01/30/2009 11:14

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Othe	er Than An Auth	orized Comm	nittee		Office Use Only	,
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT ₩	Example:If typover the lines	ping, type			
Kentucky Medical As	sociation PAC (Ken	tucky Physicians PA	C Federal-KPPAC	C Federal)			
ADDRESS (number and st	reet) <u> </u>	S Highway 42					
Check if differer	nt Suite 20)00 					
than previously reported. (ACC)	Louisvil	le 			L _Y	40222]
2. FEC IDENTIFICATIO	ON NUMBER 🖫	CIT	YA	5	STATE A	ZIPCO	ODE A
C00016444		3. IS	THIS X	NEW (N) OR	AN (A)	IENDED	
4. TYPE OF REPOF (Choose One)	`´ Re	eport Feb	20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	-	ue On: Mar	20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct	20 (M10) X	Jan 31 (YE)
Quarterly F July 15	leport(Q1) (c)	12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly F	eport(Q2)	PRE -Election Report for the:	Convention	on (12C)	Special (1	2G)	
October 15 Quarterly F		report for the.	Convention	511 (120)	Opeciai (1	20)	
January 31 Quarterly F	deport(YE)	Election	n on			in the State	
July 31 Mic Report(Nor Year Only)	n-election (d) (MY)	30-Day Post -Election Report for the:	General (30G)	Runoff (3	0R)	Special (30S)
Termination (TER)	n Report	Election	n on			in the State	
5. Covering Period	11 25	2008	throug	gh 12	3 1	2008]
I certify that I have examin	ed this Report and	to the best of my kno	wledge and belief	it is true, correct a	and complete.		
Type or Print Name of Tre	asurer Susan	Bornstein					
Signature of Treasurer	Electronically Filed	by Susan Bornste	ein	Da	ate 0 1	30	2009
NOTE : Submission of fal	se, erroneous, or in	complete information	may subject the p	person signing this	Report to the	penalties of 2 U	J.S.C 437g.
Office Use						FEC FOI (Rev. 12/2	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	25 2008	To: 1 2 3 1 7 9 9 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		26643.47
	(b) Cash on Hand at Begining of Reporting Period	35191.66	
	(c) Total Receipts (from Line 19)	7461.28	103477.29
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42652.94	130120.76
7.	Total Disbursements (from Line 31)	1376.34	94566.96
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41276.60	35553.80
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

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

Report Covering the Period: From:	25 2008	To: 12^{M} 31 2008				
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)	1250.00	36200.00				
(ii) Unitemized	1170.00	60275.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2420.00	96475.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2420.00	96475.00				
12. Transfers From Affiliated/Other Party Committees	5022.80	5022.80				
13. All Loans Received	0.00	0.00				
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1728.31				
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00				
17. Other Federal Receipts (Dividends, Interest, etc.)	18.48	251.18				
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 	0.00					
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00				
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7461.28	103477.29				
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7461.28	103477.29				

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	916.34	31856.36
(c) Total Operating Expenditures	916.34	31856.36
(add 21(a)(i), (a)(ii) and (b)) Transfers to Affiliated/Other Party	910.04	31030.30
CommitteesContributions to	460.00	52340.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
Independent Expenditure (use Schedule E)	0.00	10370.60
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
. Loan Repayments Made		
Loans Made Refunds of Contributions To:	0.00	0.00
(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
	0.00	0.00
O. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	1070.01	0.4500.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1376.34	94566.96
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1376.34	94566.96
115111 E1110 01 j	1070.04	07000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	2420.00	96475.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2420.00	96475.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	916.34	31856.36
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1728.31
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	916.34	30128.05

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В.

PAGE 6/11 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 l 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 (Last, First, Middle Initial) Kentucky Urological Association Date of Receipt Mailing Address Suite 203 12 04 2008 City State Zip Code Transaction ID: A83392114F5444829949 Louisville KY 40215 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Non-for-Profit, Not Regis-Name of Employer Occupation tered Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Baretta R. Casey, Md, Mph Date of Receipt Mailing Address 171 Cedar Hills Dr 29 2008 City Transaction ID: A3911421AFF7B46B1B48 State Zip Code **Pikeville** KY 41501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer UK Center for Rural Health Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

1000.00

SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	•	1250.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (I	Kentucky Physicians PAC Federal-KPP	AC Federal)
Full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kentucky F	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 4965 US Highway 42 Suite 2000		12 01 2008
City	State Zip Code	Transaction ID: AE840005F31C44F1FA35
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00016444	5022.80
Name of Employer	Occupation	Transfer funds to KPPAC-S-tate
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5022.80	

SUBTOTAL of Receipts This Page (optional)	•	5022.80
TOTAL This Period (last page this line number only)	•	5022.80

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 11
	,		Use separate schedule(s) for each category of the	(check only one)
· ·	ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and S or for commercial purposes, other than using the $$	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	entucky Phy	sicians PAC Federal-KPPAC	Federal)
Α.	Full Name (Last, First, Middle Initial) PNC Bank			Date of Receipt
	Mailing Address 2500 Lime Kiln Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: ACB866AFB64D8485C9A4
	<u>Louisville</u>	KY	40222-6240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		13.53
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 251.18	
В.	Full Name (Last, First, Middle Initial) PNC Bank			Date of Receipt
	Mailing Address 2500 Lime Kiln Lane			1 2 1 6 2 0 0 8
	City	State	Zip Code	Transaction ID: AD94EFC0A92324A02A61
	Louisville	KY	40222-6240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4.95
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 251.18	

SUBTOTAL of Receipts This Page (optional)	•	18.48
TOTAL This Period (last page this line number only)	•	18.48

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE (check only one)		GE 9/1	1	_			
ITEMIZED DISBURSEMENTS		category of the Summary Page	1 –	21b 27	22 28a	23 28b	24 28c	25 29	$\boldsymbol{\sqcup}$	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									s	
NAME OF COMMITTEE (In Full)										
Kentucky Medical Association PAC (Kentu	icky Physic	cians PAC Fed	leral-l	KPPAC	Federal)					
Full Name (Last, First, Middle Initial)							BD3A6	0EAEF	57241	D
Kentucky Medical Association					Date of			YY	Υ	
Mailing Address 4965 US Highway 42 Suite 2000					12	1	6 / Y	ž 0 ŏ	В	
City Louisville	State KY	Zip Code 40222-6379			Amount	of Each	Disburse	ment this	Period	Ξ
Purpose of Disbursement		10222 0070		-				584.0	0	
December 2008 Admin. Fee										
Candidate Name				egory/ ype						
Office Sought: House Disburse Senate	ement For: Primary	General								
President	Other (spe									
State: District:										
Full Name (Last, First, Middle Initial) Marshall E. White, III					Transac Date of		B14CE	0605B4E	07045	70
Mailing Address 1304 S. 6th St					1 ^M 2 M		6 / Y	ž 0 0	8 ^Y	
City Louisville	State KY	Zip Code 40206			Amount	of Each	Disburse	ment this	Period	_
Purpose of Disbursement	IXI	40200	_	-	1			100.0	0	
12/08 Political Consulting Fee										
Candidate Name				egory/ ype						
	ement For:	Cananal								
Senate President	Primary Other (spe	General								
State: District:		,, v								
Full Name (Last, First, Middle Initial) PNC Bank					Transac Date of		B51BF	D5AD57	74242	A:
Mailing Address 2500 Lime Kiln Lane					1 ^M 2 M	/ D	6 / Y	ž 0 0	8 ^Y	
	State	Zip Code			Amount	of Each	Disburse	ment this	Period	
Louisville Purpose of Disbursement	KY	40222-6240			-			133.0	4	٦
credit card merchant fees										_
Candidate Name				egory/ ype						
	ement For:									
Senate President	Primary Other (spe	General cify)								
State: District:	(-	<i>→</i> , ▼								
SUBTOTAL of Disbursements This Page (optional)				▶				817.0	4	
TOTAL This Period (last page this line number only)	_ 			. •		-			•	٦
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 10 / 11
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 22	23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC (Kent	ucky Physicians PAC Federa	al-KPPAC Federal)	
Full Name (Last, First, Middle Initial)		Transactio	on ID: BBF084434EDB14BAB8C
Kentucky Medical Association			sbursement
Mailing Address 4965 US Highway 42 Suite 2000		1 2	1 6 Y 2 0 0 8 Y
City Louisville	State Zip Code KY 40222-6379	Amount of	Each Disbursement this Period
Purpose of Disbursement Reimburse KMA for Fedex Delivery Charge to Co	ongressman Davis and Terri Folk,	AMPAC, Conference Call	98.42
Candidate Name		Category/ Type	
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)		

						00 42	\neg
SUBTOTAL of Disbursements This Page (optional)						98.42	
			-				
TOTAL This Period (last page this line number only)	•				_	915.46	

		Use separate schedule(s) FOR LIN (check or							H:			PAGE 11 / 11						
MIZED DIS	BURSEMENT	S		category of the Summary Page				Ĺ	· ′ •		23 28b	Н	24 28c	Н	25 29		26 30b	
	,	C (Kentuck	ky Physic	cians PAC Fe	deral	l-Kl	PPAC	Fe	deral)									
, .	cal PAC 25 Massachuset	ts Ave, NV	N						Date o	of D		eme	nt				4F8A	۱FE
ty 'ashington				Zip Code 20001-7400)				Amou	nt o	f Each	Dis	burser	-		-	d	
ansfer to Affiliate														. 4	100.00	,		
andidate Name					1	_												
fice Sought:	House Senate President	F	Primary	General ecify) ▼														
	formation copied commercial purp AME OF COMM entucky Medical Il Name (Last, Formerican Medical ailing Address ashington prose of Disburansfer to Affiliate andidate Name	formation copied from such Reports a commercial purposes, other than using AME OF COMMITTEE (In Full) entucky Medical Association PAGE II Name (Last, First, Middle Initial) merican Medical PAC ailing Address 25 Massachuset Suite 600 cy ashington repose of Disbursement ansfer to Affiliated PAC undidate Name The provided House Senate President	formation copied from such Reports and Stateme commercial purposes, other than using the name to ME OF COMMITTEE (In Full) Entucky Medical Association PAC (Kentucle II Name (Last, First, Middle Initial) Entucky Medical PAC II Name (Last, First, Middle Initial) Entucky Medical PAC II Name (Last, First, Middle Initial) Entucky Medical PAC Saliting Address 25 Massachusetts Ave, NV Suite 600 Expressed of Disbursement ansfer to Affiliated PAC Indidate Name Fice Sought: House Senate President	formation copied from such Reports and Statements may no commercial purposes, other than using the name and address AME OF COMMITTEE (In Full) entucky Medical Association PAC (Kentucky Physical In Name (Last, First, Middle Initial) merican Medical PAC ailing Address 25 Massachusetts Ave, NW Suite 600 Ey State ashington DC Tryose of Disbursement ansfer to Affiliated PAC undidate Name Fice Sought: House Disbursement For: Senate Primary Other (specification) Other (specification) Other (specification)	formation copied from such Reports and Statements may not be sold or use commercial purposes, other than using the name and address of any political AME OF COMMITTEE (In Full) entucky Medical Association PAC (Kentucky Physicians PAC Feel II Name (Last, First, Middle Initial) merican Medical PAC alling Address 25 Massachusetts Ave, NW Suite 600 State Zip Code ashington DC 20001-7400 repose of Disbursement ansfer to Affiliated PAC undidate Name Disbursement For: Senate Primary General Other (specify)	formation copied from such Reports and Statements may not be sold or used by commercial purposes, other than using the name and address of any political contained by commercial purposes, other than using the name and address of any political contained by the commercial purposes, other than using the name and address of any political contained by the commercial purpose of any political contained by the commercial part of the commerci	formation copied from such Reports and Statements may not be sold or used by any commercial purposes, other than using the name and address of any political commit AME OF COMMITTEE (In Full) entucky Medical Association PAC (Kentucky Physicians PAC Federal-Klub II Name (Last, First, Middle Initial) merican Medical PAC alling Address 25 Massachusetts Ave, NW Suite 600 State Zip Code ashington DC 20001-7400 repose of Disbursement ansfer to Affiliated PAC undidate Name Disbursement For: Senate Primary General Other (specify) Other (specify)	Tormation copied from such Reports and Statements may not be sold or used by any person commercial purposes, other than using the name and address of any political committee to state of the such that the name and address of any political committee to state of the name and address of any political committee to state of the name and address of any political committee to state of the name and address of any political committee to state of the name and address of any political committee to state of the name and address of any political committee to state of the name of the name and address of any political committee to state of the name	Tormation copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to solice the commercial purposes, other than using the name and address of any political committee to solice the commercial purposes, other than using the name and address of any political committee to solice the commercial purposes, other than using the name and address of any political committee to solice the committee the c	Detailed Summary Page 21b X 22 28a 27 28a 27 28a 27 28a 27 28a 27 28a 27 28a 28 27 28a 28 27 28a 28 27 28a 28 28 27 28a 28 27 28a 28 27 28a 28 28 27 28 28 28 27 28 28 28 27 28 28 28 27 28 28 28 27 28 28 28 28 29 20 3 4 5 6 7	Detailed Summary Page 21b X 22 28a 27 28a 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 28 27 28a 28 28 27 28a 28 28a 28 28 29 28 20	Detailed Summary Page 21b X 22 23 28b 27 28a 28b 28b 27 28a 28b 28c 28c 28c 28c 28c 27 28a 28c 28c	Detailed Summary Page 21b X 22 23 28a 28b 27 28a 28b 28a 28	Detailed Summary Page	Detailed Summary Page	Detailed Summary Page 21b X 22	Detailed Summary Page	Detailed Summary Page

	400.00	\neg	
SUBTOTAL of Disbursements This Page (optional)	>	460.00	
TOTAL This Period (last page this line number only)		460.00	