04/22/2008 11:30

Image# 28990890699

#### **FEC** FORM 3X

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For O	tner I nan An	Authorize	ea Commi	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAB		xample:If typio ver the lines	ng, type		• • • • • •		
L	Kentucky Medical Association	n PAC (I	Kentucky Physicia	ns PAC Fed	leral-KPPAC	Federal)				
Ш										
A <u>D</u>	DRESS (number and street)	496	5 US Highway 42	1 1 1 1			1   1		1 1 1	
•	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite	te 2000						1 1 1	I
L	Check if different than previously reported. (ACC)	Loui	isville				LKY J	402	222   -	
2.	FEC IDENTIFICATION NUM	IBER	<b>~</b>	CITY 🛕			STATEA	Z	IPCODE .	<b>A</b>
	C00016444		;	3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:		Monthly Report Due On:	Feb 20 (M2	3)	May 20 (M5) Jun 20 (M6)		Aug 20 (M8) Sep 20 (M9)	Dei (No Yea	v 20 (M11) nn-Election ar Only) c 20 (M12) nn-Election ar Only)
	April 15 Quarterly Report(Q1) July 15	1) .		Apr 20 (M4	1)	Jul 20 (M7)		Oct 20 (M10)	Jar	1 31 (YE)
			(c) 12-Day		Primary (12	2P)	Gene	ral (12G)	Ru	noff (12R)
	Quarterly Report(Q2) October 15 Quarterly Report(Q3)		Report for the:		Convention	n (12C)	Spec	ial (12G)		
	January 31 Quarterly Report(YI		E	Election on			•		n the State of	
	X July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report		(d) 30-Day Post -Electi Report for the		General (3	0G)	Runo	ff (30R)	Spe	ecial (30S)
	(TER)		E	Election on					n the State of	
5.	Covering Period 0 1		01 2007	7	through	0 6	30	2007		
	ertify that I have examined this F	•	and to the best of musan Bornstein	ıy knowledge	e and belief it	is true, correct	and comple	ete.		
ı yı	e of Fillit Name of Treasurer		<del>,                                    </del>							
Sig	nature of Treasurer Electron	nically F	Filed by Susan B	ornstein			ate	04 22	20	0 8
NO	TE : Submission of false, error	neous, o	or incomplete inforr	nation may s	subject the pe	rson signing thi	s Report to	the penalties o	f 2 U.S.C 4	137g.
	Office Use							I	FORM 3	BX

FE6AN026

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) D D <sup>U</sup>D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 34100.16 Ž007 January 1 (b) Cash on Hand at 34100.16 Begining of Reporting Period ..... 34832.61 34832.61 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 68932.77 68932.77 6(a) and 6(c) for Column B) ..... 49731.87 49731.87 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 19200.90 19200.90 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

3<sup>D</sup>0 м N 0 1 0<sup>D</sup>1 м м 0 6 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15200.00 15200.00 (i) Itemized (use Schedule A) .......... 17950.00 17950.00 (ii) Unitemized ..... (iii) TOTAL (add 33150.00 33150.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 33150.00 33150.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1340.00 1340.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 342.61 342.61 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 34832.61 34832.61 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 34832.61 34832.61 (subtract Line 18(c) from Line 19) .....

#### **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
	erating Expenditures: Shared Federal/Non-Federal		
(a)	Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating Expenditures	38116.87	38116.87
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	38116.87	38116.87
22. Trar	nsfers to Affiliated/Other Party		
	nmitteestributions to	12440.00	12440.00
Fede and	eral Candidates/Committees Other Political Committees	-1000.00	-1000.00
(use	ependent Expenditure  Schedule E)	0.00	0.00
Con	rdinated Expenditures Made by Party nmittees (2 U.S.C. 441a(d)) Schedule F)	0.00	0.00
26. Loar	n Repayments Made	0.00	0.00
	ns Made	0.00	0.00
	unds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Othe	er Disbursements	175.00	175.00
(a)	leral Election Activity (2 U.S.C 431(20)) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	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
	al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	49731.87	49731.87
32. Tot	tal Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	49731.87	49731.87

#### **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)	33150.00	33150.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	33150.00	33150.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38116.87	38116.87
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1340.00	1340.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	36776.87	36776.87

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (In Full)	e name and add	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robert W. Cameron, Md  Mailing Address 780 Joe Lewis Rd  City Somerset  FEC ID number of contributing federal political committee.  Name of Employer Lake Cumberland Cardiovas- cular Assoc  Receipt For: Primary General Other (specify)	State KY  C  Occupation Physician Aggregate		Date of Receipt  O 1 O 8 O 7  Transaction ID: AEE80596207F94E088B1  Amount of Each Receipt this Period  500.00
В.	Full Name (Last, First, Middle Initial) John W. McClellan, Jr. Md  Mailing Address 848 Woodspoint Dr  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer John W. McClellan, Jr. MD PSC  Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: AD34DC9980167454A812  Amount of Each Receipt this Period  500.00
_ C.	Full Name (Last, First, Middle Initial) David J. Bensema  Mailing Address 2108 Woodmont Dr  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Central Baptist Hospital  Receipt For: Primary General Other (specify)	State KY  C  Occupation Physician Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: ABA13CEB02D984D96B10  Amount of Each Receipt this Period  500.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ.	ry of the
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC	the name and address of any politica	d by any person for the purpose of soliciting contributions Il committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan J. Ortiz, Md  Mailing Address 3121 N. Hwy 393  City  Lagrange  FEC ID number of contributing federal political committee.  Name of Employer River Cities Cardiology MPC  Receipt For:  Primary General Other (specify)	State Zip Code KY 40031-8637  C  Occupation Physician Aggregate Year-to-Date	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Donald C. Barton, Md Mailing Address 1014 Circle Dr  City Corbin  FEC ID number of contributing federal political committee.  Name of Employer Donald C. Barton, MD	State Zip Code KY 40701  C	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Christopher J. Frost, Md  Mailing Address 488 Leaf Ln	Retired Physician  Aggregate Year-to-Date ▼	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Somerset  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Centr of Lake Cumberland Receipt For:  Primary General Other (specify)	State Zip Code KY 42503  C  Occupation Physician  Aggregate Year-to-Date	Transaction ID: ADC0C46C3636D47EAA  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional	J(R	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) James L. Sublett, Md Mailing Address 11406 Ridge Rd  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Family Allergy & Asthma	State KY C Occupatio		Date of Receipt    M   M   D   D   D   D   D   D   D   D
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' '                                 </del>	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Robert J. Emslie, Md Mailing Address 936 Fairway St			Date of Receipt    M
	City  Bowling Green  FEC ID number of contributing federal political committee.  Name of Employer Graves Gilbert Clinic	State KY  C  Occupation Physicial		Transaction ID: A4760904CCF3241C2808  Amount of Each Receipt this Period  500.00
	Receipt For:  Primary  General  Other (specify) ▼	<del>, ' ' '                               </del>	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Philip K. Lichtenstein, Md Mailing Address 601 Stanley Ave			Date of Receipt  0 2 1 6 2 0 0 7
	City Cincinnati  FEC ID number of contributing federal political committee.	State OH	Zip Code 45226-1736	Transaction ID: AEE964B2C453C4C1996 Amount of Each Receipt this Period  250.00
	Name of Employer Healthpoint Family Care	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full)  Kentucky Medical Association	-		on for the purpose of soliciting contributions o solicit contributions from such committee.  C Federal)
Full Name (Last, First, Middle Initial Sandra K. Frost Mailing Address 488 Leaf Ln  City  Somerset  FEC ID number of contributing federal political committee.  Name of Employer Homemaker  Receipt For:  Primary  General  Other (specify)	State KY C Occupation Homema		Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: AC8AD12DE250B435CBE  Amount of Each Receipt this Period  1500.00
Full Name (Last, First, Middle Initia Thomas K. Slabaugh, Sr.  Mailing Address 2132 Island D  City  Lexington  FEC ID number of contributing federal political committee.  Name of Employer Urologic Associates  Receipt For:  Primary General  Other (specify)	r State KY C Occupation Physicia		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: A881ADDA47F6D4809A9  Amount of Each Receipt this Period  500.00
	offordable Healthcare More Pkwy Ste 5 State KY C Occupatio	Zip Code 41017-3471	Date of Receipt  M M M O 1 2007  Transaction ID: A01CECBCFFA574AA498  Amount of Each Receipt this Period  1500.00
SUBTOTAL of Receipts This Page (	. ,	<u> </u>	3500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any presing the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Shawn C. Jones, Md		Date of Receipt			
Mailing Address 8 W. Vale  City	State Zip Code	0 4 0 2 2 0 0 7  Transaction ID: AF8AD9C4FC77549DF			
Paducah  FEC ID number of contributing federal political committee.	KY 42001-6786	Amount of Each Receipt this Period  1000.00			
Name of Employer Purchase DERM/ENT LLC	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Andrew R. Pulito, Md Mailing Address 809 Westcheste					
City	04 02 2007				
Lexington	State Zip Code KY 40502	Transaction ID: A0493598911F54C28B0  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer University of Kentucky	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Thomas E. Bunnell	Date of Receipt				
Mailing Address 3246 New Orlea	ans Dr	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City	State Zip Code	Transaction ID: A3C985AE6AF014E1E			
Edgewood  FEC ID number of contributing federal political committee.	KY 41017	Amount of Each Receipt this Period 500.00			
Name of Employer Internal Medicine of Nort- hern KY	Occupation Retired Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
	1	2000.00			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any peg the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Carolyn B. Daley Mailing Address 3111 Maria Dr		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City  Lexington  FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period  500.00			
Name of Employer Information Requested  Receipt For:  Primary General  Other (specify) ▼	Occupation Homemaker  Aggregate Year-to-Date   500.00				
Full Name (Last, First, Middle Initial) John W. Collins Mailing Address 1014 Richmond R	John W. Collins				
City  Lexington  FEC ID number of contributing federal political committee.	State Zip Code  KY 40502-1610	Transaction ID: A3CBE7CA27E6A4399B  Amount of Each Receipt this Period  500.00			
Name of Employer Lexington Clinic  Receipt For:	Occupation Physician Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼  Full Name (Last First Middle Initial)	500.00				
K. Thomas Reichard, Md	Full Name (Last, First, Middle Initial) K. Thomas Reichard, Md  Mailing Address 2425 Cherokee Pkwy				
City  Louisville  FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period  500.00			
Name of Employer Louisville Bone & Joint Specialists PS Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   500.00				
SUBTOTAL of Receipts This Page (option	al)	1500.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ory of the
\ \frac{1}{2}	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (I		ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) David J. Zoeller  Mailing Address 1024 Fisher Ln  City Elizabethtown  FEC ID number of contributing federal political committee.  Name of Employer Primecare PSC  Receipt For: Primary General Other (specify)	State Zip Code KY 42701  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Robert J. Emslie, Md  Mailing Address 936 Fairway St  City  Bowling Green  FEC ID number of contributing federal political committee.  Name of Employer Graves Gilbert Clinic  Receipt For:  Primary General Other (specify)	State Zip Code KY 42101  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Mary-Stuart Reichard Mailing Address 2425 Cherokee Pkwy  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)	State Zip Code KY 40204-2216  C  Occupation Homemaker  Aggregate Year-to-Date	Date of Receipt  M M M O 6 O 4 Y Y Y Y Y Y  Transaction ID: A127CE6E3ED0547908D  Amount of Each Receipt this Period  500.00
	SUBTOTAL of Receipts This Page (optional) a		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Kentucky Medical Association PAC)	name and add	dress of any political committee to	solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Alice G. Zoeller  Mailing Address 1024 Fisher Ln  City  Elizabethtown  FEC ID number of contributing federal political committee.  Name of Employer Rejuvanation MediSpa  Receipt For:  Primary General Other (specify)	State KY  C Occupation Owner Aggregate	Zip Code 42701  n e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: AFCCBE8CEEABB43158  Amount of Each Receipt this Period  250.00
_ B.	Full Name (Last, First, Middle Initial) William P. McElwain Mailing Address PO Box 1859  City Mt. Vernon  FEC ID number of contributing federal political committee.  Name of Employer Rockcastle Hospital  Receipt For: Primary General Other (specify)	State KY  C  Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: A86BABB826E224198922  Amount of Each Receipt this Period  350.00  Additional contribution
_ C.	Full Name (Last, First, Middle Initial) Gordon R. Tobin, II MD  Mailing Address 1505 Northwind Rd  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer University Surgical Associates PSC Receipt For: Primary General Other (specify)	State KY  C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: ADD05B6C450014109B5  Amount of Each Receipt this Period  350.00  additional contribution
	SUBTOTAL of Receipts This Page (optional)			950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (	Kentucky Phy	ysicians PAC Federal-KPP	AC Federal)
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Naren James			Date of Receipt
	Mailing Address 115 Vista Ct			0 6 1 8 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: AB0267003886342FB973
	Stanford	KY	40484-1400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Stanford Family Medicine & Obstetrics	Occupation Physicia		2007 contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) J. Gregory Cooper			Date of Receipt
	Mailing Address 386 Culpepper Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A8694A54BB992463F93
	<u>Cynthiana</u>	KY	41031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Family Care Associates PSC	Occupation Physicial		2007 membership contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<b>•</b>	15200.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (K	entucky Phy	sicians PAC Federal-KPPAC	C Federal)
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Date of Receipt
Mailing Address 4965 US Highway 42 Suite 2000			04 30 2007
City	State	Zip Code	Transaction ID: A2A28FFB75EDC4226A48
Louisville	KY	40222-6379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1340.00
Name of Employer	Occupatio	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1340.00	

SUBTOTAL of Receipts This Page (optional)	•	1340.00
TOTAL This Period (last page this line number only)	<u> </u>	1340.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one)  11a 11b 11c 12 13 14 15 16 🔀 17
	Any information copied from such Reports and State or for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Ke	ntucky Phys	sicians PAC Federal-KPPAC	Federal)
A.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union			Date of Receipt
	Mailing Address 3740 Bardstown Road			03 / 31 / 2007
	City	State	Zip Code	Transaction ID: AF9CE7C1D77BC456495C
	Louisville	KY	40218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.19
	Name of Employer	Occupation	١	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 203.68	

SUBTOTAL of Receipts This Page (optional)	•	65.19
TOTAL This Period (last page this line number only)	<u> </u>	65.19

Detailed Summary Page     X   21b     22     23     24     25     2	TEMIZED DISBURSEMENTS		arate schedule(s) category of the		OR LINE	NUMBER: y one)		PAGE	17 / 25	
NAME OF COMMITTEE (In Full)  NAME (Last, First, Middle Initial)  Chilton & Medley PLC  Mailing Address 2500 Meldinger Tower 462 S. 4th St.  City 40202-3466  Purpose of Disbursement Progress Billing #2 for 2006 auditi/Clie  Candidate Name  Office Sought: House Sonate Primary General Disbursement Disbursement Disbursement Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code (Category) ▼  Other (specify) ▼  Purpose of Disbursement Disbursement Disbursement For: Sonate Primary General Disbursement Disbursement Line Production Sonate Primary General Disbursement	I LIVIIZED DISDUNSEMEN I S									26 30k
Full Name (Last, First, Middle Initial) Chilton & Medley PLC  Mailing Address 2500 Meidinger Tower 462 S. 4th St City 40202-3466 Purpose of Disbursement Progress Billing #2 for 2006 auditi/Clie Candidate Name Office Sought: House Suite 2000 City Senate President State: Disbursement postage, c Candidate Name  Office Sought: House Suite 2000 City Senate Primary General Primary Gen										
Chilton & Medley PLC  Mailing Address 2500 Meidinger Tower 462 S. 4th St  City State Zip Code KY 40202-3466  Purpose of Disbursement Progress Billing #2 for 2006 audit/Clie  Candidate Name  Office Sought: House President Other (specify) ▼  State: Disbursement For: Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State: Disbursement Other (specify) ▼  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State: Disbursement Cateing for KEMPAC board meeting Candidate Name  Office Sought: House Purpose of Disbursement Cateing for KEMPAC board meeting Candidate Name  Office Sought: House Purpose of Disbursement For: Category/ Type  Office Sought: House Purpose of Disbursement For: Disbursement Cateing for KEMPAC board meeting Candidate Name  Office Sought: House Purpose of Disbursement For: Category/ Type  Office Sought: House Purpose of Disbursement For: Pur	` '	tucky Physi	cians PAC Fede	eral-	KPPAC F	ederal)				
Mailing Address	,								D14C14	45E8
City Louisville State Xip Code KY 40202-3466  Purpose of Disbursement Progress Billing #2 for 2006 auditi/Cile Candidate Name  Other (specify) ▼  State:  District:  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City Louisville KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City City City State Disbursement For: Senate Primary Office Sought:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address A433-D Kiln Ct.  City Clay Clay Clay Clay Clay Category/ Type  Disbursement For: Senate President Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address A433-D Kiln Ct.  City Clay Clay Clay Clay Clay Clay Clay Cla	Mailing Address 2500 Meidinger Tower					_M _ M	/ D D		0 0 7 Y	
Progress Billing #Z for 2006 auditi/Clie Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4433-D Kiln Ct.  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Transaction ID: B5748050AF93F4F45 Date of Disbursement Disbursement Disbursement For: Senate Primary General Primary General Disbursement Tippe  Office Sought: House Senate Primary General Disbursement For: Senate Primary General Disbursement District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code Category' Type  Office Sought: Advantage Category Type  Office Sought: State Zip Code Category' Type  Office Sought: Advantage Category Type  Office Sought: Category' Type  Office Sought: State Zip Code Category' Type  Office Sought: Category' Type  Office Sought: General Category' Type  Office Sought: General Category' Type  Office Sought: General Category' Type  Office Sought: House Senate Primary General Category' Type	City					Amount	of Each Dis			iod
Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code Louisville KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Office Sought: House President District:  Full Name (Last, First, Middle Initial) Transaction ID: B5748050AF93F4F45 Date of Disbursement this Period Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Transaction ID: B4D1E0DC063EB4E/ Date of Disbursement for: Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Transaction ID: B4D1E0DC063EB4E/ Date of Disbursement Category/ Type  Office Sought: KY 40218  Purpose of Disbursement Category Type  Office Sought: House Disbursement Category Category/ Type  Office Sought: House Disbursement Category Category/ Type  Office Sought: House Disbursement For: Category/ Type	Progress Billing #2 for 2006 audit//Clie					L		10	00.00	
Senate President State: District:  Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code Louisville KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Disbursement For: Senate Primary General President  State Zip Code KY 40222-6379  Category/ Type  Office Sought: House Disbursement For: Senate Primary General District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code KY 40218  Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Disbursement For: Category/ Type  Disbursement For: Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	Candidate Name									
Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Office Sought: House Senate Primary General District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code RY 40218  Furnasaction ID: B5748050AF93F4F45 Date of Disbursement  01	Senate President	Primary								
Mailing Address 4965 US Highway 42 Suite 2000  City State Zip Code Louisville KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name  Office Sought: House Primary General District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Disbursement For:  Category/ Type  Transaction ID: B4D1E0DC063EB4E/ Date of Disbursement  Mailing Address 4433-D Kiln Ct.  City State Zip Code KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Disbursement For:  Category/ Type  Office Sought: House Disbursement For: Senate President  Disbursement For: Other (specify) ▼  Other (specify) ▼  Category/ Type  Office Sought: House Other (specify) ▼  Other (specify) ▼						Transac	tion ID: B	5748050A	.F93F4F	45B
Mailing Address 4965 US Highway 42 Suite 2000  City	Kentucky Medical Association								* V * V	ı
Louisville KY 40222-6379  Purpose of Disbursement Jan Admin fee, advertisement, postage, c  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Disbursement For: Senate Frimary General Other (specify) ▼  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼							3 0	2	007	
Jan Admin fee, advertisement, postage, c Category/ Type   Office Sought: House Senate Primary General Other (specify)   State: Disbursement For:   Full Name (Last, First, Middle Initial) The Upper Crust, Inc.   Mailing Address 4433-D Kiln Ct.   City State Zip Code KY 40218   Purpose of Disbursement Catering for KEMPAC board meeting Category/ Type   Candidate Name Category/ Type    Transaction ID: B4D1E0DC063EB4E/ Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼	•					Amount	of Each Dis	sbursement	this Peri	iod
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼						L		54	167.47	
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Other (specify) ▼  Transaction ID: B4D1E0DC063EB4EADate of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼	Candidate Name									
Full Name (Last, First, Middle Initial) The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  City Code Louisville KY 40218  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Other (specify)	Senate	Primary								
The Upper Crust, Inc.  Mailing Address 4433-D Kiln Ct.  City State Zip Code Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Office Sought: House Senate Primary General President  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Other (specify)   Other (specify)   Other (specify)						<b>T</b>	ID. D.	1015000	000504	I
City State Zip Code Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  President  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify)   Other (specify)						Date of D	Disburseme	ent		IEAU
Louisville KY 40218  Purpose of Disbursement Catering for KEMPAC board meeting  Candidate Name  Category/ Type  Office Sought:	Mailing Address 4433-D Kiln Ct.					0 1	3 0	2	007	
Catering for KEMPAC board meeting  Candidate Name  Category/ Type  Office Sought:  Disbursement For:  Senate Primary General President Other (specify)						Amount	of Each Di			iod
Office Sought:    House						L	-	2	219.42	
Senate Primary General President Other (specify) ▼	Candidate Name									
	Senate	Primary								
	State: District:		•							

C	HEDULE	B (FEC Form	3X)				EOD	IINI	_ N	UMBE	ъ.			Ь	AGE	- 1	0/0	5	
		SBURSEMEN	-		arate schedule(s) category of the		(chec	k on			.11.		_	_ <u></u>	ndE		0 / 2		_
. =				Detailed	Summary Page		X 2		Ц	22		23		24			25		2
nv	Information coni	ed from such Reports	and States	nente may n	ot he sold or used	Lby a	27		for	28a	Irno	28		28c	ontri	_	9 tions		3
		rposes, other than us																	
	NAME OF COM	MITTEE (In Full)																	
,	Kentucky Med	ical Association P.	AC (Kentu	ıcky Physi	cians PAC Fed	eral-	-KPP	٩C	Fed	deral)	)								
	•	First, Middle Initial) ical Association								Trans Date				F279	181	CF	6DF	49	)A8
										M 2		/ [	D D	1 / E	Y	Y	ŏ 7	Υ	
	Mailing Address	4965 US High Suite 2000	vay 42							0.2		L	2 8		- 2	2 0	0 7	_	
	City Louisville			State KY	Zip Code 40222-6379					Amou	unt d	of Ea	ach D	sburs	emer	nt tl	his P	erio	od
	Purpose of Disbi Feb admin fee \$							7		L.		-	_		3	805	2.6	1	_
	Candidate Name	·					itegory Type	/											
	Office Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General														
	State:	District:		_ Ctrior (op	55y) <b>\</b>														
	Full Name (Last, First, Middle Initial) Aristotle International, Inc.									Trans Date			ID: B		3D4	14(	)99E	349	95[
	Mailing Address Accounting Dept 205 Pennsylvannia Ave, SE									0 <sup>M</sup> 2	М	′	<sup>D</sup> 2 8	/	Y Z	ž 0	ŏ 7	Y	
	City Washington	,	,	State DC	Zip Code 20003					Amou	unt o	of Ea	ach D	sburs	emer	nt tl	his P	erio	od
	Purpose of Disbu PAC Software				7		L.					10	90	0.0	)				
	Candidate Name	1					tegory	/											
٠	Office Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General		,,												
	State:	District:																	
	Full Name (Last, Chilton & Med	First, Middle Initial) ley PLC								Trans Date					082	2FC	2620	)41	Αſ
	Mailing Address	2500 Meidinge 462 S. 4th St	r Tower				0 <sup>M</sup> 2	М	′	<sup>D</sup> 2 8	/	ÝŽ	ž 0	ŏ 7	Υ				
	City Louisville			State KY	Zip Code 40202-3466					Amou	unt d	of Ea	ach D	sburs		_			od
	Purpose of Disbursement Progress Billing #3 Yr End 2006 Audit/Cl						•	7		L.	-	-			_	90	0.0	)	
	Candidate Name					itegory Type	/												
	Office Sought:	House Senate President	Disburse	ement For: Primary Other (spe	General														
	State:	District:	"	, - Ie	• •														

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

A.

В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 2	e) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC (Kentu			
Full Name (Last, First, Middle Initial) Marshall E. White, III			ransaction ID: B856FE9B2DC144AA9B0F Date of Disbursement
Mailing Address 1304 S. 6th St			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & D \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & D \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & M \end{bmatrix} $
City Louisville	State Zip Code KY 40206	A	Amount of Each Disbursement this Period
Purpose of Disbursement 3/07 Political Consultant Fee			100.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	71-	
State: District:  Full Name (Last, First, Middle Initial)  Kentucky Medical Association			ransaction ID: B055F63990DEF48FA8AA
Mailing Address 4965 US Highway 42 Suite 2000			Date of Disbursement  M M M / D D / Y Y Y O Y Y  O 4 Y Z O O 7
	State Zip Code KY 40222-6379	A	Amount of Each Disbursement this Period
Purpose of Disbursement Mar admin fee, dinner expenses, legal ex			2968.66
Candidate Name	'	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			DD0500540005450747
Marshall E. White, III			ransaction ID: BB2F30FEA0C0E4E67A7 Date of Disbursement
Mailing Address 1304 S. 6th St			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} $ $ \begin{bmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 7 \\ 0 & 3 & 0 \end{bmatrix} $
City Louisville	State Zip Code KY 40206	A	Amount of Each Disbursement this Period
Purpose of Disbursement 4/07 Political Consultant Fee			100.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:	- · · · · ·		
SUBTOTAL of Disbursements This Page (optional)		<b>_</b> [	3168.66

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

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE N		:		PA	GE 20	0 / 25	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ı —	eck only o	ne) I 22 Г	7 23		24	☐ 2!	5 Г	7 26 │
	Detailed Summary Page	11111	27	28a	28b	$\square$	28c		_ ⊢	30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Kentucky Medical Association PAC (Kentu	cky Physicians PAC Fed	eral-KPI	PAC Fe	deral)						
Full Name (Last, First, Middle Initial) Kentucky Medical Association					<b>ction ID</b> Disburs			273F	1394	3C5BE
Mailing Address 4965 US Highway 42 Suite 2000				0 4 M	/ D3	3 O	/ Y	ž o	ŏ 7 °	
	State         Zip Code           KY         40222-6379			Amount	t of Each	n Disb	urser		-	riod
Purpose of Disbursement April admin fee, postage, travel expense								297	1.31	
Candidate Name		Catego Type								
Senate President	ement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)										
Marshall E. White, III				Date of	Disburs	emen				1245842
Mailing Address 1304 S. 6th St				0 <sup>M</sup> 5 M	]	3 <b>1</b>	Ĺ	20	ŏ7	
City Louisville	State Zip Code KY 40206			Amount	t of Each	n Disb	urser	nent th	is Pe	riod
Purpose of Disbursement 5/07 Political Consultant Fee				L.				100	0.00	
Candidate Name		Catego Type	-							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				_		D.45	-740	05700	2404	000050
Kentucky Medical Association				Date of	Disburs	emen	_			93D8F8
Mailing Address 4965 US Highway 42 Suite 2000				0 5 M	] ′ [ 3	3 <sup>D</sup>	Ĺ	20	ŏ 7 <sup>°</sup>	
City Louisville	State Zip Code KY 40222-6379			Amount	t of Each	n Disb	urser	nent th	is Pe	riod
Purpose of Disbursement May Admin fee, travel, dinner, conferenc								244	4.47	
Candidate Name		Catego								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)								5515	5.78	

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

A.

В.

### SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 21/25 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 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 Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Transaction ID: B7761B982DA28469BABF Marshall E. White, III Date of Disbursement 0 6 3 Ŏ 2007 Mailing Address 1304 S. 6th St City State Zip Code Amount of Each Disbursement this Period Louisville KY 40206 100.00 Purpose of Disbursement 6/07 Political Consultant Fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: B22CA56D65D394B63B7A Kentucky Medical Association Date of Disbursement 3 Ŏ 0 6 2007 Mailing Address 4965 US Highway 42 Suite 2000 City State Zip Code Amount of Each Disbursement this Period Louisville 40222-6379 ΚY 7419.09 Purpose of Disbursement June Admin fee, fedex shipping, event ex Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	7519.09
TOTAL This Period (last page this line number only)	•	37743.06

Primary

Other (specify)

State:

		Use separate schedule(s)		-OR LIN check o					17	GE 22	- / 25	
1 [ ] 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ĺ	22 28a	23 28b		24 28c	25 25		26 30
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam											
$\overline{}$	NAME OF COMMITTEE (In Full)											
$\rangle$	Kentucky Medical Association PAC (Kentu	cky Physicians PAC Feder	al-ł	KPPAC	Fed	leral)						
<u> </u>	Full Name (Last, First, Middle Initial) American Medical Association PAC						action II		_	D927	FBE4	E45
							of Disbur		nt / Y	3 n	ý 7 <sup>Y</sup>	
	Mailing Address 25 Massachusetts Ave, N Suite 600											
	City Washington	State         Zip Code           DC         20001-7400				Amou	nt of Eac	h Disl	ourser			od
	Purpose of Disbursement Transfer to Federal Affiliated PAC		v							50	0.00	
	Candidate Name	,		egory/ ype								
	Senate President	ment For: Primary General Other (specify)										
	State: District: Full Name (Last, First, Middle Initial)									0505		105
	American Medical Association PAC					Date o	action II of Disbur	semer				12E(
	Mailing Address 25 Massachusetts Ave, N Suite 600	IW				0 2	M / D	28	/ L	ž 0	Ď 7 <sup>°</sup>	
	City Washington	State         Zip Code           DC         20001-7400				Amou	nt of Eac	h Disl	ourser			od
	Purpose of Disbursement Transfer to Federal Affiliated PAC							-		2510	0.00	
	Candidate Name											
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		ype								
	Full Name (Last, First, Middle Initial) Kentucky Physicians Pac State (KPPAC-S	tate)				Date o	action II of Disbur	semer				5A4
	Mailing Address 4965 US Highway 42 Suite 2000					0 4	M / D	1 0	/ L	ž 0	Ď 7 <sup>°</sup>	
	City Louisville	State Zip Code KY 40222				Amou	nt of Eac	h Disl	ourser			od
	Purpose of Disbursement Transfer to open KPPAC State account									5000	0.00	
	Candidate Name			egory/ ype								
	Senate President	ment For: Primary General Other (specify)										
	State: District:											
i											.00	

		Use separate schedule(s)		(check			-11.		1 /\al	23 / 25	<i></i>
ΙΤΊ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21	b X	<b>-</b> ′	23 28b	$\square$	24 28c	25 29	26
	y Information copied from such Reports and Stater or commercial purposes, other than using the name										
$\vdash$	NAME OF COMMITTEE (In Full)										
	Kentucky Medical Association PAC (Kentucky	cky Physicians PAC Fede	eral-	KPPA	C Fe	ederal)	)				
	Full Name (Last, First, Middle Initial) American Medical Association PAC						saction II	-		332F3	41D3
							of Disbur	3 1		ž 0 0 7	Υ
	Mailing Address 25 Massachusetts Ave, Suite 600										
	City Washington	State         Zip Code           DC         20001-7400				Amou	unt of Eac	h Disb			
	Purpose of Disbursement Transfer to Federal Affiliated PAC				7	L.				200.00	
	Candidate Name			tegory/ Γype	-						
	Senate President	ement For: Primary General Other (specify)									
	State: District: Full Name (Last, First, Middle Initial)										
	American Medical Association PAC					Date	of Disbur	sement			
	Mailing Address 25 Massachusetts Ave, NW Suite 600						M / D	0 2	Y 2	ž o ŏ 7 `	Y
	City Washington	State         Zip Code           DC         20001-7400				Amou	unt of Eac	h Disb			
	Purpose of Disbursement Transfer to Federal Affiliated PAC			•		L.				950.00	0
	Candidate Name			tegory/ Γype	_						
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼									
	Full Name (Last, First, Middle Initial) American Medical Association PAC						saction II of Disbur	sement		1944A2	46DD
	Mailing Address 25 Massachusetts Ave, Suite 600	NW				0 6	M / D	30	2	ž 0 ŏ 7 `	Y
	City Washington	State         Zip Code           DC         20001-7400				Amou	unt of Eac	h Disb			-
	Purpose of Disbursement Transfer to Federal Affiliated PAC				1	L.				800.00	
	Candidate Name			tegory/ Type							
	Senate President	ement For: Primary General Other (specify)									
_	State: District:										
ı	UBTOTAL of Disbursements This Page (optional)								4	950.00	

	CHEDULE B (FEC Form	y Use separa	ate schedule(s)	FOR LINE (check only		25		
_	TEMIZED DISBURSEMEN	Detailed Su	tegory of the ummary Page	27	22 23 24 25 28a 28b 28c 29	26 30b		
	ny Information copied from such Reports for commercial purposes, other than using					i		
	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)							
	Full Name (Last, First, Middle Initial)				Transaction ID: BA99747EC806E	 =4D669B0		
A.	American Medical Association Pa	AC .			Date of Disbursement			
	Mailing Address 25 Massachuse Suite 600	etts Ave, NW			04	, Y		
	City Washington		Zip Code 20001-7400		Amount of Each Disbursement this P			
	Purpose of Disbursement Transfer to Federal Affiliated PAC				1010.00	0		
	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (speci	General <b>▼</b>					
_	Full Name (Last, First, Middle Initial)				T			
В.	American Medical Association Pr	AC			Transaction ID: B7D4B1E3D307B Date of Disbursement			
	Mailing Address 25 Massachuse Suite 600	etts Ave, NW			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & O & I \end{bmatrix} $			
	City Washington		Zip Code 20001-7400		Amount of Each Disbursement this P			
	Purpose of Disbursement Transfer to Federal Affiliated PAC				1920.00	0		
	Candidate Name		]	Category/ Type				
	Office Sought: House Senate President	Disbursement For: Primary Other (speci	General <b>T</b>					
	State: District:	1						

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2930.00	
TOTAL This Period (last page this line number only)	•	12440.00	

	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 25 / 25 y one)  22			
	ny Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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)						
Α.	Full Name (Last, First, Middle Initial) Bruce P. Brockenborough Campaign Fu Mailing Address 100 A Broadway		Transaction ID: B98D398F9F1F6482081C Date of Disbursement  O 4 M / D 3 D / Y 2 0 0 7 Y				
	City Paducah Purpose of Disbursement void check # 2751 KY Telco Account Close Candidate Name  Office Sought: House Senate President State: District:	State Zip Code KY 42001  rsement For: 2008 Primary X General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period -500.00			
В.	Full Name (Last, First, Middle Initial) Susan Westrom Campaign Fund  Mailing Address Capitol Annex, Room			Transaction ID: BDE7BAAC72E844C7C89 Date of Disbursement  M M M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Frankfort  Purpose of Disbursement void check # 2734 Telco Acct. Closed  Candidate Name  Office Sought: House Senate President  State: District:	State Zip Code KY 40601  rsement For: 2008 Primary X General Other (specify)	Category/ Type	Amount of Each Disbursement this Period -500.00			

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)	•	-1000.00