

**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)

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2014

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 Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 26 2015

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 Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">73079.13</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">64378.39</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">2316.36</span>	<span style="border: 1px solid black; padding: 2px;">56233.25</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">66694.75</span>	<span style="border: 1px solid black; padding: 2px;">129312.38</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">-258.60</span>	<span style="border: 1px solid black; padding: 2px;">62359.03</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">66953.35</span>	<span style="border: 1px solid black; padding: 2px;">66953.35</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	4

**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).....

1699.00

39786.36

(ii) Unitemized .....

616.00

15436.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2315.00

55222.92

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2315.00

56222.92

## 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.).....

1.36

10.33

## 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)).....▶

2316.36

56233.25

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2316.36

56233.25

**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) 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 .....	741.40	24059.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	741.40	24059.03
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 (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 .....	-1000.00	38300.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	-258.60	62359.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-258.60	62359.03

**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) .....	2315.00	56222.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2315.00	56222.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	741.40	24059.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	741.40	24059.03

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

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

FOR LINE NUMBER: PAGE 6 OF 10  
(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 (Last, First, Middle Initial)

## **A. Doctor Ralph Alvarado 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  
Winchester Medical Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

Transaction ID : SA11AI.5912

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Mrs. Aroona Dave**

Mailing Address 807 Shamrock Dr

City Madisonville State KY Zip Code 42431-8646

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Mark Gutowski MD**

Mailing Address 5 Mount Pleasant Lane

City Fort Thomas State KY Zip Code 41075

FEC ID number of contributing federal political committee.

C

Name of Employer  
Head & Neck Surgery Assoc PSC

Occupation  
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  
12 / 29 / 2014

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period

250.00

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

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

650.00

# **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 10  
(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 (Last, First, Middle Initial)

## **A. Doctor Leland Irwin MD**

Mailing Address 3800 Saddlecreek Lane

City Lexington State KY Zip Code 40515

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Emergency Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 05 / 2014

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Doctor John Johnstone MD**

Mailing Address 819 W. Main Street

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 18 / 2014

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **c. Doctor B. Oliapuram Jose MD**

Mailing Address 529 S Jackson St

City Louisville State KY Zip Code 40202

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 31 / 2014

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

150.00

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

675.00

**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 10  
(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 (Last, First, Middle Initial)

## **A. Doctor Eric Lydon MD**

Mailing Address 2000 Long Knife Ct

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Psychiatric Services

Occupation  
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  
12 18 2014

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Mrs. Kimberly Moser**

Mailing Address 3216 High Ridge Dr

City State Zip Code  
Taylor Mill KY 41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Doctor Neal J. Moser MD**

Mailing Address 3216 High Ridge Drive

City State Zip Code  
Taylor Mill KY 41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Elizabeth Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

Transaction ID : SA11AI.5909

Amount of Each Receipt this Period

50.00

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

200.00

**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 9 OF 10

☒ 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 (Last, First, Middle Initial)

## **A. Doctor H Michael Oghia MD**

Mailing Address 4538 Highway 15 South

City State Zip Code  
Jackson KY 41339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Urology Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. Doctor Donald Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
Union KY 41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Elizabeth Family Practice Residency

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

**Transaction ID : SA11AI.5910**

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

## **c. Doctor Nancy Swikert MD**

Mailing Address 10003 Country Hills Ct

City State Zip Code  
Union KY 41091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired Physician

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2014

**Transaction ID : SA11AI.5911**

Amount of Each Receipt this Period

72.00

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

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

174.00

1699.00

**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 10 OF 10

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

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NAME OF COMMITTEE (In Full)

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

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
1	2	3		4	5	6		7	8	9	0	1	2
12				15				2014					

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
December Administration Fee

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.5927**

Amount of Each Disbursement this Period

670.00

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

State: District:

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
1	2	3		4	5	6		7	8	9	0	1	2
12				31				2014					

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse KMA for postage

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.5929**

Amount of Each Disbursement this Period

35.18

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

State: District:

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
1	2	3		4	5	6		7	8	9	0	1	2
12				31				2014					

Mailing Address 4965 US Hwy 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Reimburse KMA for monthly conference call meeting charge

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.5931**

Amount of Each Disbursement this Period

36.22

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

State: District:

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

741.40

741.40