

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David R. Watkins

Signature of Treasurer

David R. Watkins

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 02 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 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 Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		70145.00
(b) Cash on Hand at Beginning of Reporting Period.....	76247.69	
(c) Total Receipts (from Line 19)	9253.54	36658.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85501.23	106803.01
7. Total Disbursements (from Line 31)	26913.05	48214.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58588.18	58588.18
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	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

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

(i) Itemized (use Schedule A).....

5925.00

21025.00

(ii) Unitemized

3325.00

14120.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

9250.00

35145.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

1500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

9250.00

36645.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

3.54

13.01

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 Transfers (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))..... ►

9253.54

36658.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

9253.54

36658.01

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) Allocated 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	0.00	8202.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8202.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	26913.05	40012.74
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	26913.05	48214.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26913.05	48214.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9250.00	36645.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9250.00	36645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	8202.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	8202.09

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 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)

Full Name (Last, First, Middle Initial)

A. Doctor John W. Collins MD

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington clinic

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Douglas Crutcher MD

Mailing Address 1210 KY Hwy 36E

City State Zip Code

Cynthiana

KY 41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Memorial Hospital

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert Emslie MD

Mailing Address 936 Fairway Street

City State Zip Code

Bowling Green

KY 42103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graves Gilbert Clinic

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

300.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 25

☒ 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)

Full Name (Last, First, Middle Initial)

A. Doctor Gregory A. Hood MD

Mailing Address 2101 Nicholasville Rd Ste 106

City Lexington State KY Zip Code 40503

FEC ID number of contributing federal political committee.

C

Name of Employer

Drs Borders & Associates

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor John Johnstone MD

Mailing Address 793 Eastern Byp Ste 201

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick T. Padgett

Mailing Address 4965 US Hwy 42

City Louisville State KY Zip Code 40222

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Medical Association

Occupation

EVP

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2012

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period

500.00

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

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

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 8 OF 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)

Full Name (Last, First, Middle Initial)

A. Doctor Tracy Ragland MD

Mailing Address 7101 W Hwy 22

City	State	Zip Code
Crestwood	KY	40014

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2012

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor K. Thomas Reichard MD

Mailing Address 2425 Cherokee Pkwy

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2012

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mrs. Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City	State	Zip Code
Louisville	KY	40204-2216

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2012

Transaction ID : SA11AI.4752

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 9 OF 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)

Full Name (Last, First, Middle Initial)

A. Doctor John L. Roberts MD

Mailing Address 6007 Two Springs Lane

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Neonatal Associates PSC

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Gordon R. Tobin MD

Mailing Address 1505 Northwind Rd

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing federal political committee.

C

Name of Employer

University Surgical Associates PSC

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : SA11AI.4796

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor John White MD

Mailing Address 712 Tamarack Ct

City	State	Zip Code
Richmond	KY	40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Pulmonary Associates

Occupation

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : SA11AI.4802

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

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<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)

Full Name (Last, First, Middle Initial)

A. Doctor Russell Williams MD

Mailing Address 3416 Glenview Ave

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

500.00

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

5925.00

**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 11 OF 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Adam Haas Campaign Fund

Mailing Address 643 Monroe Street

City	State	Zip Code
Newport	KY	41071

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Adam Haas Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4673

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Addia Wuchner Campaign Fund

Mailing Address PO Box 911

City	State	Zip Code
Burlington	KY	41005

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Addia Wuchner Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4676

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bill Barron Campaign Fund

Mailing Address 3201 Veach Road

City	State	Zip Code
Owensboro	KY	42303

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Bill Barron Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4678

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bob DeWeese, MD, Re-Election Campaign Fund

Mailing Address 6206 Glen Hill Road

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement	011 Category/ Type
General Election Contribution to Bob DeWeese Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4680

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Linder Campaign Fund

Mailing Address 16 Ridgeview Circle

City	State	Zip Code
Dry Ridge	KY	41035

Purpose of Disbursement	011 Category/ Type
General Election Contribution to Brian Linder Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4714

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Campaign For Givens for KY Senate

Mailing Address PO Box 12

City	State	Zip Code
Greensburg	KY	42743

Purpose of Disbursement	011 Category/ Type
General Election Contribution to David Givens Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4706

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Campaign Fund of Mike Nemes

Mailing Address 5318 Westhall Avenue

City	State	Zip Code
Louisville	KY	40214

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Mike Nemes Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4725

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carroll Gibson Campaign Fund

Mailing Address 436 Shaw Station Road

City	State	Zip Code
Leitchfield	KY	42754

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Carroll Gibson Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Chris McDaniel Campaign Fund

Mailing Address 500 Mason Road

City	State	Zip Code
Taylor Mill	KY	41015

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Chris McDaniel Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4682

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chris Thieneman Campaign Fund

Mailing Address 7650 Dixie Highway

City	State	Zip Code
Louisville	KY	40258

Purpose of Disbursement
General Election Contribution to Chris Thieneman Campaign Fund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4719

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Damon Thayer Campaign Fund

Mailing Address 102 Grayson Way

City	State	Zip Code
Georgetown	KY	40324

Purpose of Disbursement
General Election Contribution to Damon Thayer Campaign Fund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4684

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. David A. Watkins Campaign Fund

Mailing Address 5600 Timberlane Drive

City	State	Zip Code
Henderson	KY	42420

Purpose of Disbursement
General Election Contribution to David A. Watkins Campaign Fund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4686

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

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

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

500.00

500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elect Jonathan Shell

Mailing Address PO Box 138

City	State	Zip Code
Lancaster	KY	40444

Purpose of Disbursement	011
General Election Contribution to Jonathan Shell Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4710

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. F.L. Waide Campaign Fund

Mailing Address 352 Calumet lane

City	State	Zip Code
Madisonville	KY	42431

Purpose of Disbursement	011
General Election Contribution to F.L. Waide Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4721

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. House Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40502

Purpose of Disbursement	011
General Election Caucus Support	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4734

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jim DeCesare Campaign Fund

Mailing Address PO Box 122

City	State	Zip Code
Rockfield	KY	42274

Purpose of Disbursement	<div>011</div> Category/ Type
Genreal Election Contribution to Jim DeCesare Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4729

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jimmie Lee Campaign Fund

Mailing Address 901 Dogwood Drive

City	State	Zip Code
Elizabethtown	KY	42701

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Jimmie Lee Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4692

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Schickel Campaign fund

Mailing Address 2147 Natchez Trace

City	State	Zip Code
Union	KY	41091

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to John Schickel Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4693

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph Fischer Campaign Fund

Mailing Address 126 Dixie Place

City	State	Zip Code
Ft. Thomas	KY	41075

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Joseph Fischer Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4731

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kelly Flood Campaign Fund

Mailing Address 121 Arcadia Park

City	State	Zip Code
Lexington	KY	40503

Purpose of Disbursement	<div>011</div> Category/ Type
General Election Contribution to Kelly Flood Campaign Fund	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4732

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)Mailing Address 4965 US Hwy 42
Suite 2000

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement	<div>001</div> Category/ Type
July Administration Fee	

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2012

Transaction ID : SB29.4663

Amount of Each Disbursement this Period

575.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1075.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2012

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Fedex postage, conference call, check reorder, and domain name renewal

Candidate Name

001

Category/
Type**Transaction ID : SB29.4664**

Amount of Each Disbursement this Period

211.55

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
August Administration Fee

Candidate Name

001

Category/
Type**Transaction ID : SB29.4667**

Amount of Each Disbursement this Period

575.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Postage and Printing

Candidate Name

001

Category/
Type**Transaction ID : SB29.4668**

Amount of Each Disbursement this Period

139.50

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

926.05

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2012

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
September Administration Fee

001

Candidate Name

Category/
Type

Transaction ID : SB29.4671

Amount of Each Disbursement this Period

575.00

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. KY House Democratic Caucus Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address 29 Timberlawn Circle

City Frankfort State KY Zip Code 40601

Purpose of Disbursement
General Election Caucus Support

011

Candidate Name

Category/
Type

Transaction ID : SB29.4736

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. M.J. Pickerill Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address 322 North Spalding Avenue

City Lebanon State KY Zip Code 40033

Purpose of Disbursement
General Election Contribution to M.J. Pickerill Campaign Fund

011

Candidate Name

Category/
Type

Transaction ID : SB29.4723

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

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

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

2575.00

**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 21 OF 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matt Lockett Campaign Fund

Mailing Address 901 Cannonball Drive

City	State	Zip Code
Nicholasville	KY	40356

Purpose of Disbursement
General Election Contribution to Matt Lockett Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4712

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mike Harmon Campaign Fund

Mailing Address PO Box 458

City	State	Zip Code
Junction City	KY	40440

Purpose of Disbursement
General Election Contribution to Mike Harmon Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4698

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement
Credit Card Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SB29.4666

Amount of Each Disbursement this Period

23.00

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

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

1023.00

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

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

Category/
Type

Age Group	Number of People
13-17	10
18-24	12
25-34	15
35-44	18
45-54	20
55-64	22
65-74	23
75-84	21
85+	19

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	18.00
45-54	20.00
55-64	22.00
65-74	23.00
75-84	24.00
85+	25.00

Amount of Each Disbursement this Period

Category/
Type

1000.00

1046.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert Benvenuti Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Mailing Address 2384 Abbyewood Road

City	State	Zip Code
Lexington	KY	40515

Transaction ID : SB29.4700Purpose of Disbursement
General Election Contribution to Robert Benvenuti Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ron Crimm Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address PO Box 43244

City	State	Zip Code
Louisville	KY	40253

Transaction ID : SB29.4708Purpose of Disbursement
General Election Contribution to Ron Crimm Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Senate Democratic Caucus Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address 467 Indian Gap Road

City	State	Zip Code
Frankfort	KY	40601

Transaction ID : SB29.4738Purpose of Disbursement
General Election Caucus Support

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**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 24 OF 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Senate Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
General Election Caucus Support

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SB29.4740

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stan Lee Campaign Fund

Mailing Address PO Box 2090

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement
General Election Contribution to Stan Lee Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4701

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Susan Westrom Campaign Fund

Mailing Address P.O. Box 22778

City	State	Zip Code
Lexington	KY	40522

Purpose of Disbursement
VOIDED CHECK - Filled out incorrectly

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SB29.4703

Amount of Each Disbursement this Period

0.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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**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 25 OF 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Susan Westrom Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address P.O. Box 22778

City	State	Zip Code
Lexington	KY	40522

Transaction ID : SB29.4717Purpose of Disbursement
General Election Contribution to Susan Westrom Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Thomas M. McKee Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address 162 Culpepper Drive

City	State	Zip Code
Cynthiana	KY	41031

Transaction ID : SB29.4716Purpose of Disbursement
General Election Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Tim Kline Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Mailing Address 5380 Beech Hill Lane

City	State	Zip Code
Owensboro	KY	42301

Transaction ID : SB29.4707Purpose of Disbursement
General Election Contribution to Tim Kline Campaign Fund

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

26895.05