

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

Office Use Only

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

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Susan Bornstein

Signature of Treasurer

Electronically Filed by Susan Bornstein

Date

04

22

2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		34100.16
(b) Cash on Hand at Beginning of Reporting Period	34100.16	
(c) Total Receipts (from Line 19)	34832.61	34832.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68932.77	68932.77
7. Total Disbursements (from Line 31)	49731.87	49731.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19200.90	19200.90
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B 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)		
(ii) Unitemized	17950.00	17950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	33150.00	33150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	33150.00	33150.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1340.00	1340.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	342.61	342.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34832.61	34832.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34832.61	34832.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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. Transfers to Affiliated/Other Party Committees.....	12440.00	12440.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	-1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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. Other Disbursements.....	175.00	175.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49731.87	49731.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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

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

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Robert W. Cameron, Md

Mailing Address 780 Joe Lewis Rd

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Cumberland Cardiovas-
cular Assoc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 7

Transaction ID: AEE80596207F94E088B1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John W. McClellan, Jr. Md

Mailing Address 848 Woodspoint Dr

City

Henderson

State

KY

Zip Code

42420

FEC ID number of contributing
federal political committee.

C

Name of Employer
John W. McClellan, Jr. MD
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 7

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

State

KY

Zip Code

40502-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Baptist Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 7

Transaction ID: ABA13CEB02D984D96B16

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Juan J. Ortiz, Md

Mailing Address 3121 N. Hwy 393

City

Lagrange

State

KY

Zip Code

40031-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Cities Cardiology
MPC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC3E3C17EDDE54CA1887

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Donald C. Barton, Md

Mailing Address 1014 Circle Dr

City

Corbin

State

KY

Zip Code

40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald C. Barton, MD

Occupation
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AB567BF7EEA06427FAF8

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Christopher J. Frost, Md

Mailing Address 488 Leaf Ln

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Centr of Lake
Cumberland

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: ADC0C46C3636D47EAA8C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

James L. Sublett, Md

Mailing Address 11406 Ridge Rd

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Allergy & Asthma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: A6A1CC253BA50475F8AC

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Emslie, Md

Mailing Address 936 Fairway St

City

Bowling Green

State

KY

Zip Code

42101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Gilbert Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: A4760904CCF3241C2808

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Philip K. Lichtenstein, Md

Mailing Address 601 Stanley Ave

City

Cincinnati

State

OH

Zip Code

45226-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthpoint Family Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: AEE964B2C453C4C1996C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Sandra K. Frost

Mailing Address 488 Leaf Ln

City

Somerset

State

KY

Zip Code

42503-4662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	7

Transaction ID: AC8AD12DE250B435CBDB

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Thomas K. Slabaugh, Sr.

Mailing Address 2132 Island Dr

City

Lexington

State

KY

Zip Code

40502-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urologic Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	7

Transaction ID: A881ADDA47F6D4809A98

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph F. Roesel

Mailing Address Citizens For Affordable Healthcare
500 Thomas More Pkwy Ste 5

City

Crestview Hills

State

KY

Zip Code

41017-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	0	7

Transaction ID: A01CECBCFFA574AA4991

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Shawn C. Jones, Md

Mailing Address 8 W. Vale

City

Paducah

State

KY

Zip Code

42001-6786

FEC ID number of contributing
federal political committee.**C**Name of Employer
Purchase DERM/ENT LLCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AF8AD9C4FC77549DFAE3

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andrew R. Pulito, Md

Mailing Address 809 Westchester Dr

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of KentuckyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A0493598911F54C28B66

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Bunnell

Mailing Address 3246 New Orleans Dr

City

Edgewood

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.**C**Name of Employer
Internal Medicine of Nort-
hern KYOccupation
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	7

Transaction ID: A3C985AE6AF014E1EB75

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Carolyn B. Daley

Mailing Address 3111 Maria Dr

City

Lexington

State

KY

Zip Code

40516-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 7

Transaction ID: A3F294A7B04504D00B6D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John W. Collins

Mailing Address 1014 Richmond Rd

City

Lexington

State

KY

Zip Code

40502-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A3CBE7CA27E6A4399BFF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

K. Thomas Reichard, Md

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisville Bone & Joint
Specialists PS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AC99E92D1ACB142D9A15

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

David J. Zoeller

Mailing Address 1024 Fisher Ln

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A89EA677CEFC44B25A38

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Emslie, Md

Mailing Address 936 Fairway St

City

Bowling Green

State

KY

Zip Code

42101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Gilbert Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A32C0C148582241BE8BA

Amount of Each Receipt this Period

500.00

additional contribution

C.

Full Name (Last, First, Middle Initial)

Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A127CE6E3ED0547908D5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Alice G. Zoeller

Mailing Address 1024 Fisher Ln

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rejuvenation MediSpa

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AFCCBE8CEEABB43158C3

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

State

KY

Zip Code

40456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockcastle Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Surgical Associates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ADD05B6C450014109B58

Amount of Each Receipt this Period

350.00

additional contribution

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Naren James

Mailing Address 115 Vista Ct

City

Stanford

State

KY

Zip Code

40484-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Family Medicine &
Obstetrics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: AB0267003886342FB973

Amount of Each Receipt this Period

1000.00

2007 contribution

B.

Full Name (Last, First, Middle Initial)

J. Gregory Cooper

Mailing Address 386 Culpepper Dr

City

Cynthiana

State

KY

Zip Code

41031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Associates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: A8694A54BB992463F93A

Amount of Each Receipt this Period

500.00

2007 membership contribut-
ion

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

15200.00

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

A.

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	7

Transaction ID: A2A28FFB75EDC4226A48

Amount of Each Receipt this Period

1340.00

SUBTOTAL of Receipts This Page (optional)

1340.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City

Louisville

State

KY

Zip Code

40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

203.68

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 7

Transaction ID: AF9CE7C1D77BC456495C

Amount of Each Receipt this Period

65.19

SUBTOTAL of Receipts This Page (optional)

65.19

TOTAL This Period (last page this line number only)

65.19

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Chilton & Medley PLC	Transaction ID: BFD5A223D14C1445E8BC Date of Disbursement
Mailing Address 2500 Meidinger Tower 462 S. 4th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40202-3466	Amount of Each Disbursement this Period
Purpose of Disbursement Progress Billing #2 for 2006 audit//Clie Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B5748050AF93F4F45B95 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement Jan Admin fee, advertisement, postage, c Candidate Name	<div> <div>5467.47</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Upper Crust, Inc.	Transaction ID: B4D1E0DC063EB4EA085A Date of Disbursement
Mailing Address 4433-D Kiln Ct.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40218	Amount of Each Disbursement this Period
Purpose of Disbursement Catering for KEMPAC board meeting Candidate Name	<div> <div>219.42</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6686.89

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BF279181CF6DF49A8B83 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement Feb admin fee \$ postage Candidate Name	<div> <div>3052.64</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: BE3C03D44099B495DB88 Date of Disbursement
Mailing Address Accounting Dept 205 Pennsylvania Ave, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Software Candidate Name	<div> <div>10900.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Chilton & Medley PLC	Transaction ID: BC3B2082FC62041ADAEB Date of Disbursement
Mailing Address 2500 Meidinger Tower 462 S. 4th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40202-3466	Amount of Each Disbursement this Period
Purpose of Disbursement Progress Billing #3 Yr End 2006 Audit/CI Candidate Name	<div> <div>900.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

14852.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: B856FE9B2DC144AA9B0F Date of Disbursement
Mailing Address 1304 S. 6th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period
Purpose of Disbursement 3/07 Political Consultant Fee Candidate Name	<div> <div>100.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B055F63990DEF48FA8AA Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement Mar admin fee, dinner expenses, legal ex Candidate Name	<div> <div>2968.66</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: BB2F30FEA0C0E4E67A71 Date of Disbursement
Mailing Address 1304 S. 6th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period
Purpose of Disbursement 4/07 Political Consultant Fee Candidate Name	<div> <div>100.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3168.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
April admin fee, postage, travel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B02C17273F13943C5BEA

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

2971.31

B.

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City Louisville State KY Zip Code 40206

Purpose of Disbursement
5/07 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BD3C64A6B01E94245842

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
May Admin fee, travel, dinner, conferenc

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B4E7A00572249493D8F8

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

2444.47

SUBTOTAL of Disbursements This Page (optional)

5515.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City
Louisville

State
KY

Zip Code
40206

Purpose of Disbursement
6/07 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B7761B982DA28469BABF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City
Louisville

State
KY

Zip Code
40222-6379

Purpose of Disbursement
June Admin fee, fedex shipping, event ex

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B22CA56D65D394B63B7A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7419.09

SUBTOTAL of Disbursements This Page (optional)

7519.09

TOTAL This Period (last page this line number only)

37743.06

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Medical Association PAC</p> <hr/> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <hr/> <p>City Washington State DC Zip Code 20001-7400</p> <hr/> <p>Purpose of Disbursement Transfer to Federal Affiliated PAC</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BAE5FFD927FBE4E45BF8</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 4 / 0 2 / 2 0 0 7 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">50.00</div>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Medical Association PAC</p> <hr/> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <hr/> <p>City Washington State DC Zip Code 20001-7400</p> <hr/> <p>Purpose of Disbursement Transfer to Federal Affiliated PAC</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B827EFCEDB6CA42E0B7E</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 2 / 2 8 / 2 0 0 7 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">2510.00</div>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Physicians Pac State (KPPAC-State)</p> <hr/> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <hr/> <p>City Louisville State KY Zip Code 40222</p> <hr/> <p>Purpose of Disbursement Transfer to open KPPAC State account</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BC3792926E2CC45A4A0A</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 4 / 1 0 / 2 0 0 7 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional)

7560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B94101CA332F341D3AD3

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BC22B45F4822E45A4BEC

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

950.00

C.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BBE1AB44944A246DD976

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BA99747EC806E4D669BC

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2007

Amount of Each Disbursement this Period

1010.00

B.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B7D4B1E3D307B4861872

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2007

Amount of Each Disbursement this Period

1920.00

SUBTOTAL of Disbursements This Page (optional)

2930.00

TOTAL This Period (last page this line number only)

12440.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Bruce P. Brockenborough Campaign Fund

Mailing Address 100 A Broadway

City
Paducah

State
KY

Zip Code
42001

Purpose of Disbursement
void check # 2751 KY Telco Account Close

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B98D398F9F1F6482081C

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

B.

Full Name (Last, First, Middle Initial)

Susan Westrom Campaign Fund

Mailing Address Capitol Annex, Room 451A

City
Frankfort

State
KY

Zip Code
40601

Purpose of Disbursement
void check # 2734 Telco Acct. Closed

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BDE7BAAC72E844C7C89C

Date of Disbursement

/ /

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