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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	-or Other Than An Aut	norized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Asso	ociation PAC(Kentuc	ky Physicians PAC Fed	leral-KPPAC Federal)
ADDRESS (number and street)	9300 Shelbyville Road		
Check if different	Suite 850		
than previously reported. (ACC)	Louisville		KY 40222
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y.	STATE ▲ ZIP CODE ▲
C C00016444		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (C		20 (M4) Jul 20 (M7)	
July 15 Quarterly Report (G	PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Fleetie	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 04		through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best of Couch, Robert, , , MD	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	h, Robert, , , MD	[Electronically Filed]	Date 07 / 15 / 2018
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

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

01 2018 06 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 79034.94 January 1. 2018 (b) Cash on Hand at 75435.48 Beginning of Reporting Period..... 21114.71 24766.66 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 103801.60 96550.19 6(a) and 6(c) for Column B)..... 42058.10 49309.51 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 54492.09 54492.09 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

port Covering the Period: From:	01 2018 To	o: 06 30 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
• •		
(i) Itemized (use Schedule A)	17962.98	19550.64
(ii) Unitemized(iii) TOTAL (add	3147.50	5207.32
Lines 11(a)(i) and (ii)	21110.48	24757.96
•	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	21110.48	24757.96
	0.00	0.00
All Loans Received	0.00	0.00
· ·	0.00	0.00
	0.00	0.00
	0.00	0.00
(Dividends, Interest, etc.)	4.23	8.70
(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
	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Jaistina. 1941 to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 4	
Expenditures	6558.10	15809.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	6558.10	15809.51
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4	
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	35500.00	33500.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	42058.10	49309.51
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	42059.40	
	42058.10	49309.51

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 21110.48 24757.96 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 24757.96 21110.48 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 6558.10 15809.51 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 6558.10 15809.51 (subtract Line 37 from Line 36) ......

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alvarado, Ralph, , Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 2018 City Zip Code State Transaction ID: SA11AI.7618 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bensema, David, J., Doctor, MD Date of Receipt Mailing Address 2108 Woodmont Drive 05 2018 17 City State Zip Code Transaction ID: SA11AI.7545 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 925.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Baptist Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 925.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bensema, Marian, E., Doctor, MD Date of Receipt Mailing Address 2108 Woodmont Drive 17 2018 City State Zip Code Transaction ID: SA11AI.7546 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 925.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology & Cytology Labs Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 925.00 Other (specify) 2850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2018 16 City Zip Code State Transaction ID: SA11AI.7516 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 05 2018 City State Zip Code Transaction ID: SA11AI.7548 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 19 2018 City State Zip Code Transaction ID: SA11AI.7621 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burton, Bruce, E., Doctor, MD Date of Receipt Mailing Address 3106 Oakridge Court 2018 City Zip Code State Transaction ID: SA11AI.7549 KY Owenshoro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cooper, J., Gregory, Doctor, MD Date of Receipt Mailing Address 386 Culpepper Drive 05 16 2018 City State Zip Code Transaction ID: SA11AI.7551 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Care Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 14 2018 City Zip Code State Transaction ID: SA11AI.7552 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emerg Med Specialists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dave, Aroona, , Mrs., Date of Receipt Mailing Address 807 Shamrock Dr 2018 City Zip Code State Transaction ID: SA11AI.7553 KY Madisonville 42431-8646 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 05 2018 City State Zip Code Transaction ID: SA11AI.7555 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jones, Evelyn, Montgomery, Doctor, MD Date of Receipt Mailing Address 8 West Vale 80 2018 City State Zip Code Transaction ID: SA11AI.7625 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase Dermatology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Shawn, C., Doctor, MD Date of Receipt Mailing Address 8 West Vale 2018 City Zip Code State Transaction ID: SA11AI.7624 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase ENT Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kuduk, Michael, , Doctor, MD Date of Receipt Mailing Address 375 Bobwhite Lane 05 2018 City State Zip Code Transaction ID: SA11AI.7559 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lewis, Casey, , , MD Date of Receipt Mailing Address 327 Eastbrooke Pointe Dr Ste 200 23 2018 City Zip Code State Transaction ID: SA11AI.7518 KY Mt Washington 40047 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pediatrics of Bullitt County Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lewis, Jeremy, , , Date of Receipt Mailing Address 1181 Markwell Lane 2018 City Zip Code State Transaction ID: SA11AI.7520 KY **Taylorsville** 40071 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 04 16 2018 City State Zip Code Transaction ID: SA11AI.7522 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lydon, Eric, Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2018 City State Zip Code Transaction ID: SA11AI.7565 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 2018 19 City Zip Code State Transaction ID: SA11AI.7627 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mazloomdoost, Danesh, , Doctor, MD Date of Receipt Mailing Address 715 Shaker Drive #132 05 2018 City State Zip Code Transaction ID: SA11AI.7566 KY Lexington 40504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 16 2018 Zip Code City State Transaction ID: SA11AI.7524 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 16 2018 City Zip Code State Transaction ID: SA11AI.7523 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Padgett, Patrick, T., Mr., Date of Receipt Mailing Address 8422 Biggin Hill Lane 05 2018 City State Zip Code Transaction ID: SA11AI.7569 KY Louisville 40220 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Potter, John, R., Doctor, MD Date of Receipt Mailing Address 506 Amanda Furnace Circle 23 2018 Zip Code City State Transaction ID: SA11AI.7571 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Children Clinic PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ratliff, Mary Jo, , , MD Date of Receipt Mailing Address PO Box 1347 2018 City Zip Code State Transaction ID: SA11AI.7633 KY Pikeville 41502 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Eastern KY Anasthesia and Pain Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 04 16 2018 City State Zip Code Transaction ID: SA11AI.7525 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 15 2018 City State Zip Code Transaction ID: SA11AI.7572 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 19 2018 City Zip Code State Transaction ID: SA11AI.7635 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruschman, Eric, , , MD Date of Receipt Mailing Address 411 South Cleveland Road 05 2018 City State Zip Code Transaction ID: SA11AI.7573 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Baptist Hospital Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 16 2018 City State Zip Code Transaction ID: SA11AI.7527 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) 673.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2018 City Zip Code State Transaction ID: SA11AI.7579 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 19 2018 City State Zip Code Transaction ID: SA11AI.7641 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 438.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 16 2018 City State Zip Code Transaction ID: SA11AI.7526 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2018 15 City Zip Code State Transaction ID: SA11AI.7580 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 06 19 2018 City State Zip Code Transaction ID: SA11AI.7642 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 438.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Toney, Dale, E., Doctor, MD Date of Receipt Mailing Address 744 Andover Village Drive 22 2018 City Zip Code State Transaction ID: SA11AI.7643 KY Lexington 40509 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Kentucky Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 396.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 16 2018 City Zip Code State Transaction ID: SA11AI.7528 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2018 City State Zip Code Transaction ID: SA11AI.7583 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 19 2018 City State Zip Code Transaction ID: SA11AI.7645 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Watson, Carolyn, , Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 2018 16 City Zip Code State Transaction ID: SA11AI.7584 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 04 05 2018 City State Zip Code Transaction ID: SA11AI.7529 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 525.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 13 2018 City State Zip Code Transaction ID: SA11AI.7530 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2018 City Zip Code State Transaction ID: SA11AI.7585 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 05 2018 City State Zip Code Transaction ID: SA11AI.7586 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 29 2018 City Zip Code State Transaction ID: SA11AI.7587 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 825.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2018 City Zip Code State Transaction ID: SA11AI.7646 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2018 City State Zip Code Transaction ID: SA11AI.7647 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 975.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Fred, A., Doctor, Jr, MD Date of Receipt Mailing Address 430 Twinbrook Rd 80 2018 City Zip Code State Transaction ID: SA11AI.7588 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Endocrine & Diabetes Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wright, R., Brent, Doctor, MD Date of Receipt Mailing Address 104 Northwood Drive 2018 15 City Zip Code State Transaction ID: SA11AI.7649 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Louisville Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 17962.98 TOTAL This Period (last page this line number only).....

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	Kentucky Medical Association PAG	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)	
٨	Full Name (Last, First, Middle Initial)				Data of Dishurasment	
Α.	Chalmers, Burch, & Adams, LLC				Date of Disbursement	
	Mailing Address 5805 State Bridge Road #G77				05 31 2018	
	City	State	Zip Code		FEC Identification Number	
	Johns Creek Purpose of Disbursement	GA	30097			1
	Legal Fees for review of solicitations			001	C	
	Candidate Name			Category/	Transaction ID : SB21B.7617 Amount of Each Disbursement this	s Period
				Type		
		ment For:			337	7.50
	Senate	Primary	General			
	State: President State:	Other (spe	ecity) ▼		Memo Item	
_	Full Name (Last, First, Middle Initial)					
В.	Highnote				Date of Disbursement	
	Mailing Address 11750 Diode Court				04 30 2018	
	-	State KY	Zip Code		FEC Identification Number	
	Louisville Purpose of Disbursement	IV I	40299		С	1
	Postage for KPPAC contributor solicitation mailing			003	Transaction ID : SB21B.7534	1
	Candidate Name			Category/	Amount of Each Disbursement this	s Period
	Office Cought			Type	400	1.62
	Office Sought: House Disburse Senate	ment For: Primary	General		1384	4.0∠
	President	Other (spe			п., .	
	State: District:				Memo Item	
_	Full Name (Last, First, Middle Initial)					
C.	Highnote				Date of Disbursement	
	Mailing Address 11750 Diode Court				05 15 2018	Y
	City	State	Zip Code		FEC Identification Number	
	Louisville	KY	40299			1
	Purpose of Disbursement Printing and Stuffing of KPPAC contribution solicita	ation mailing		003	C Transaction ID : SB21B.7616	
	Candidate Name			Category/ Type	Amount of Each Disbursement this	
	Office Sought: House Disburse	ment For:		71: -	2287	7.90
	Senate	Primary	General			
	President	Other (spe	ecify) 🔻		Memo Item	
	State: District:					
s	SUBTOTAL of Disbursements This Page (optional).				401	0.02
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	ne (Last, First, Middle Initial)	4.0.\			Data of Dishuraament		
A. Kentu	ucky Medical Association (KN	/IA) 			Date of Disbursement		
Mailing A	Address 9300 Shelbyville Road Suite 850				04 15 2018		
City		State	Zip Code		FEC Identification Number		
Louisville	e     of Disbursement	KY	40222		0		
	dministration Fee			001	C		
Candidat	te Name				Transaction ID : SB21B.7532  Amount of Each Disbursement this Period		
				Category/ Type	Amount of Each Dispulsement this Fellou		
Office So	ought: House Disburse	ement For:			817.00		
	Senate	Primary	General				
State:	President District:	Other (spe	ecity) 🔻		Memo Item		
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	ucky Medical Association (KN	1Δ)			Date of Disbursement		
- Kent	deky Medical Association (Ki	/I/\)			M M / D D / Y Y Y Y		
Mailing A	Address 9300 Shelbyville Road Suite 850				05 15 2018		
City		State	Zip Code		FEC Identification Number		
Louisville	e of Disbursement	KY	40222		0		
	dministration Fee			001	C		
Candidat	te Name				Transaction ID : SB21B.7590  Amount of Each Disbursement this Period		
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Mailing A	Address 9300 Shelbyville Road				06 15 2018		
	Suite 850						
City		State	Zip Code		FEC Identification Number		
Louisville	of Disbursement	KY	40222				
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Candidat	te Name			Category/	Transaction ID : SB21B.7656  Amount of Each Disbursement this Period		
				Type	Times in St. 22011 Blood Schiolit tillo 1 Shou		
Office So	· — —	ement For:			817.00		
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_	Full Name (Last, First, Middle Initial)				Data of Diahu			
Α.	Kentucky Medical Association (KM	1A)			Date of Disbu			
	Mailing Address 9300 Shelbyville Road Suite 850				06	30 2018		
	City	State	Zip Code		FEC Identifica	tion Number		
	Louisville Purpose of Disbursement	KY	40222					
	Reimburse Postage Expense			001	C			
	Candidate Name			Category/		on ID : SB21B.7657 ch Disbursement this Period		
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	Mailing Address							
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	President  State: District:	Other (spe	CIIY) $\blacktriangledown$		Memo Ite	m		
Г	District.							
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$\rangle$	Kentucky Medical Association PAC	C(Kentuc	ky Physician	s PAC Fe	deral-KPPAC Federal)
_	Full Name (Last, First, Middle Initial)				
Α.	Alvarado for Sate Senate				Date of Disbursement
	Mailing Address 3250 McClure Road		1		04 30 2018
	City Sunchester	State KY	Zip Code 40391		FEC Identification Number
	Purpose of Disbursement Refund of excess contribution to Ralph Alvarado Ca	ampaign		010	C Transaction ID : SB29.7541
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
		ment For: 2 Primary	2018 General		- 1000.00
	State: District:	Other (spec	cify) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				_
В.	Alvarado for Sate Senate				Date of Disbursement
	Mailing Address 3250 McClure Road		_		06 06 2018
	,	State	Zip Code		FEC Identification Number
	Winchester Purpose of Disbursement Campaign Contribution for Ralph Alvarado	KY	40391	010	C
	Candidate Name			Category/ Type	Transaction ID: SB29.7652 Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate	ment For: 2	2018 <b>X</b> General		2000.00
	President State: District:	Other (spec	•••		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Conservatives for Michael Fletcher	r			Date of Disbursement
	Mailing Address 3176 Manor Hill Drive				05 15 2018
	Independence	State KY	Zip Code 41015		FEC Identification Number
	Purpose of Disbursement Campaign Contribution for Michael Fletcher			011	C
	Candidate Name			O11 Category/ Type	Transaction ID: SB29.7595 Amount of Each Disbursement this Period
	Senate 🗶	ment For: 2	General	71: -	1000.00
	State: KY District: 61	Other (spec	CITY) ▼		Memo Item
s	UBTOTAL of Disbursements This Page (optional)				2000.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 27 OF	32
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Kentucky Medical Association PA	C(Kentuc	ky Physicia	ns PAC Fe	ederal-KPPAC Federal)	
Full Name (Last, First, Middle Initial)					
A. Dan Seum for State Senate				Date of Disbursement	
Mailing Address 1107 Holly Ave				05 15 2018	
City	State	Zip Code		FEC Identification Number	
Fairdale Purpose of Disbursement	KY	40118		0	
Campaign Contribution for Dan Seum			011	C	
Candidate Name			Category/	Transaction ID : SB29.7610  Amount of Each Disbursement this Per	riod
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State: District:		3, 1		Memo Item	
Full Name (Last, First, Middle Initial)					
B. David Osborne for State Represe	ntative			Date of Disbursement	
Mailing Address P.O. Box 219				05 15 2018	
City	State	Zip Code		FEC Identification Number	
Prospect Purpose of Disbursement	KY	40059			
Campaign Contribution for David Osborne			011	C	
Candidate Name			Category/	Transaction ID : SB29.7607  Amount of Each Disbursement this Per	riod
			Type		
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Full Name (Last, First, Middle Initial)				B (B)	
c. Dennis Keene for State Represen	tative			Date of Disbursement	
Mailing Address 1040 Johns hills road				05 15 2018	
City	State	Zip Code		FEC Identification Number	
Wilder Purpose of Disbursement	KY	41076			
Campaign Contribution for Dennis Keene			011	Transaction ID : SB29.7601	
Candidate Name			Category/	Amount of Each Disbursement this Per	iod
Office Sought: House Disburse	ement For: 2	0019	Туре	1000.00	П
Senate Stagning Senate	Primary	General		4 4	
President	Other (spec	cify) 🔻		Memo Item	
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ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(orlook orm)		
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and Stat	aments may	not be sold or us			
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PA	.C(Kentu	cky Physicia	ins PAC Fe	ederal-KPPAC Federal)	
Full Name (Last, First, Middle Initial)					
A. Dr Karen Berg for Kentucky State	Senate			Date of Disbursement	
Mailing Address 608 Jarvis Lane				05 15 2018	_
City Louisville	State KY	Zip Code 40207		FEC Identification Number	
Purpose of Disbursement				C	
Campaign Contribution for Karen Berg			011	Transaction ID : SB29.7593	
Candidate Name			Category/	Amount of Each Disbursement this Pe	eriod
Office Sought: House Disburs	ement For:	2018	Туре	500.00	
x Senate	Primary	General		7 1 7 1 7	
President   State: KY District: 26	Other (spe	ecify) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Ernie Harris for State Senate				Date of Disbursement	
				M M / D D / Y Y Y Y	
Mailing Address P.O. Box 1073				05 15 2018	
City	State KY	Zip Code		FEC Identification Number	
Crestwood Purpose of Disbursement	KI	40014		C	
Campaign Contribution for Ernie Harris			011	Transaction ID : SB29.7597	
Candidate Name			Category/	Amount of Each Disbursement this Pe	eriod
Office Sought: House Disburs	ement For:	2018	Туре	1000.00	
x Senate	¬	General		4 4	
President	Other (spe	ecify)		Memo Item	
State: KY District: 26				<u> </u>	
Full Name (Last, First, Middle Initial)  C. House Republican Caucus Camp	aign Cor	nmittee		Date of Disbursement	
Mailing Address PO Box 1068				06 26 7 2018	
City	State	Zip Code			
Frankfort	KY	40502		FEC Identification Number	
Purpose of Disbursement House Majority Caucus Campaign Contribution			011	C Transaction ID : SB29.7654	
Candidate Name			Category/ Type	Amount of Each Disbursement this Pe	eriod
Office Sought: House Disburs	ement For:	2018	1,700	2500.00	
Senate	Primary	<b>✗</b> General		4 4 4	
President Pietriet:	Other (spe	ecify) 🔻		Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)				4000.00	)
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TOTAL This Period (last page this line number on	v)				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 29 OF 32		
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(oricon orin)	· _ ·		
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and State	ments may	not be sold or us				
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)		
Full Name (Last, First, Middle Initial)						
A. Jimmy Higdon for State Senate						
Marting Address 244 North Coolding Avenue				05 15 2018		
Mailing Address 344 North Spalding Avenue				05 15 2018		
City	State Zip Code KY 40033			FEC Identification Number		
Lebanon  Purpose of Dichursoment						
Campaign Contribution for Jimmy Higdon	Purpose of Disbursement Campaign Contribution for Jimmy Higdon 011			C		
Candidate Name			Category/	Transaction ID : SB29.7599  Amount of Each Disbursement this Period		
			Type			
	Senate Primary General			2000.00		
X Senate X President						
State: KY District: 14	] (-)	,		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Jonathan Shell for State Senate				Date of Disbursement  04  30  2018		
Mailing Address P.O. Box 138						
	Maining / Madrees 1.0. Box 150					
City	State KY	Zip Code		FEC Identification Number		
Lancaster Purpose of Disbursement	KY 40444			C		
Campaign Contribution to Jonathan Shell  Candidate Name  Category/ Type			Transaction ID : SB29.7538			
			Amount of Each Disbursement this Period			
			2000.00			
				2000.00		
				Memo Item		
State: KY District: 71				- mone nom		
Full Name (Last, First, Middle Initial)  Kentucky House Democratic Caucus Campaign Committee				Date of Disbursement		
- Remucky House Democratic Cauc	iiiiee	M M / D D / Y Y Y Y				
Mailing Address PO Box 4204	05 15 2018					
City	State	Zip Code		550 11 115 11 11 1		
Frankfort	KY	40604		FEC Identification Number		
Purpose of Disbursement House Minority Caucus Campaign Contribution	urpose of Disbursement Louse Minority Caucus Campaign Contribution					
Candidate Name	Candidate Name			Transaction ID : SB29.7602 Amount of Each Disbursement this Period		
	Category/ Type					
	Office Sought: Disbursement For: 2018			2500.00		
Senate x	Primary Other (spe	General				
State: District:	Other (spe	ecity) ♥		Memo Item		
,						
SUBTOTAL of Disbursements This Page (optional).			·····•	6500.00		
TOTAL This Period (last page this line number only	<i>(</i> )					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 30 OF 32		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only			
		Summary Page	21b 28a	22 23 28b 28c	26 27 29 30b	
Any information copied from such Reports and State	ments mav n	ot be sold or use			<del></del>	
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	0/1/	. 5	<b>5.6</b> -		<b>-</b>	
Kentucky Medical Association PA	C(Kentuc	ky Physicia	ns PAC Fe	ederal-KPPAC	⊢ederal)	
Full Name (Last, First, Middle Initial)				_		
A. Kentucky House Republican Cauc	aign Comm	ittee	Date of Disbursen			
Mailing Address PO Box 1068				05 15 2018		
City	State	Zip Code		FEC Identification	Number	
Frankfort	KY 40502					
	Purpose of Disbursement House Majority Caucus Campaign Contribution  Candidate Name  Cathorner			C		
					action ID : SB29.7603	
			Category/ Type	Amount of Each Disbursement this Period  2500.00		
	ement For: 2	018				
Senate x						
State: District:	Other (spec	iiy) <b>▼</b>		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Kimberly Moser for STate Represe	entative			Date of Disbursen	nent	
				M = M / D = D / Y = Y = Y		
Mailing Address 3216 High Ridge Drive					2018	
City Taylor Mill	State KY	Zip Code 41051		FEC Identification	Number	
Purpose of Disbursement	(X)	41031		C		
Campaign Contribution for Kim Moser  Candidate Name  Category/ Type			Transaction ID : SB29.7606 Amount of Each Disbursement this Period			
						2000.00
	Morra Harr					
State: KY District: 41	1			Memo Item		
Full Name (Last, First, Middle Initial)			Data of Dill			
C. Mike Wilson for State Senate				Date of Disbursement		
Mailing Address 631 Washington Ave.				05 15	2018	
City	State	Zip Code		FEC Identification	Number	
Bowling Green	KY	42103				
Purpose of Disbursement Campaign Contribution for Mike Wilson 011			011	C		
Candidate Name			Category/		D: SB29.7613 Disbursement this Period	
			Type	, and an each L		
	ement For: 2				2000.00	
Senate X	Primary	General				
State: KY District: 32	Other (spec	ııy <i>)</i> ▼		Memo Item		
02						
SUBTOTAL of Disbursements This Page (optional).					6500.00	
TOTAL This Duris I if it is not in the second of the secon	A					
I TOTAL This Period (last page this line number only	/)					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 OF 32			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any political	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)			Date of Dishurasment		
A. Phill Moffett for State Representative			Date of Disbursement    M M		
Mailing Address 657 S. Hurstbourne Pkwy, Suite 24.					
City S Louisville	State Zip Code KY 40222		FEC Identification Number		
Purpose of Disbursement	70222		C		
Campaign Contribution for Phill Moffett	011	Transaction ID : SB29.7604			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	nent For: 2018	1300	500.00		
	Primary General  Other (specify) ▼		Mama Itam		
State: KY District: 32	• • • • • • • • • • • • • • • • • • • •		Memo Item		
Full Name (Last, First, Middle Initial)					
B. Republican Party of Kentucky	·				
Mailing Address 105 West 3rd Street	06 22 2018				
City S Frankfort	State Zip Code KY 40601		FEC Identification Number		
Purpose of Disbursement Republican Party of Kentucky Contribution		011	С		
Candidate Name		Category/ Type	Transaction ID: SB29.7653 Amount of Each Disbursement this Period		
	nent For: 2018 Primary	71	1000.00		
State: President  District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)  C. Rocky Adkins Campaign Fund	Date of Disbursement				
Mailing Address PO Box 688	05 15 2018				
City	State Zip Code				
Sandy Hook	KY 41171		FEC Identification Number		
Purpose of Disbursement Campaign Contribution to Rocky Adkins  011			Transaction ID : SB29.7592		
Candidate Name	Candidate Name Category Type				
Senate x	nent For: 2018  Primary General  Other (specify)	.,,,,	2000.00		
State: KY District: 99	Carlot (opcony) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			3500.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 32 OF 32		
		Use separate schedule(s) for each category of the		(check only one)			
			category of the Summary Page	21b	22 23 26 27		
_				28a	28b 28c <b>x</b> 29 30b		
	ny information copied from such Reports and Stater for commercial purposes, other than using the name						
$\setminus$	NAME OF COMMITTEE (In Full)						
	Kentucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)		
_	Full Name (Last, First, Middle Initial)		1		Data of Dishamanant		
Α.	Senate Republican Caucus Campaign Committee				Date of Disbursement		
	Mailing Address PO Box 1068				05 15 2018		
	,	State Zip Code			FEC Identification Number		
	Frankfort Purpose of Disbursement	KY	40602				
	Senate Majority Caucus Campaign Contribution				C		
	Candidate Name			Category/	Transaction ID : SB29.7609  Amount of Each Disbursement this Period		
	0	ment For: 2			2500.00		
	Senate x	Primary Other (spec	General				
	State: District:	Other (spec	√ Vily) <b>V</b>		Memo Item		
	Full Name (Last, First, Middle Initial)						
В.	Senate Republican Caucus Campa	aign Con	nmittee		Date of Disbursement		
	A4.00 A4.1				M M / D D / Y Y Y Y		
	Mailing Address PO Box 1068				05 31 2018		
	,	State KY	Zip Code		FEC Identification Number		
	Frankfort KY 40602  Purpose of Disbursement Senate Majority Caucus Campaign Contribution  Candidate Name  Office Sought: House Disbursement For: 2018 Senate Primary General				С		
				Transaction ID : SB29.7615			
				Amount of Each Disbursement this Period			
				Туре	2500.00		
				2300.00			
	President	<b>A</b> ,			Maria Hara		
	State: District:				Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Wilson Stone for State Representa		Date of Disbursement				
	Mailing Address 1481 Jefferson School Road	g Address 1481 Jefferson School Road					
	City	State	Zip Code		CEO Identification Number		
	Scottsville	KY	42164		FEC Identification Number		
	Purpose of Disbursement Campaign Contribution for Wilson Stone				C		
	Candidate Name			Transaction ID : SB29.7611			
	Category/ Type				Amount of Each Disbursement this Period		
	Office Sought: House Disbursement For: 2018			71	1000.00		
	Senate	Drimoru Conorol					
	President Pictrioti	Other (spec	cify) 🔻		Memo Item		
г	State: KY District: 22						
SUBTOTAL of Disbursements This Page (optional)							
					33500.00		
11	<b>FOTAL</b> This Period (last page this line number only)				00000.00		