ID : SB23.5332

Amount of Each Disbursement this Period
$\square 2500.00$

Date of Disbursement

| M 12 | -02 | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SB23.5328

Amount of Each Disbursement this Period
$\square 1000.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $6000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , \|r |

## 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. Suzanne Miles for State Representative

| Mailing Address PO Box 21592 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Owensboro |  | State Zip Code <br> KY 21592 |  |
|  |  |  |  |
| Purpose of Disbursement Candidate Support for State Candidate Suzanne Miles |  |  | 011 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

## Date of Disbursement



Amount of Each Disbursement this Period
$\qquad$


Date of Disbursement


Amount of Each Disbursement this Period


|  |  |  |
| :---: | :---: | :---: |
| Office Sought: <br> State: |  House <br> - Senate <br> $\square$ President <br> District:  |  |

Date of Disbursement


Transaction ID : SB23.5329

Amount of Each Disbursement this Period
$\square 250.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $250.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | , 17250.00 |

