Image# 14960572798 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An A	Authorized Committe	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
Kentucky Medical Asso	ciation PAC(Kent	ucky Physicians F	PAC Fede	eral-KPPAC	Federal)
ADDRESS (number and street)	4965 US Hwy 42				
Check if different	Suite 2000				
than previously reported. (ACC)	Louisville			KY L	46220
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE A	ZIP CODE ▲
C C00016444	3.		NEW (N) OR	× (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5) Jun 20 (M6)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		` ' 📙	, ,		(Non-Election Year Only)
April 15 Quarterly Report (Q		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day	Primary (12F	P)	General ((12G) Runoff (12R)
October 15	Report for the	e: Convention	(12C)	Special (12S)
Quarterly Report (Q3 X January 31 Year-End Report (YE		ection on	D D /	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	,	G)	Runoff (3	OR) Special (30S)
Termination Report (TER)		ection on	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 11	27 201	through	12	31	2012
I certify that I have examined this	s Report and to the best	t of my knowledge and	belief it is tr	ue, correct and	complete.
Type or Print Name of Treasurer	David R. Watkins				
Signature of Treasurer David	R. Watkins	[Electronicall	y Filed] [Date 04	/ 02 / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete information	ation may subject the per	son signing t	his Report to th	e penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004
l I Only I	1 1	ı	1	1 1	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2012 2012 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 70145.00 January 1. 2012 (b) Cash on Hand at 59897.74 Beginning of Reporting Period..... 49411.39 2302.08 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 62199.82 119556.39 6(a) and 6(c) for Column B)..... 4799.12 62155.69 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 57400.70 57400.70 (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. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN B Calendar Year-to-Date					
. Contributions (other than loans) From:	Total Tills Period					
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	1600.00	31325.00				
(ii) Unitemized	700.00	16570.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	2300.00	47895.00				
	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	1500.00				
(such as PACs)	0.00	1500.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	2300.00	49395.00				
Totals to Line 33, page 5)	2300.00	10000.00				
2. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
5. All Loans neceived	7	7				
	0.00					
1. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
5. Refunds of Contributions Made						
to Federal Candidates and Other Political Committees	0.00	0.00				
7. Other Federal Receipts	0.00	7				
(Dividends, Interest, etc.)	2.08	16.39				
B. Transfers from Non-Federal and Levin Funds	2.00	10.00				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(7	, , ,				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(b) Levin Funds (from Schedule H3)	7	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(c) Total Transiers (add To(a) and To(b))	0.00	0.00				
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2302.08	49411.39				
D. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	2302.08	49411.39				
(oubtract Line 10(o) non Line 19)	2002.00	70411.33				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

Disbursements	COLUMN B Calendar Year-to-Date		
ted Federal/Non-Federal		200000000000000000000000000000000000000	
	0.00	0.00	
on-Federal Share	0.00	0.00	
	3799.12	12024.21	
	3799.12	12024.21	
		7	
	0.00	0.00	
ndidates/Committees Political Committees	0.00	6000.00	
	0.00	0.00	
d Party Expenditures			
lule F)	0.00	0.00	
yments Made	0.00	0.00	
e	0.00	0.00	
uals/Persons Other	0.00	0.00	
Folitical Committees	0.00	3.00	
	0.00	0.00	
	0.00	0.00	
Contribution Polyands			
	0.00	0.00	
ursements	1000.00	44131.48	
	1000.00	7	
•			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
• • •	0.00	0.00	
()(-) ()() ()()			
26, 27, 28(d), 29 and 30(c))	4799.12	62155.69	
ne 21(a)(ii) and Line 30(a)(ii)	4799.12	62155.69	
	Expenditures: ted Federal/Non-Federal y (from Schedule H4) ederal Share	Total This Period Total This Period	

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2300.00	49395.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2300.00	49395.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3799.12	12024.21
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3799.12	12024.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PAGI	E 6 OF	12
(check on	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

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 (Last, First, Middle Initial) Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 2012 City Zip Code State Transaction ID: SA11AI.4924 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Brian Baker MD Date of Receipt Mailing Address 3 Tower Circle 12 12 2012 City State Zip Code Transaction ID: SA11AI.4921 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Dermotology of Southern Kentucky Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor James P. Farrell MD Date of Receipt Mailing Address 721 Dudley Road 11 29 2012 City Zip Code State Transaction ID: SA11AI.4910 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Riverhills Neuroscience Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General 300.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

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

FOF	R LINE	NU	MBER	PAGE	7	OF	12	
(check only one)								
X	11a		11b		11c	12	2	
	13		14		15	16	3	17

City Richmond Receipt for: 2012 Primary Other (specify) ▼ C State Zip Code Transaction ID : SA11AI. Amount of Each Receipt the C Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Doctor James Keller MD Date of Receipt	
City State Zip Code KY 40475 Richmond KY 40475 Transaction ID: SA11AL. Amount of Each Receipt the SA11	4925 his Period 25.00
FEC ID number of contributing federal political committee. Name of Employer Information Requested Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code Ft. Mitchell KY 41011 Amount of Each Receipt Initial Physician Doctor James Keller MD State Zip Code KY 41011 Amount of Each Receipt Initial Physician Date of Receipt Initial Physician Amount of Each Receipt Initial Physician Date of Receipt Initial Physician Amount of Each Receipt Initial Physician Aggregate Year-to-Date Initial Physician Amount of Each Receipt Initial Physician Amount of	25.00 Y Y Y
Name of Employer Information Requested Receipt For: 2012 Primary ☐ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Doctor James Keller MD Mailing Address 315 Summit Lane City State Zip Code Ft. Mitchell FEC ID number of contributing Coccupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL. Amount of Each Receipt the	YYY
Information Requested Receipt For: 2012 Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Doctor James Keller MD Mailing Address 315 Summit Lane City State Zip Code Ft. Mitchell Ft. Mitchell FEC ID number of contributing Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL- Amount of Each Receipt the	
Receipt For: 2012 Primary Seneral Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 Full Name (Last, First, Middle Initial) Doctor James Keller MD Mailing Address 315 Summit Lane City State Zip Code Ft. Mitchell KY 41011 FEC ID number of contributing	
Primary	
Primary	
Full Name (Last, First, Middle Initial) Doctor James Keller MD Mailing Address 315 Summit Lane City State Transaction ID: SA11AL KY 41011 FEC ID number of contributing	
Date of Receipt Mailing Address 315 Summit Lane City State Zip Code Transaction ID : SA11AL- Ft. Mitchell KY 41011 FEC ID number of contributing	
City State Zip Code Transaction ID : SA11AL. Ft. Mitchell KY 41011 Amount of Each Receipt the FEC ID number of contributing	
City State Zip Code Transaction ID : SA11AL. Ft. Mitchell KY 41011 Amount of Each Receipt the FEC ID number of contributing	2012
Ft. Mitchell KY 41011 Amount of Each Receipt the FEC ID number of contributing	,_
FEC ID number of contributing	
, I	is Period
	300.00
Name of Employer Occupation	
Physician	
Receipt For: 2012 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Doctor Robert D. Knight MD Date of Receipt	
Mailing Address and David	2012
City State Zip Code Transaction ID : SA11AI.	
Owensboro KY 42303 Amount of Each Receipt th	
FEC ID number of contributing federal political committee.	150.00
Name of Employer Occupation	
CEP-America Physician	
Pagaint For: 2040	
Aggregate Year-to-Date ▼ Primary X General	
Other (specify) ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	475.00
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

FOR LINE	NUMBER	R: PA	GE 8	OF 12
(check on	ly one)			
X 11a	11b	11c	12	
13	14	15	16	17

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 (Last, First, Middle Initial) Doctor Tushar G. Kothari MD Date of Receipt Mailing Address 3260 Legacy Trace 2012 28 City Zip Code State Transaction ID: SA11AI.4906 OH Cincinnati 45237 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Radiology Associates of Northern Kentu Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor George B. Sonnier MD Date of Receipt Mailing Address 6410 Lime Ridge PI 12 02 2012 City State Zip Code Transaction ID: SA11AI.4915 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 137.50 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karin L. Sonnier Date of Receipt Mailing Address 6410 Lime Ridge PI 02 2012 City State Zip Code Transaction ID: SA11AI.4916 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 137.50 С federal political committee. Name of Employer Occupation Self-Employed Homemaker Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 275.00 425.00 SUBTOTAL of Receipts This Page (optional).....

1600.00

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

S 17

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF					
	•	Use separate so	hedule(s)	FOR LINE N	-		L PA	1GE 9	OF 12
П	EMIZED DISBURSEMENTS	for each categor		X 21b	one) 	23	24	25	□ 26
		Detailed Summa		27	22 28a	28b	24 28c	29	30b
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may not be see and address of	sold or used any political	d by any perso I committee to	n for the pu solicit contri	rpose o butions	f solicitii from su	ng contrib ch comm	outions ittee.
\vdash	NAME OF COMMITTEE (In Full)								
$ \rangle$	Kentucky Medical Association PAC	(Kontucky D	hycician	s DAC For	doral_KD	DAC	Fodo	ral)	
\angle	•	(Nemucky F	riysiciari	3 FACTE	Jerai-Kr	FAC	i eue	iai)	
	Full Name (Last, First, Middle Initial)								
Α.	Kentucky Medical Association (KM	A)			Date of D	isbursei	ment		
	Mailing Address 1995 HOLL 19				M = M	/ D		2040	Y
	Mailing Address 4965 US Hwy 42 Suite 2000				11	30	,	2012	
		State Zip C	ode						
	Louisville	KY 4022			Transac	tion ID	: SB21B	.4890	
	Purpose of Disbursement								
	Fedex Charges				Amount o	f Each I	Disburse	ment this	s Period
	Candidate Name			Category/	1 1	-			
				Type				3	79.71
	Office Sought: House Disbursen	nent For:							
	Senate	Primary	General						
	President	Other (specify) 🔻							
	State: District:								
	Full Name (Last, First, Middle Initial)								
В.	Kentucky Medical Association (KM.	A)			Date of D	isburse	ment		
		,			M = M	/ D	D /	YYYY	Y
	Mailing Address 4965 US Hwy 42				11	30)	2012	
	Suite 2000								
	•	State Zip C			Transac	tion ID	: SB21B	3.4891	
	Louisville Purpose of Disbursement	KY 4022	2						
	Printing and Postage for Mailing		11		Amount o	f Each	Dieburee	mont this	Pariod
	Candidate Name				Amount	Lacii	Disbuisc	anone unc	o i cilou
	Carradate Harris			Category/ Type	1			11	29.66
	Office Sought: House Disbursen	ent For:		Турс		7	7		
			General						
		Other (specify)							
	State: District:	(-)/ •							
_	Full Name (Last, First, Middle Initial)								
C.	Kentucky Medical Association (KM	Δ)			Date of D	isbursei	ment		
	Trontaony modical moderation (1111)	1)			M M	/ D	D /	Y Y Y	Y
	Mailing Address 4965 US Hwy 42				11	30		2012	.
	Suite 2000								
	•	State Zip C			Transac	tion ID	: SB21F	.4896	
		KY 4022	2						
	Purpose of Disbursement November 2012 Admin Fee			004					
	Candidate Name			001	Amount o	f Each	Disburse	ment this	s Period
	Candidate Name			Category/				5	75.00
	Office Sought: House Disbursen	ent For:		Туре		7	7		
			General						
		Other (specify)	Joneral						
	State: District:	Caron (opcomy)							
	2.00.00								
,	SUBTOTAL of Disbursements This Page (optional)							208	34.37
Ľ	TOTAL OF DISDUISEMENTS THIS FAGE (OPTIONAL)			·····		1		\Rightarrow	
۱,	OTAL This Period (last nage this line number only)				1				- 1

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SCHEDULE B (FEC Form 3X)	FOR LINE	INE NUMBER: PAGE 10 OF 12					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	X 21b	22 23	24 25 26			
		27	28a 28b	28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)			
Full Name (Last, First, Middle Initial)							
A. Kentucky Medical Association (KM)	A)		Date of Disburseme	ent			
Mailing Address 4965 US Hwy 42			11 30	2012			
Suite 2000	7. 0. 1.						
City S Louisville	tate Zip Code KY 40222		Transaction ID: S	B21B.4897			
Purpose of Disbursement	40222						
October 2012 Admin Fee		001	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		575.00			
Office Sought: House Disbursem	ant For:	Type	7	5.5.55			
	Primary General						
	Other (specify) ▼						
State: District:	•						
Full Name (Last, First, Middle Initial)							
B. Kentucky Medical Association (KM.	4)		Date of Disburseme	ent / Y Y Y Y Y			
Mailing Address 4965 US Hwy 42 Suite 2000			11 30	2012			
•	tate Zip Code KY 40222		Transaction ID : \$	SB21B.4898			
Purpose of Disbursement Labels for Mailing		001	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		100.00			
		Type		406.60			
Office Sought: House Disbursem							
	Primary General Other (specify) ▼						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)							
C. Kentucky Medical Association (KM)	<i>A</i>)		Date of Disburseme	ent			
Moiling Address 4005 HO Hay 40			12 15	/ Y Y Y Y Y Y Y 2012			
Mailing Address 4965 US Hwy 42 Suite 2000			12 15	2012			
	tate Zip Code		Transaction ID : S	SP21P 4900			
	KY 40222		Transaction iD . S	DD21D.4099			
Purpose of Disbursement December 2012 Admin fee		001					
Candidate Name			Amount of Each Dis	sbursement this Period			
		Category/ Type		575.00			
Office Sought: House Disbursem	ent For:			,			
	Primary General						
	Other (specify) ▼						
State: District:							
SUPTOTAL of Dishurosments This Dage (autimus)				1556.60			
SUBTOTAL of Disbursements This Page (optional)		·····•					
TOTAL This Period (last page this line number only).							

S 17

SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF					OF 40
	· ·	Use sena	arate schedule(s)	-					OF 12
ΙT	EMIZED DISBURSEMENTS		category of the	(onlook only		1 22	0 <i>4</i>		06
			Summary Page	X 21b	22	23	24	25	
				27	28a	28b	280	29	30b
	y information copied from such Reports and Staten								
or	for commercial purposes, other than using the name	ne and addr	ess of any polition	cal committee to	solicit contrib	outions	from su	ıch comm	nittee.
\setminus	NAME OF COMMITTEE (In Full)								
$ \ \rangle$	Kentucky Medical Association PAC	:(Kentuc	ky Physicia	ns PAC Fe	deral-KPI	PAC	Fede	ral)	
/	Trontacky Wedical According 1776	/(i toritae	nty i riyololo		aorai iti	, , ,		, i di j	
	Full Name (Last, First, Middle Initial)								
A.	PNC Bank				Date of Di	sburser	ment		
	1 140 Bank				M M /	D	D /	YYY	V V
	Mailing Address 2500 Lime Kiln Lane				11	30		2012	
	2000 Entre Paint Earlo								
	City	State	Zip Code						
	Louisville	KY	40222		Transact	ion ID	: SB21E	3.4892	
	Purpose of Disbursement								
	Credit Card Merchant Fees				Amount of	Each I	Disburse	ement this	s Period
	Candidate Name								
				Category/ Type				1	22.95
	Office Sought: House Disbursen	nont For:		туре		,	,		
		Primary	General						
	President	Other (spec							
	State: District:	Other (spec	Sily) $lacksquare$						
_									
_	Full Name (Last, First, Middle Initial)								
В.	PNC Bank				Date of Di	sburser	ment		
					M = M /		D /	Y Y Y	
	Mailing Address 2500 Lime Kiln Lane				12	31		2012	
	-								
	,	State	Zip Code		Transact	ion ID	: SB21E	3.4900	
	Louisville Purpose of Disbursement	KY	40222						
	December Credit Card Merchant fees			001	Amount of	Cook I	Diahura	amant thi	o Doriod
	Candidate Name			001	Amount of	Laciii	DISDUIS		5 Fellou
	Candidate Name			Category/					23.00
	Office Occupit			Type		7	7		
	Office Sought: House Disbursen								
		Primary	General						
	President	Other (spec	city) 🔻						
	State: District:								
	Full Name (Last, First, Middle Initial)								
C.					Date of Di	sburser	ment		
					M = M /	D	D /	Y Y Y	Y
	Mailing Address								
	City	State	Zip Code						
	Purpose of Disbursement		Г						
	ו עוףטפר טו בופטעופרוופוונ					_			
	Candidate Name		Amount of	Each I	Disburse	ement this	s Period		
	Candidate Name	Category/							
	Office Cought.			Type		7	- 7		
	Office Sought: House Disbursen								
	Senate	Primary	General						
	President	Other (spec	city) 🔻						
	State: District:								
					-	-			45.05
s	UBTOTAL of Disbursements This Page (optional)			·····•		7		1.	45.95
Н						-	-		20.00
ΙŦ	OTAL This Period (last page this line number only)							37	86.92

SCHEDULE B (FEC Form 3X)		F00 :	NUMBER: PAGE 12 OF 12
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
I LIVIIZED DISBUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30
Any information copied from such Reports and Statem	ents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)
Full Name (Look Fixet Middle Leitich)	-		*
Full Name (Last, First, Middle Initial)			Date of Disbursement
Republican Party of Kentucky			M M / D D / Y Y Y Y
Mailing Address 105 West 3rd Street			12 14 2012
	<u>=</u> .		
,	state Zip Code		Transaction ID : SB29.4901
Frankfort Purpose of Disbursement	KY 40601		
Contribution to Senate trust		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
Office Sought: House Disburser	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
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Mailing Address			W = W / D = D / T = T = T
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City	state Zip Code		
Purpose of Disbursement	1		
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Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Disbursement
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Purpose of Disbursement			
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Candidate Name		Category/	5. 2.c. 2.c. 2.c. 2.c. 2.c. 2.c.
		Туре	
Office Sought: House Disburser			
	Primary General		
State: District:	Other (specify) ▼		
Glate. District.			
SUBTOTAL of Disbursements This Page (optional)			1000.00
		<u> </u>	
TOTAL This Period (last page this line number only).			1000.00