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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKIN SX	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Ass	sociation PAC(Kentuc	cky Physicians PAC Fe	deral-KPPAC Federal)
ADDRESS (number and street)	9300 Shelbyville Road		
▼	Suite 850		
Check if different than previously reported. (ACC)	Louisville		KY 40222
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00016444		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (May 20 (May 20 (M3) Jun 20 (M3)	(Non-Election Year Only) Sep 20 (Mg) Dec 20 (M12)
(a) Quarterly Reports:	An	r 20 (M4) Jul 20 (M	7) Oct 20 (M10) In Jan 31 (YE)
April 15 Quarterly Report (Q1)		
July 15 Quarterly Report (Q2) (c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (·		Spoots (123)
January 31 Year-End Report (YE) Electi	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t	ion on	in the State of
5. Covering Period 0	1 01 2019	through 06	30 / 2019
I certify that I have examined to			true, correct and complete.
Type or Print Name of Treasure	Couch, Robert, H., Doctor	, MD 	
Signature of Treasurer	ch, Robert, H., Doctor, MD	[Electronically Filed]	Date 07 / 24 / 2019
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name

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

01 2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 27914.93 January 1. 2019 (b) Cash on Hand at 27914.93 Beginning of Reporting Period..... 24793.60 24793.60 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 52708.53 52708.53 6(a) and 6(c) for Column B)..... 18790.55 18790.55 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 33917.98 33917.98 (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)

For further information contact:

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

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)

01 2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18334.00 18334.00 (i) Itemized (use Schedule A)..... 6457.00 6457.00 (ii) Unitemized (iii) TOTAL (add 24791.00 24791.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 24791.00 24791.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 2.60 (Dividends, Interest, etc.)..... 2.60 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 24793.60 24793.60 20. Total Federal Receipts 24793.60 24793.60 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	4 4 4	4 4
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	16290.55	16290.55
	(c) Total Operating Expenditures	10200.00	10200.00
	(add 21(a)(i), (a)(ii), and (b))▶	16290.55	16290.55
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
1.	Independent Expenditures	200	
5.	(use Schedule E)	0.00	0.00
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
			4 4 4
3.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political 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)	2500.00	2500.00
).	Federal Election Activity (52 U.S.C. § 30101(2	0))	
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
			4 4
	(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	0.00	0.00
	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))	19700 55	10700 FE
	,,,,,,, and oo(o))	18790.55	18790.55
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	18790.55	18790.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 24791.00 24791.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 24791.00 24791.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 16290.55 16290.55 (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 16290.55 16290.55 (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 2019 15 City Zip Code State Transaction ID: SA11AI.8033 KY Winchester 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alvarado, Ralph, , Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 04 18 2019 City State Zip Code Transaction ID: SA11AI.8076 Winchester KY 40391 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) Winchester Medical Associates 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. Alvarado, Ralph, Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 24 2019 City State Zip Code Transaction ID: SA11AI.8113 KY Winchester 40391 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) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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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 2019 City Zip Code State Transaction ID: SA11AI.8144 KY Winchester 40391 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) Winchester Medical Associates 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. Bensema, David, J., Doctor, MD Date of Receipt Mailing Address 2108 Woodmont Drive 2019 City State Zip Code Transaction ID: SA11AI.8026 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 875.00 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) 875.00 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 06 2019 City State Zip Code Transaction ID: SA11AI.8027 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 875.00 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 875.00 Other (specify) 1850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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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 Burch, Andrea, , , MD Date of Receipt Mailing Address 2211 Greene Way Ste 100 2019 City Zip Code State Transaction ID: SA11AI.7964 KY Louisville 40220 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) Dermatopathology Consultants o Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 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 15 2019 City State Zip Code Transaction ID: SA11AI.8035 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 249.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 18 2019 City Zip Code State Transaction ID: SA11AI.8074 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) 466.66 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 Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2019 City Zip Code State Transaction ID: SA11AI.8104 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.65 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 2019 City State Zip Code Transaction ID: SA11AI.8147 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) Frank R. Burns, MD, PLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 499.98 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cooper, J., Gregory, Doctor, MD Date of Receipt Mailing Address 386 Culpepper Drive 2019 City Zip Code State Transaction ID: SA11AI.8030 KY Cynthiana 41031 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) Family Care Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1166.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 15 2019 City Zip Code State Transaction ID: SA11AI.8041 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.34 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 250.02 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 04 18 2019 City State Zip Code Transaction ID: SA11AI.8064 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.34 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 Other (specify) 333.36 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 17 2019 City Zip Code State Transaction ID: SA11AI.8102 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.34 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 416.70 Other (specify) 250.02 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 Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 2019 City Zip Code State Transaction ID: SA11AI.8143 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 83.34 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 500.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Francis, James, Michael, Doctor, MD Date of Receipt Mailing Address 3824 Wyse Square 2019 City State Zip Code Transaction ID: SA11AI.7974 KY Lexington 40510 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lexington Nephrology Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gleis, Gregory, , Doctor, MD Date of Receipt Mailing Address 408 Wynfield Close Ct 2019 City State Zip Code Transaction ID: SA11AI.8006 KY Louisville 40206 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) Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2583.34 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 Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 408 Wynfield Close Ct 2019 City Zip Code State Transaction ID: SA11AI.8007 KY Louisville 40206 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) Retired 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. Harrison, William, C., Doctor, MD Date of Receipt Mailing Address 4045 Foxtail Place 2019 City State Zip Code Transaction ID: SA11AI.8112 KY Owensboro 42303 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) RIC Radiologist 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. Hughes, Kenneth, , , MD Date of Receipt Mailing Address 1611 Fincastle Road 16 2019 City State Zip Code Transaction ID: SA11AI.8099 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Ear Nose & Throat Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 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 Hurley, Philip, , Doctor, MD Date of Receipt Mailing Address 4171 Troy Baril PI 2019 City Zip Code State Transaction ID: SA11AI.8118 KY Owenshoro 42303 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) Orthopaedic & Sports Medicine Owensbor 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. Kirn, David, S., Doctor, MD Date of Receipt Mailing Address 1230 Belmar Ln 04 2019 City State Zip Code Transaction ID: SA11AI.8060 KY Lexington 40515 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) Self 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. Lally, Michael, , Doctor, MD Date of Receipt Mailing Address 2120 Rollingdale Rd 22 2019 City State Zip Code Transaction ID: SA11AI.7963 KY Lexington 40513-1128 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UK Samaritan Hospital ED Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1100.00 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 2019 City Zip Code State Transaction ID: SA11AI.8150 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) Sensible 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. Martin, Kevin, , Doctor, MD Date of Receipt Mailing Address 5788 Brookstone Dr 06 2019 City State Zip Code Transaction ID: SA11AI.8157 OH Cincinnati 45230-3596 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Cranley Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mazloomdoost, Danesh, , Doctor, MD Date of Receipt Mailing Address 715 Shaker Drive #132 17 2019 City Zip Code State Transaction ID: SA11AI.8100 KY Lexington 40504 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 300.00 Other (specify) 650.00 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 Mazloomdoost, Manoocher, , , MD Date of Receipt Mailing Address 755 Lakeshoor Drive 2019 City Zip Code State Transaction ID: SA11AI.7982 KY Lexington 40502 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) Wellward Regenerative Medicine 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. Neils, Eric, , Doctor, MD Date of Receipt Mailing Address 904 Squire Oaks Dr 2019 City State Zip Code Transaction ID: SA11AI.8045 KY Villa Hills 41017-1371 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) Radiology Assoc of No KY 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. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 18 2019 Zip Code City State Transaction ID: SA11AI.8071 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) 675.00 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 Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 2019 18 City Zip Code State Transaction ID: SA11AI.8072 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. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 05 2019 City State Zip Code Transaction ID: SA11AI.8111 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 19 2019 City State Zip Code Transaction ID: SA11AI.8156 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 225.00 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 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 Payne, Vaughn, , , MD Date of Receipt Mailing Address 9900 Corporate Campus Drive Ste 1000 2019 City Zip Code State Transaction ID: SA11AI.8032 KY Louisville 40223 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) Aetna Better Health of KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Payne, Vaughn, , , MD Date of Receipt Mailing Address 9900 Corporate Campus Drive 04 2019 Ste 1000 City State Zip Code Transaction ID: SA11AI.8061 KY Louisville 40223 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) Aetna Better Health of KY 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. Payne, Vaughn, , , MD Date of Receipt Mailing Address 9900 Corporate Campus Drive 13 2019 Ste 1000 City State Zip Code Transaction ID: SA11AI.8097 KY Louisville 40223 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) Aetna Better Health of KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 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 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 Payne, Vaughn, , , MD Date of Receipt Mailing Address 9900 Corporate Campus Drive Ste 1000 13 2019 City Zip Code State Transaction ID: SA11AI.8140 KY Louisville 40223 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) Aetna Better Health of KY 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. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 2019 City State Zip Code Transaction ID: SA11AI.8142 KY Louisville 40207 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) Neonatal Associates PSC 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. Scott, Bruce, Doctor, MD Date of Receipt Mailing Address 7501 Pine Knoll Circle 12 2019 City Zip Code State Transaction ID: SA11AI.7989 KY Prospect 40059 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) Kentuckiana Ear, Nose & Throat PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 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 Stewart, John, P., Doctor, MD Date of Receipt Mailing Address 4200 Lawrenceburg Rd 2019 City Zip Code State Transaction ID: SA11AI.8141 KY Frankfort 40601 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 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. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2019 City State Zip Code Transaction ID: SA11AI.8039 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) 219.00 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 18 2019 City Zip Code State Transaction ID: SA11AI.8067 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) 646.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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35 21 OF Use separate schedule(s) for each category of the 12 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 Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2019 City Zip Code State Transaction ID: SA11AI.8108 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 2019 City State Zip Code Transaction ID: SA11AI.8151 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 15 2019 City Zip Code State Transaction ID: SA11AI.8038 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 219.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional).....

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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 Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2019 18 City Zip Code State Transaction ID: SA11AI.8066 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) 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 05 2019 City State Zip Code Transaction ID: SA11AI.8109 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) 365.00 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 17 2019 City State Zip Code Transaction ID: SA11AI.8152 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 438.00 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 Tran, Tuyen, , Doctor, MD Date of Receipt Mailing Address 216 Colonial Drive 2019 17 City Zip Code State Transaction ID: SA11AI.8101 KY Versailles 40383 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 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 2019 City State Zip Code Transaction ID: SA11AI.8036 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) 249.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 18 2019 City State Zip Code Transaction ID: SA11AI.8073 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 333.32 Other (specify) 2666.66 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 Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 2019 17 City Zip Code State Transaction ID: SA11AI.8105 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 416.65 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 2019 City State Zip Code Transaction ID: SA11AI.8148 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) 499.98 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Watson, Carolyn, Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 11 2019 City State Zip Code Transaction ID: SA11AI.7987 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 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 1300.00 Other (specify) 1466.66 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 Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2019 City Zip Code State Transaction ID: SA11AI.7993 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 225.00 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 2019 City State Zip Code Transaction ID: SA11AI.8025 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) 300.00 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 20 2019 City Zip Code State Transaction ID: SA11AI.8043 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 375.00 Other (specify) 225.00 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 Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2019 City Zip Code State Transaction ID: SA11AI.8047 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 450.00 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 2019 City State Zip Code Transaction ID: SA11AI.8062 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 2019 City Zip Code State Transaction ID: SA11AI.8085 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) 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 13 2019 City Zip Code State Transaction ID: SA11AI.8098 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 2019 City State Zip Code Transaction ID: SA11AI.8114 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. Williams, Fred, A., Doctor, Jr, MD Date of Receipt Mailing Address 430 Twinbrook Rd 22 2019 City Zip Code State Transaction ID: SA11AI.8083 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)..... 18334.00 TOTAL This Period (last page this line number only).....

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\setminus	NAME OF COMMITTEE (In Full)							
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Δ	Full Name (Last, First, Middle Initial)				Date of Disbursement			
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	Mailing Address 11750 Diode Court				02 15 2019			
	City Louisville	State KY	Zip Code 40299		FEC Identification Number			
	Purpose of Disbursement	101	40299		C			
	Printing Expense for Solicitation Mailing			003	Transaction ID	· SB21B 9021		
	Candidate Name			Category/		sbursement this Period		
	Office Sought: House Disburser	ment For:		Туре		1568.58		
	Senate	Primary	General		7	45 45		
	President	Other (spec	cify) 🔻		Memo Item			
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	Mailing Address 11750 Diode Court		05 31	2019				
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	Louisville Purpose of Disbursement	KY	40299		C			
	Printing Expense for solicitation mailing			003	Transaction ID	· SP21B 9126		
	Candidate Name			Category/ Type		sbursement this Period		
	Office Sought: House Disburser	ment For:		туре	1	1313.06		
	Senate	Primary	General		4	4 4		
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	Mailing Address 11750 Diode Court				05 31	2019		
	City	State	Zip Code		FEC Identification N	lumbor		
	Louisville	KY	40299			lumber		
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	Candidate Name			Category/	Transaction ID Amount of Each Dis	: SB21B.8133 sbursement this Period		
	Office Sought: House Disburser	ment For:		Туре		901.73		
	Senate	Primary	General			7-1-1-7-1		
	President	Other (spec	cify) 🔻		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 29 OF 35			
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NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PAC	C(Kentu	cky Physicia	ans PAC Fe	deral-KPPAC Federal)			
Full Name (Last, First, Middle Initial)				Data of Diahuwaanant			
A. Kentucky Medical Association (KM	IA)			Date of Disbursement			
Mailing Address 9300 Shelbyville Road Suite 850				01 15 2019			
,	State KY	Zip Code 40222		FEC Identification Number			
Louisville Purpose of Disbursement	K1	40222					
January Monthly Administration Fee			001	C			
Candidate Name			Category/	Transaction ID : SB21B.7967 Amount of Each Disbursement this Period			
			Type				
	ment For:			780.00			
Senate	Primary	General		_			
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B. Kentucky Medical Association (KM	1Δ)			Date of Disbursement			
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Mailing Address 9300 Shelbyville Road Suite 850							
City	State	Zip Code		FEC Identification Number			
Louisville	KY	40222					
Purpose of Disbursement Reimburse KMA for purchase of KPPAC office sup	plies		001	C			
Candidate Name	•			Transaction ID : SB21B.7968			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		71	28.61			
Senate	Primary	General		4 4 4			
President	Other (spe	ecify)		Memo Item			
State: District:				<u> </u>			
Full Name (Last, First, Middle Initial)				B (B)			
C. Kentucky Medical Association (KM	IA)			Date of Disbursement			
Mailing Address 9300 Shelbyville Road				02 01 2019			
Suite 850				4. 20,0			
City	State	Zip Code		FEC Identification Number			
Louisville	KY	40222					
Purpose of Disbursement Reimburse KMA Postage Expense for solicitation n	nailing		003	C			
Candidate Name				Transaction ID : SB21B.8018			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:			1231.56			
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Kentucky Medical Association PA	AC(Kenti	ucky Physicia	ans PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)	B 4 A \			Date of Diaburgament		
A. Kentucky Medical Association (K	MA)			Date of Disbursement		
Mailing Address 9300 Shelbyville Road Suite 850				02 15 2019		
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40222				
February Administration Fee			001	C		
Candidate Name				Transaction ID : SB21B.8019 Amount of Each Disbursement this F	Dariad	
			Category/ Type	Amount of Each Disbursement this r	renou	
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- Reflucky Wedical Association (N	ivi <i>A)</i>			M M / D D / Y Y Y	Y	
Mailing Address 9300 Shelbyville Road Suite 850		02 15 2019				
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40222				
Advertisement in KMA publication			004	C		
Candidate Name			Category/	Transaction ID: SB21B.8020 Amount of Each Disbursement this F	Pariod	
			Type	Authority of Each Biobardoniche und 1	Criod	
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C. Kentucky Medical Association (K	MA)			Date of Disbursement	V	
Mailing Address 9300 Shelbyville Road Suite 850				03 15 2019		
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40222				
March monthly Administration Fee			001	Transaction ID : SB21B.8050		
Candidate Name			Category/	Amount of Each Disbursement this F	Period	
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	sement For:			780.0	JO	
Senate President	Primary Other (st	General ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
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Full Name (Last, First, Middle Initial)								
A. Kentucky Medical Association (KN	1A)			Date of Disbursement				
Mailing Address 9300 Shelbyville Road Suite 850				03 29 2019				
,	State	Zip Code		FEC Identification Number				
Louisville Purpose of Disbursement	KY	40222						
Reimburse KMA for contributor lapel pin expense			004	C				
Candidate Name				Transaction ID : SB21B.8051				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		71	1048.36				
Senate	Primary	General						
President	Other (spe	ecify) ▼		Memo Item				
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Full Name (Last, First, Middle Initial)	4 A \			Date of Disbursement				
B. Kentucky Medical Association (KM	ΊA)			Mam / Dan / Yayayay				
Mailing Address 9300 Shelbyville Road Suite 850								
City	State	Zip Code		FEC Identification Number				
Louisville	KY	40222						
Purpose of Disbursement Reimburse for monthly subscription (March) to onli	ine design s	software	004	C				
Candidate Name				Transaction ID : SB21B.8123				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:	I	71	9.95				
Senate	Primary	General		4 4 4				
President	Other (spe	ecify)		Memo Item				
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Mailing Address 9300 Shelbyville Road Suite 850				04 15 2019				
	State	Zip Code		FFO Market N. I				
Louisville	KY	40222		FEC Identification Number				
Purpose of Disbursement April Monthly Administration Fee			001	Transaction ID : SB21B.8087				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		1,900	780.00				
Senate	Primary	General		7 7 7				
President	Other (specify) ▼			Memo Item				
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SCHEDULE B (FEC Form 3X)			EOD LINE	LINE NUMBER: PAGE 32 OF 35			
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Kentucky Medical Association PAG	C(Kentu	cky Physicia	ans PAC Fe	deral-KPPAC Federal)			
Full Name (Last, First, Middle Initial)							
A. Kentucky Medical Association (KM	1A)			Date of Disbursement			
Mailing Address 9300 Shelbyville Road Suite 850				05 15 2019			
City Louisville	State KY	Zip Code 40222		FEC Identification Number			
Purpose of Disbursement	101	40222		C			
May Monthly Administrtion Fee			001				
Candidate Name			Category/	Transaction ID : SB21B.8121 Amount of Each Disbursement this Period			
			Type				
	ment For:			780.00			
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Full Name (Last, First, Middle Initial)							
B. Kentucky Medical Association (KM	ΛA)			Date of Disbursement			
				05 31 2019			
Suite 850	Mailing Address 9300 Shelbyville Road Suite 850						
City	State KY	Zip Code		FEC Identification Number			
Louisville Purpose of Disbursement	N I	40222					
Reimburse postage for solicitation mailing			003	C			
Candidate Name			Category/	Transaction ID : SB21B.8130 Amount of Each Disbursement this Period			
			Type				
	ment For:			50.00			
Senate	Primary	General		_			
President State: District:	Other (spe	ecity)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Kentucky Medical Association (KM	1A)			Date of Disbursement			
Mailing Address 2000 OL II III To				M M / D D / Y Y Y Y			
Mailing Address 9300 Shelbyville Road Suite 850				05 31 2019			
City	State	Zip Code		FEC Identification Number			
Louisville	KY	40222					
Purpose of Disbursement Reimburse printing expense for solicitation mailing			003	C			
Candidate Name			Category/	Transaction ID: SB21B.8131 Amount of Each Disbursement this Period			
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	ment For:			30.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 33 OF 35			
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Full Name (Last, First, Middle Initial)				5			
A. Kentucky Medical Association (KM	1A)			Date of Disbursement	Y Y Y Y Y		
Mailing Address 9300 Shelbyville Road Suite 850				05 31	2019		
City	State	Zip Code		FEC Identification Nur	nber		
Louisville Purpose of Disbursement	KY	40222					
Reimburse monthly (April) subscription of online de	esign softwa	are	001	C			
Candidate Name				Transaction ID : 3			
			Category/ Type	Amount of Each Disb	ursement this Period		
Office Sought: House Disburse	ment For:				9.95		
Senate	Primary	General			,		
State: District:	Other (sp	ecify) \blacktriangledown		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Kentucky Medical Association (KN	ΛA)			Date of Disbursement	Y		
Mailing Address 9300 Shelbyville Road Suite 850		05 31	2019				
City Louisville	State KY	Zip Code 40222		FEC Identification Nur	nber		
Purpose of Disbursement	101	40222		С			
Reimburse monthly subscription (May) for online d	lesign softw	rare	001	Transaction ID : \$	R21R 8162		
Candidate Name			Category/	Amount of Each Disb			
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President	Other (sp			п			
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Full Name (Last, First, Middle Initial)							
C. Kentucky Medical Association (KM	1A)			Date of Disbursement			
Mailing Address 9300 Shelbyville Road Suite 850				06 15	2019		
City	State	Zip Code		FEC Identification Nur	nher		
Louisville	KY	40222			11001		
Purpose of Disbursement June Administration Fee			001	Transaction ID :	SB21B.8161		
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period		
Office Sought: House Disburse	ment For:		- 7		780.00		
Senate	Primary	General		4-1-1-	4		
President	Other (specify) ▼			Memo Item			
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ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 34 OF 35 (check only one)		
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NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)				B (B)		
A. Mountjoy Chilton Medley	Date of Disbursement					
Mailing Address 2000 Meidinger Tower 462 S Fourth Street				01 31 2019		
City	State	Zip Code		FEC Identification Number		
Louisville Purpose of Disbursement	KY	40202				
1st payment of yearly audit - year ending 12/31/20	18	001	C			
Candidate Name			Category/	Transaction ID : SB21B.7969 Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		2450.00			
Senate	Primary General					
State: District:	Other (spe	ecity) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)				_		
B. Mountjoy Chilton Medley				Date of Disbursement		
Mailing Address 2000 Meidinger Tower				03 31 2019		
462 S Fourth Street City	State	Zip Code				
Louisville	KY	40202		FEC Identification Number		
Purpose of Disbursement	C					
2nd payment of Audit for year ending 12/31/2018	Transaction ID : SB21B.8052					
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:		Type	2450.00		
Senate Disburse		2-100.00				
President	Primary Other (spe	General ecify)		П., .		
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Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
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For each category of the 2 to 2 so 2 so 2 so 3 or	•			TOTT EINE NOMBER		
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) A. Senate Republican Caucus Campaign Committee Mailing Address PO Box 1068 City Frankfort Fund State	II LIVIIZED DIODONOLIVILIVIO			1 ` `		
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) City Frankfort Frankfort Gariddate Name Office Sought: Full Name (Last, First, Middle Initial) B. Malling Address City Frigose of Disbursement Contribution to the Senate Majority Trust Cariddate Name Office Sought: Full Name (Last, First, Middle Initial) B. Malling Address City State Frimany General Frimany General Frimany Garddate Name Office Sought: Furpose of Disbursement Cariddate Name Office Sought: Furpose of Disb		Dotalieu 31	animary r aye	28a	28b 28c x 29 30b	
NAME OF COMMITTEE (in Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Senate Republican Caucus Campaign Committee Mailing Address PO Box 1068 City State Zip Code Frankfort Contribution to the Senate Majority Trust Candidate Name Office Sought: House President State Senate Disbursement For: 2018 Senate Price of Disbursement Contribution to the Senate Majority Trust Candidate Name Office Sought: House President State City State Zip Code Furpose of Disbursement Candidate Name Category/ Type Office Sought: House President Primary General Date of Disbursement Candidate Name Category/ Type Office Sought: House President Primary General State: District: Full Name (Last, First, Middle Initial) State Zip Code FEC Identification Number Category/ Type Memo Item Date of Disbursement this Period City State Zip Code Furpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General State: District Full Name (Last, First, Middle Initial) City State Zip Code FEC Identification Number Category/ Type Memo Item State Disbursement this Period Memo Item Substructs Mailing Address City State Zip Code FEC Identification Number Category/ Type Memo Item Substructs Memo Item Memo Item						
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A. Senate Republican Caucus Campaign Committee Mailing Address PO Box 1068 City State Zip Code 40802 Primpose of Disbursement Contribution to the Senate Majority Trust Category/ Ype Office Sought:		:(Kentuck	v Physiciai	ns PAC Fa	deral-KPPAC Federal)	
A. Senate Republican Caucus Campaign Committee Mailing Address PO Box 1068 City		(I CHILUCK	y i ilysicial			
Mailing Address PO Box 1068 State Zip Code KY A0602	,				Date of Dichursoment	
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