

**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

01

01

2011

through

06

30

2011

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

David R Watkins, MD

Signature of Treasurer

Electronically Filed by David R Watkins, MD

Date

07

20

2011

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
0 1 D D
0 1 Y Y Y Y
2 0 1 1 To: M M
0 6 D D
3 0 Y Y Y Y
2 0 1 1

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1 | | 37991.16 |
| (b) Cash on Hand at Beginning of Reporting Period | 37991.16 | |
| (c) Total Receipts (from Line 19) | 29610.50 | 29610.50 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 67601.66 | 67601.66 |
| 7. Total Disbursements (from Line 31) | 17952.78 | 17952.78 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 49648.88 | 49648.88 |
| 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 | W | Y |
| 0 | 1 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 1 | 1 |

| 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) | 17150.00 | 17150.00 |
| (ii) Unitemized | 12445.00 | 12445.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 29595.00 | 29595.00 |
| (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) | 29595.00 | 29595.00 |
| 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.) | 15.50 | 15.50 |
| 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)) | 29610.50 | 29610.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 29610.50 | 29610.50 |

| 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) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 17807.78 | 17807.78 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 17807.78 | 17807.78 | |
| 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 Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 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..... | 145.00 | 145.00 | |
| 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)).. | 17952.78 | 17952.78 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17952.78 | 17952.78 | |

| 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) | 29595.00 | 29595.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 29595.00 | 29595.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 17807.78 | 17807.78 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 17807.78 | 17807.78 |

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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)

Dr. Donald C. Barton, Md

Mailing Address 1014 Circle Dr

City

Corbin

State

KY

Zip Code

40701-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald C. Barton, MD

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: AD04028514ED4434C90E

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Gregory E. Gleis, Md

Mailing Address 531 Primrose Way

City

Louisville

State

KY

Zip Code

40206-2958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellis & Badenhausen Ortho-
paedics PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: AC5BEEDAC238A4001824

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Beasley, Md

Mailing Address 132 Arbor Crest Dr

City

Mayfield

State

KY

Zip Code

42066-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayfield Radiologists PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: A230EDF0B813D42EAAAF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 7 / 22

(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)

Richard J. Heuer, Md

Mailing Address 8 Foresthills Ct

City

Ashland

State

KY

Zip Code

41101-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: AA20DD5AD169A4C5B90A

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Linda H. Gleis, Md

Mailing Address VAMC PM & R (117)
800 Zorn Ave

City

Louisville

State

KY

Zip Code

40206-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: ABD5D5D893E774A328F5

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wally O. Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: A759AC03044994300A19

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

1675.00

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 / 22

(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)

Kathy Robinson

Mailing Address 111 Crystal Lane

City

Ryland Heights

State

KY

Zip Code

41015-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A29C55A21D9194E5AAAA

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

C. Mark Millsap, Md

Mailing Address 4418 Greenacre Drive

City

Owensboro

State

KY

Zip Code

42303-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Eye Center

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AF5AA2C48E61F46DDA6E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William B. Monnig

Mailing Address 20 Medical Village Dr Ste 308

City

Edgewood

State

KY

Zip Code

41017-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monnig, Elicker, Creevy,
Schwartz

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
0 2 / 1 4 / 2 0 1 1

Transaction ID: A5D53D7A485F04B9CA19

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 9 / 22

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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)

A.

Full Name (Last, First, Middle Initial)

Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geraldine Montgomery

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: AB6BB23C665284C168C7

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

John E. Downing, Md

Mailing Address 985 Matlock Pike

City

Bowling Green

State

KY

Zip Code

42104-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer
John E. Downing, MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: ACD971729BCC743698C8

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William C. Harrison

Mailing Address 4045 Foxtail Pl

City

Owensboro

State

KY

Zip Code

42303-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology PSC

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: A7D36CB3E7953499D8BA

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2175.00

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 10 / 22

(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)

Peter E. Locken, Md

Mailing Address 6400 Saint Andrews Drive

City

Paducah

State

KY

Zip Code

42001-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiotherapy Associates
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: A8468325898F440E8A3F

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Marian E. Bensema

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chippis, Caffrey, Dubilier,
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A26E5149CDCB949ED8AF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nancy C. Swikert, Md

Mailing Address 10003 Country Hill Ct

City

Union

State

KY

Zip Code

41091-9774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patient First Phys West-U-
nion

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: A64F29800C12C4DB8A8A

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

1675.00

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 11 / 22

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)

A.

Full Name (Last, First, Middle Initial)

Donald J. Swikert

Mailing Address 10003 Country Hill Ct

City

Union

State

KY

Zip Code

41091-9774

FEC ID number of contributing
federal political committee.**C**Name of Employer
Donald J. Swikert, MDOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 1 | 1 |

Transaction ID: A9E9C867D14A84E45BDE

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

David J. Bensema

Mailing Address 1780 Nicholasville Rd Ste 103

City

Lexington

State

KY

Zip Code

40503-1411

FEC ID number of contributing
federal political committee.**C**Name of Employer
Central Baptist HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 6 | | 2 | 0 | 1 | 1 |

Transaction ID: A52718F3506584E4EBED

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John L. Markert, MD

Mailing Address 4129 Boones Grove Way

City

Louisville

State

KY

Zip Code

40299-3483

FEC ID number of contributing
federal political committee.**C**Name of Employer
Peveler Bowling Womack,
PSCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 6 | | 2 | 0 | 1 | 1 |

Transaction ID: A58CFE10B47944F329AC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1675.00

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 12 / 22

(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)

J. Jeff Johnson, Md

Mailing Address 1903 Broadway St

City

Paducah

State

KY

Zip Code

42001-7199

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ophthalmology Group

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A860F1C944897439A87E

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Peggy Collins

Mailing Address 1014 Richmond Rd

City

Lexington

State

KY

Zip Code

40502-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: AB4370CBF196541E7BDB

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

John W. Collins

Mailing Address 1014 Richmond Rd

City

Lexington

State

KY

Zip Code

40502-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: A157825E047B7412F91B

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 13 / 22

(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)

David J. Zoeller, MD

Mailing Address 1024 Fisher Lane

City

Elizabethtown

State

KY

Zip Code

42701-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A99A171A9B9CD4596940

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Shawn C. Jones, Md

Mailing Address 8 West Vale

City

Paducah

State

KY

Zip Code

42001-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase DERM/ENT LLC

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
0 4 / 2 0 / 2 0 1 1

Transaction ID: A5BE5AA48B614481AA4B

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andrew R. Pulito, Md

Mailing Address 809 Westchester Drive

City

Lexington

State

KY

Zip Code

40502-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: AC534A9119C28441D866

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 14 / 22

(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)

Evelyn Pulito

Mailing Address 809 Westchester Dr

City

Lexington

State

KY

Zip Code

40502-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: A11F71529CDAA49D682C

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

J. Gregory Cooper

Mailing Address 1210 KY Hwy 36E Ste 2C

City

Cynthiana

State

KY

Zip Code

41031-7492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Associates PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AA2B53904D6C34362B62

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bradley T. Rankin, Md

Mailing Address 12 Margaret Court

City

Paducah

State

KY

Zip Code

42001-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley T. Rankin, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A86E701853C0D4F42B2E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 15 / 22

(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)

Patrick T. Padgett

Mailing Address 8422 Biggin Hill Rd

City

Louisville

State

KY

Zip Code

40220-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Medical Associat-
ion

Occupation

Kentucky Medical Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A07E1DE4D299A4D15A72

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Emslie, Md

Mailing Address 201 Park St

City

Bowling Green

State

KY

Zip Code

42101-1759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Gilbert Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2E169492622047BEBEB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Drive

City

Lexington

State

KY

Zip Code

40502-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph East

Occupation

ER Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A5981D85EA6114F22AAE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 / 22

(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)

Tracy L. Ragland, Md

Mailing Address 1506 Mahagonay Run Drive

City

La Grange

State

KY

Zip Code

40031-8936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AAEE5A73F6D2242C0902

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James W. Matthews, Md

Mailing Address 53 Ave of Champions

City

Nicholasville

State

KY

Zip Code

40356-9720

FEC ID number of contributing
federal political committee.

C

Name of Employer
James W. Matthews, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A98546829F7E44459AE7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

17150.00

**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 17 / 22

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | Transaction ID: B750F2F5E58F34E80B26 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement January 2011 Admin Fee | <table border="1"> <tr> <td colspan="10">735.00</td> </tr> </table> | 735.00 | | | | | | | | | | | | | | | | | | | |
| 735.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP | Transaction ID: B6CD8B98171D243629AF Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2000 Meidinger Tower 462 South Fourth Street | <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>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 2 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Progress Billing #1 for audit | <table border="1"> <tr> <td colspan="10">1375.00</td> </tr> </table> | 1375.00 | | | | | | | | | | | | | | | | | | | |
| 1375.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B6341C78F44184C0B8DA Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 2 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimburse Mileage Expense | <table border="1"> <tr> <td colspan="10">65.83</td> </tr> </table> | 65.83 | | | | | | | | | | | | | | | | | | | |
| 65.83 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2175.83

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 18 / 22

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | Transaction ID: BEDD23FABE7124BB89A4 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Feb 2011 Admin Fee | <table border="1"> <tr> <td colspan="10">735.00</td> </tr> </table> | 735.00 | | | | | | | | | | | | | | | | | | | |
| 735.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP | Transaction ID: B1558AE885CBF40C2A13 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2000 Meidinger Tower 462 South Fourth Street | <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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Progress Billing #2 Audit | <table border="1"> <tr> <td colspan="10">1375.00</td> </tr> </table> | 1375.00 | | | | | | | | | | | | | | | | | | | |
| 1375.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B48B9DB7417FA4213913 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Halo website development | <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table> | 80.00 | | | | | | | | | | | | | | | | | | | |
| 80.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)**2190.00****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 Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement March Admin Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: BC866A699210949ADB3F</p> <p>Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 735.00</p> <p>Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP</p> <p>Mailing Address 2000 Meidinger Tower 462 South Fourth Street</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement Progress Billing #3 Audit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B1E54E455CAA1475DB40</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 985.00</p> <p>Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) SA Creative</p> <p>Mailing Address 10801 Electron Drive, Suite 102</p> <p>City Louisville State KY Zip Code 40299-3880</p> <p>Purpose of Disbursement Creating and mailing Contribution envelopes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B05DFCE515D8F45E9AF2</p> <p>Date of Disbursement 04 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 3354.83</p> <p>Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional)

5074.83

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 Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Ben Chandler Campaign Fund | Transaction ID: BA8C780D99E914F22AA1 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1504 Longworth Building | <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>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20515 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Candidate Support Candidate Name | <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B2E4724CEEEDE490FB6F Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Postage and copies Candidate Name | <table border="1"> <tr> <td colspan="10">340.72</td> </tr> </table> | 340.72 | | | | | | | | | | | | | | | | | | | |
| 340.72 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B7EADCEECD654FF0A9B Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 6 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement April 2011 Admin Fee Candidate Name | <table border="1"> <tr> <td colspan="10">735.00</td> </tr> </table> | 735.00 | | | | | | | | | | | | | | | | | | | |
| 735.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

3075.72

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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 | Transaction ID: BB9BA4B0358554FBDB6C Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Printing of Letterhead/Envelopes and Travel Candidate Name | <table border="1"> <tr> <td colspan="10">2849.27</td> </tr> </table> | 2849.27 | | | | | | | | | | | | | | | | | | | |
| 2849.27 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B9D0B6652DE7748FB8BE Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement May 2011 Admin Fee Candidate Name | <table border="1"> <tr> <td colspan="10">735.00</td> </tr> </table> | 735.00 | | | | | | | | | | | | | | | | | | | |
| 735.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Kentucky Medical Association | Transaction ID: B2AE1CF58963D4951A09 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| 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>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40222-6379 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Reimburse Postage, Printing, Travel Candidate Name | <table border="1"> <tr> <td colspan="10">758.54</td> </tr> </table> | 758.54 | | | | | | | | | | | | | | | | | | | |
| 758.54 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4342.81

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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
June 2011 Admin Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BD33658A69688479EB9C

Date of Disbursement

/ /

Amount of Each Disbursement this Period

735.00

SUBTOTAL of Disbursements This Page (optional)

735.00

TOTAL This Period (last page this line number only)

17594.19