

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

Office Use Only

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

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

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

Type or Print Name of Treasurer

Susan Bornstein

Signature of Treasurer

Electronically Filed by Susan Bornstein

Date

09

30

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		26643.47
(b) Cash on Hand at Beginning of Reporting Period	37210.37	
(c) Total Receipts (from Line 19)	18214.41	62030.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55424.78	88673.53
7. Total Disbursements (from Line 31)	7573.98	40822.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47850.80	47850.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

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	6600.00	20400.00
(i) Itemized (use Schedule A)	11550.00	39765.00
(ii) Unitemized	18150.00	60165.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	18150.00	60165.00
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	1728.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	64.41	136.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18214.41	62030.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18214.41	62030.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2073.98	19152.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2073.98	19152.73
22. Transfers to Affiliated/Other Party Committees.....	5500.00	21670.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7573.98	40822.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7573.98	40822.73

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)	18150.00	60165.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18150.00	60165.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2073.98	19152.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1728.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2073.98	17424.42

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Philip K. Lichtenstein, Md

Mailing Address 601 Stanley Ave

City

Cincinnati

State

OH

Zip Code

45226-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthpoint Family Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: AC9ECE161CDDF4520962

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

J. Gregory Cooper

Mailing Address 1210 KY Hwy 36E Ste 2C

City

Cynthiana

State

KY

Zip Code

41031-7492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Associates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: A101FA690EEEEF4DEABC4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carolyn B. Daley

Mailing Address 3111 Maria Dr

City

Lexington

State

KY

Zip Code

40516-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: AB82D31DC2A85432BBDD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Shawn C. Jones, Md

Mailing Address PO Box 9686

City

Paducah

State

KY

Zip Code

42002-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase DERM/ENT LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: A75C5C8597A134E89B20

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Anir Dhir

Mailing Address 250 Fountain Ct

City

Lexington

State

KY

Zip Code

40509-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
KY PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: A4C11C19BA46A4EB9911

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Andrew R. Pulito, Md

Mailing Address MS-235 Medical Center 0298

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: A512D04B006774C7FB73

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Walter E. App, Md

Mailing Address 1169 Eastern Pkwy Ste 3310

City

Louisville

State

KY

Zip Code

40217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chest Medicine Associates
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: AAB73D4D8E0EF4A66886

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Naren James

Mailing Address P O Box 388

City

Stanford

State

KY

Zip Code

40484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Family Medicine &
Obstetrics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A9F18069CBDDA49AC96E

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bill H. Harris, MD

Mailing Address 107 Primrose Ln

City

Pikeville

State

KY

Zip Code

41501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikeville Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A0AE8BEB2B3D344BDB56

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Charlotte J. Harris, Md

Mailing Address 991 Medical Park Dr Ste 300

City

Maysville

State

KY

Zip Code

41056-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates of
MaysvilleOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: AD4FD7E8CDB0544C98EC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

6600.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: B3E622B05ADA64419863 Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 04/08 Political Consultant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: B7ECA827E093945A0A36 Date of Disbursement																				
Mailing Address 2500 Lime Kiln Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Louisville State KY Zip Code 40222-6240	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card merchant fees Candidate Name	<table border="1"> <tr> <td colspan="10">55.78</td> </tr> </table>	55.78																			
55.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BFE671B1A15F043C682C Date of Disbursement																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period																				
Purpose of Disbursement April '08 Admin Fee Candidate Name	<table border="1"> <tr> <td colspan="10">503.00</td> </tr> </table>	503.00																			
503.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">658.78</td> </tr> </table>	658.78																			
658.78																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**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 / 15

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
Self Seal Mailers for Thank You Letters

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B4A4E0B5017E24C609D4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Amount of Each Disbursement this Period

45.50

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
May '08 Admin fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B7B49325986284EBEA05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	8

Amount of Each Disbursement this Period

503.00

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
Shipping and Teleconferencing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B560688AEDEE44F46A54

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	8

Amount of Each Disbursement this Period

117.62

SUBTOTAL of Disbursements This Page (optional)

666.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement credit card merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4A3545672F1B456B935</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 23.04</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 5/08 Political Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B33DAE7CF89D847FCB39</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 6/08 Political Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE62552A537714CBA9BA</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional)

223.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City
Louisville

State
KY

Zip Code
40222-6240

Purpose of Disbursement
credit card merchant fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B12968B122BBD4271B56

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2008

Amount of Each Disbursement this Period

23.04

B.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City
Louisville

State
KY

Zip Code
40222-6379

Purpose of Disbursement
June '08 Admin Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B9E52950C2EC64453BF3

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2008

Amount of Each Disbursement this Period

503.00

SUBTOTAL of Disbursements This Page (optional)

526.04

TOTAL This Period (last page this line number only)

2073.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) American Medical PAC	Transaction ID: B0A0DFCF4734C4DED859 Date of Disbursement
Mailing Address 25 Massachusetts Ave, NW Suite 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001-7400	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer to Federal Affiliate PAC Candidate Name	<div> <div>700.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)	Transaction ID: BD0F909AE85F7441FB74 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40222	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer funds to state account Candidate Name Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Medical PAC	Transaction ID: BF2BC4240F67E46769CF Date of Disbursement
Mailing Address 25 Massachusetts Ave, NW Suite 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001-7400	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer to Federal Affiliated PAC Candidate Name	<div> <div>3150.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

American Medical PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B9A21E45B4ABA4DBB871

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2008

Amount of Each Disbursement this Period

650.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

5500.00