

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

Office Use Only

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

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

25

2008

through

12

31

2008

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

Type or Print Name of Treasurer

Susan Bornstein

Signature of Treasurer

Electronically Filed by Susan Bornstein

Date

01

30

2009

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		26643.47
(b) Cash on Hand at Beginning of Reporting Period	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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41276.60	35553.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1250.00	36200.00
(i) Itemized (use Schedule A)	1170.00	60275.00
(ii) Unitemized	2420.00	96475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	2420.00	96475.00
12. Transfers From Affiliated/Other Party Committees	5022.80	5022.80
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1728.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	18.48	251.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7461.28	103477.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7461.28	103477.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

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

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Urological Association

Mailing Address Suite 203

City

Louisville

State

KY

Zip Code

40215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A83392114F5444829949

Amount of Each Receipt this Period

1000.00

Non-for-Profit, Not Registered

B.

Full Name (Last, First, Middle Initial)

Baretta R. Casey, Md, Mph

Mailing Address 171 Cedar Hills Dr

City

Pikeville

State

KY

Zip Code

41501

FEC ID number of contributing
federal political committee.

C

Name of Employer
UK Center for Rural Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: A3911421AFF7B46B1B48

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

1250.00

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

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

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

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

Mailing Address 4965 US Highway 42
Suite 2000

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C C00016444

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5022.80

Date of Receipt

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

Transaction ID: AE840005F31C44F1FA35

Amount of Each Receipt this Period

5022.80

Transfer funds to KPPAC-S-
tate

SUBTOTAL of Receipts This Page (optional)

5022.80

TOTAL This Period (last page this line number only)

5022.80

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

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

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.18

Date of Receipt

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

Transaction ID: ACB866AFB64D8485C9A4

Amount of Each Receipt this Period

13.53

B.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.18

Date of Receipt

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

Transaction ID: AD94EFC0A92324A02A61

Amount of Each Receipt this Period

4.95

SUBTOTAL of Receipts This Page (optional)

18.48

TOTAL This Period (last page this line number only)

18.48

**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 9 / 11

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

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NAME OF COMMITTEE (In Full)

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

A.	Transaction ID: BD3A60EAEF57241D882E Date of Disbursement																				
Full Name (Last, First, Middle Initial) Kentucky Medical Association Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	8												
City Louisville State KY Zip Code 40222-6379 Purpose of Disbursement December 2008 Admin. Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>584.00</td> </tr> </table>	584.00																			
584.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B.	Transaction ID: B14CD605B4D704570B61 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Marshall E. White, III Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	8												
City Louisville State KY Zip Code 40206 Purpose of Disbursement 12/08 Political Consulting Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C.	Transaction ID: B51BFD5AD574242A3923 Date of Disbursement																				
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	8												
City Louisville State KY Zip Code 40222-6240 Purpose of Disbursement credit card merchant fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>133.04</td> </tr> </table>	133.04																			
133.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>817.04</td> </tr> </table>	817.04																			
817.04																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City State Zip Code
Louisville KY 40222-6379

Purpose of Disbursement

Reimburse KMA for Fedex Delivery Charge to Congressman Davis and Terri Folk, AMPAC, Conference Call

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BBF084434EDB14BAB8C3

Date of Disbursement

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

Amount of Each Disbursement this Period

98.42

SUBTOTAL of Disbursements This Page (optional)

98.42

TOTAL This Period (last page this line number only)

915.46

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

American Medical PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B1D3BDE9E8C244F8AAFB

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2008

Amount of Each Disbursement this Period

460.00

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

460.00