

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street)

9300 Shelbyville Road

Suite 850

Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00016444

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Couch, Robert, H., Doctor, MD

Type or Print Name of Treasurer

Signature of Treasurer

Couch, Robert, H., Doctor, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		27914.93
(b) Cash on Hand at Beginning of Reporting Period.....	27914.93	
(c) Total Receipts (from Line 19)	24793.60	24793.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	52708.53	52708.53
7. Total Disbursements (from Line 31).....	18790.55	18790.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33917.98	33917.98
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. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	9

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16290.55	16290.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16290.55	16290.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2500.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18790.55	18790.55
32. 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

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)	24791.00	24791.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24791.00	24791.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	16290.55	16290.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	16290.55	16290.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 35

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

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

A. Alvarado, Ralph, , Doctor, MD

Mailing Address 3520 McClure Road

City
Winchester

State
KY

Zip Code
40391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winchester Medical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11AI.8033

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alvarado, Ralph, , Doctor, MD

Mailing Address 3520 McClure Road

City
Winchester

State
KY

Zip Code
40391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winchester Medical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.8076

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alvarado, Ralph, , Doctor, MD

Mailing Address 3520 McClure Road

City
Winchester

State
KY

Zip Code
40391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winchester Medical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2019

Transaction ID : SA11AI.8113

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 7 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alvarado, Ralph, , Doctor, MD

Mailing Address 3520 McClure Road

City
Winchester

State
KY

Zip Code
40391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winchester Medical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11Al.8144

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bensema, David, J., Doctor, MD

Mailing Address 2108 Woodmont Drive

City
Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Baptist Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11Al.8026

Amount of Each Receipt this Period

875.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bensema, Marian, E., Doctor, MD

Mailing Address 2108 Woodmont Drive

City
Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pathology & Cytology Labs

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11Al.8027

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

1850.00

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 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burch, Andrea, , , MD

Mailing Address 2211 Greene Way Ste 100

City
Louisville

State
KY

Zip Code
40220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatopathology Consultants o

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2019

Transaction ID : SA11AI.7964

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Frank, , , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frank R. Burns, MD, PLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11AI.8035

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Frank, , , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frank R. Burns, MD, PLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.8074

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

466.66

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

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

FOR LINE NUMBER: PAGE 9 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Frank R. Burns, MD, PLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11Al.8104

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Frank R. Burns, MD, PLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11Al.8147

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cooper, J., Gregory, Doctor, MD

Mailing Address 386 Culpepper Drive

City
Cynthiana

State
KY

Zip Code
41031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Family Care Associates

Occupation (for Individual)

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 Y
03 / 07 / 2019

Transaction ID : SA11Al.8030

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1166.66

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

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

FOR LINE NUMBER: PAGE 10 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Couch, Robert, H., Doctor, MD

Mailing Address 10606 Hobbs Station Road

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Emerg Med Specialists PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Couch, Robert, H., Doctor, MD

Mailing Address 10606 Hobbs Station Road

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Emerg Med Specialists PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.8064

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Couch, Robert, H., Doctor, MD

Mailing Address 10606 Hobbs Station Road

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Emerg Med Specialists PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11AI.8102

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

250.02

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

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

PAGE 11 OF 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Couch, Robert, H., Doctor, MD

Mailing Address 10606 Hobbs Station Road

City
LouisvilleState
KYZip Code
40223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Emerg Med Specialists PSCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	17	2019

Transaction ID : SA11Al.8143

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Francis, James, Michael, Doctor, MD

Mailing Address 3824 Wyse Square

City
LexingtonState
KYZip Code
40510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Nephrology AssociatesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2019

Transaction ID : SA11Al.7974

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Gleis, Gregory, , Doctor, MD

Mailing Address 408 Wynfield Close Ct

City
LouisvilleState
KYZip Code
40206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	21	2019

Transaction ID : SA11Al.8006

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

2583.34

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:
(check only one)

PAGE 12 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gleis, Linda, , Doctor, MD

Mailing Address 408 Wynfield Close Ct

City
Louisville

State
KY

Zip Code
40206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : SA11Al.8007

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harrison, William, C., Doctor, MD

Mailing Address 4045 Foxtail Place

City

Owensboro

State
KY

Zip Code
42303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RIC

Occupation (for Individual)

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11Al.8112

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hughes, Kenneth, , , MD

Mailing Address 1611 Fincastle Road

City

Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kentucky Ear Nose & Throat

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2019

Transaction ID : SA11Al.8099

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1300.00

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

PAGE 13 OF 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hurley, Philip, , Doctor, MD

Mailing Address 4171 Troy Baril Pl

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic & Sports Medicine Owensbor

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
05	31	2019

Transaction ID : SA11Al.8118

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirn, David, S., Doctor, MD

Mailing Address 1230 Belmar Ln

City

Lexington

State

KY

Zip Code

40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
04	01	2019

Transaction ID : SA11Al.8060

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lally, Michael, , Doctor, MD

Mailing Address 2120 Rollingdale Rd

City

Lexington

State

KY

Zip Code

40513-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UK Samaritan Hospital ED

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
01	22	2019

Transaction ID : SA11Al.7963

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 14 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sensible Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11Al.8037

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sensible Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11Al.8068

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sensible Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11Al.8107

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sensible Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Kevin, , Doctor, MD

Mailing Address 5788 Brookstone Dr

City
Cincinnati

State
OH

Zip Code
45230-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Cranley Surgical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : SA11AI.8157

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mazloomdoost, Danesh, , Doctor, MD

Mailing Address 715 Shaker Drive #132

City
Lexington

State
KY

Zip Code
40504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11AI.8100

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

650.00

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 16 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mazloomdoost, Manoocher, , , MD

Mailing Address 755 Lakeshore Drive

City
LexingtonState
KYZip Code
40502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wellward Regenerative MedicineOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neils, Eric, , Doctor, MD

Mailing Address 904 Squire Oaks Dr

City
Villa HillsState
KYZip Code
41017-1371FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Assoc of No KYOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2019

Transaction ID : SA11AI.8045

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oakley, Judy, , Mrs.,

Mailing Address 205 Bellefonte Drive

City
AshlandState
KYZip Code
41101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

675.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oakley, Maurice, , Doctor, MD

Mailing Address 205 Bellefonte Drive

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashland Advanced Eye Care Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11Al.8072

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11Al.8111

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2019

Transaction ID : SA11Al.8156

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

225.00

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

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FOR LINE NUMBER: PAGE 18 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Payne, Vaughn, , , MD

Mailing Address 9900 Corporate Campus Drive
Ste 1000

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aetna Better Health of KY

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2019

Transaction ID : SA11AI.8032

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Payne, Vaughn, , , MD

Mailing Address 9900 Corporate Campus Drive
Ste 1000

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aetna Better Health of KY

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2019

Transaction ID : SA11AI.8061

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Payne, Vaughn, , , MD

Mailing Address 9900 Corporate Campus Drive
Ste 1000

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aetna Better Health of KY

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2019

Transaction ID : SA11AI.8097

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Payne, Vaughn, , , MD

Mailing Address 9900 Corporate Campus Drive
Ste 1000

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aetna Better Health of KY

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11AI.8140

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, Bruce, , Doctor, MD

Mailing Address 7501 Pine Knoll Circle

City
Prospect

State
KY

Zip Code
40059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kentuckiana Ear, Nose & Throat PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11AI.7989

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1100.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, John, P., Doctor, MD

Mailing Address 4200 Lawrenceburg Rd

City
Frankfort

State
KY

Zip Code
40601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2019

Transaction ID : SA11Al.8141

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Elizabeth Family Practice Residency

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11Al.8039

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Elizabeth Family Practice Residency

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11Al.8067

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

646.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11Al.8108

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11Al.8151

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11Al.8038

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

219.00

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

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

FOR LINE NUMBER: PAGE 22 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired PhysicianOccupation (for Individual)
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.8066

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired PhysicianOccupation (for Individual)
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11AI.8109

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired PhysicianOccupation (for Individual)
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2019

Transaction ID : SA11AI.8152

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

219.00

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:
(check only one)

PAGE 23 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tran, Tuyen, , Doctor, MD

Mailing Address 216 Colonial Drive

City
Versailles

State
KY

Zip Code
40383

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11Al.8101

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11Al.8036

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11Al.8073

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

2666.66

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

PAGE 24 OF 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
LexingtonState
KYZip Code
40513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PhysicianOccupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	D D	Y Y Y Y
05	17	2019

Transaction ID : SA11Al.8105

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
LexingtonState
KYZip Code
40513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PhysicianOccupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	17	2019

Transaction ID : SA11Al.8148

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watson, Carolyn, , Doctor, MD

Mailing Address 2501 Kentucky Ave

City
PaducahState
KYZip Code
42003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pathology Associates of Paducah PSCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M	D D	Y Y Y Y
02	11	2019

Transaction ID : SA11Al.7987

Amount of Each Receipt this Period

1300.00

☐ Memo Item

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

1466.66

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 25 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2019

Transaction ID : SA11AI.8025

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

Transaction ID : SA11AI.8043

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

225.00

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 26 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2019

Transaction ID : SA11AI.8047

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11AI.8062

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : SA11AI.8085

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

225.00

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 27 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2019

Transaction ID : SA11Al.8098

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2019

Transaction ID : SA11Al.8114

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Fred, A., Doctor, Jr, MD

Mailing Address 430 Twinbrook Rd

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endocrine & Diabetes AssociatesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2019

Transaction ID : SA11Al.8083

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

400.00

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

18334.00

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

PAGE 28 OF 35

☒ 21b ☐ 22 ☐ 23 ☐ 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)

Full Name (Last, First, Middle Initial)

A. Highnote

Mailing Address 11750 Diode Court

City
LouisvilleState
KYZip Code
40299Purpose of Disbursement
Printing Expense for Solicitation Mailing

003

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8021

Amount of Each Disbursement this Period

1568.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Highnote

Mailing Address 11750 Diode Court

City
LouisvilleState
KYZip Code
40299Purpose of Disbursement
Printing Expense for solicitation mailing

003

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8126

Amount of Each Disbursement this Period

1313.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Highnote

Mailing Address 11750 Diode Court

City
LouisvilleState
KYZip Code
40299Purpose of Disbursement
Postage for Solicitation Mailing

003

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8133

Amount of Each Disbursement this Period

901.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3783.37

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

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

PAGE 29 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
January Monthly Administration Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.7967

Amount of Each Disbursement this Period

780.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse KMA for purchase of KPPAC office supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.7968

Amount of Each Disbursement this Period

28.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse KMA Postage Expense for solicitation mailing

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.8018

Amount of Each Disbursement this Period

1231.56

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

2040.17

**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 30 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
February Administration Fee

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8019

Amount of Each Disbursement this Period

780.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Advertisement in KMA publication

004

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8020

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
March monthly Administration Fee

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8050

Amount of Each Disbursement this Period

780.00

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

2010.00

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

PAGE 31 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse KMA for contributor lapel pin expense

004

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8051

Amount of Each Disbursement this Period

1048.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse for monthly subscription (March) to online design software

004

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8123

Amount of Each Disbursement this Period

9.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2019

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
April Monthly Administration Fee

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8087

Amount of Each Disbursement this Period

780.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1838.31

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

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

PAGE 32 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
May Monthly Administration Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8121

Amount of Each Disbursement this Period

780.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse postage for solicitation mailing

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				3	1		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8130

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse printing expense for solicitation mailing

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				3	1		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.8131

Amount of Each Disbursement this Period

30.00

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

860.00

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

PAGE 33 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse monthly (April) subscription of online design software

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8132

Amount of Each Disbursement this Period

9.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Reimburse monthly subscription (May) for online design software

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8162

Amount of Each Disbursement this Period

9.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	9		

Mailing Address 9300 Shelbyville Road
Suite 850City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
June Administration Fee

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.8161

Amount of Each Disbursement this Period

780.00

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

799.90

**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 34 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Full Name (Last, First, Middle Initial)

A. Mountjoy Chilton MedleyMailing Address 2000 Meidinger Tower
462 S Fourth StreetCity
LouisvilleState
KYZip Code
40202Purpose of Disbursement
1st payment of yearly audit - year ending 12/31/2018

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.7969

Amount of Each Disbursement this Period

2450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mountjoy Chilton MedleyMailing Address 2000 Meidinger Tower
462 S Fourth StreetCity
LouisvilleState
KYZip Code
40202Purpose of Disbursement
2nd payment of Audit for year ending 12/31/2018

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.8052

Amount of Each Disbursement this Period

2450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

4900.00

16231.75

**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 35 OF 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Senate Republican Caucus Campaign Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	9		

Mailing Address PO Box 1068

City
FrankfortState
KYZip Code
40602Purpose of Disbursement
Contribution to the Senate Majority Trust

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2019

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.8125

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

☐
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

☐
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

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

2500.00