07/20/2011 15:17

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) 4965 US Highway 42 ADDRESS (number and street) Suite 2000 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00016444 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David R Watkins, MD Type or Print Name of Treasurer Electronically Filed by David R Watkins, MD 07 20 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

		or Type Committee Name entucky Medical Association PAC (Kentucky	Physicians PAC Federal-KPPAC Fe	ederal)
	Repor	t Covering the Period: From:	0 1 Y Y Y Y Y Y Y T Y	D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 2011		37991.16
	(b)	Cash on Hand at Begining 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.	Tota	al Disbursements (from Line 31)	17952.78	17952.78
8.	Cas	h on Hand at Close of		
		orting Period otract Line 7 from Line 6(d))	49648.88	49648.88
9.		ts and Obligations owed TO		
		committee (Itemize all on edule C and/or Schedule D)	0.00	

10. Debts and Obligations owed the committee (Itemize all on

Schedule C and/or Schedule D)

0.00

X 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)

м м 0 1 0 1 м°м 06 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 17150.00 17150.00 (i) Itemized (use Schedule A) 12445.00 12445.00 (ii) Unitemized (iii) TOTAL (add 29595.00 29595.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 29595.00 29595.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 15.50 15.50 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 29610.50 29610.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 29610.50 29610.50 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
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
Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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
8. 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
9. Other Disbursements	145.00	145.00
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(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)	17050 70	17050 70
from Line 31)	17952.78	17952.78

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)	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

FE6AN026

	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) X
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (ne name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Donald C. Barton, Md Mailing Address 1014 Circle Dr City Corbin FEC ID number of contributing federal political committee. Name of Employer Donald C. Barton, MD Receipt For: Primary General	State KY C Occupation Retired P Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 1 1 Transaction ID: AD04028514ED4434C90E Amount of Each Receipt this Period 300.00
В.	Full Name (Last, First, Middle Initial) Gregory E. Gleis, Md Mailing Address 531 Primrose Way City Louisville FEC ID number of contributing federal political committee. Name of Employer Ellis & Badenhausen Ortho-	State KY C	Zip Code 40206-2958	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 7 2 0 1 1 Transaction ID: AC5BEEDAC238A400182 Amount of Each Receipt this Period 500.00
- C.	paedics PSC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Beasley, Md Mailing Address 132 Arbor Crest Dr	Physiciar Aggregate	n Year-to-Date ▼ 500.00	Date of Receipt 0 2 0 7 2 0 1 1
	City Mayfield FEC ID number of contributing federal political committee. Name of Employer Mayfield Radiologists PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Transaction ID: A230EDF0B813D42EAAAl Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)			1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Richard J. Heuer, Md Mailing Address 8 Foresthills Ct City Ashland FEC ID number of contributing federal political committee.	State KY	Zip Code 41101-2233	Date of Receipt M M M
	Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, '	n oloyed physician e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Linda H. Gleis, Md Mailing Address VAMC PM & R (117) 800 Zorn Ave City Louisville FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Wally O. Montgomery Mailing Address 6414 Stinespring Dr City Paducah FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State KY C Occupation Retired F Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 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

	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) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Reports and or for commercial purposes, other than using the subject to th	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kathy Robinson Mailing Address 111 Crystal Lane City Ryland Heights FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)		Zip Code 41015-9537 n ion Requested e Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 1 4 2 0 1 1 Transaction ID: A29C55A21D9194E5AAAA Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) C. Mark Millsap, Md Mailing Address 4418 Greenacre Drive City Owensboro FEC ID number of contributing federal political committee. Name of Employer Physicians Eye Center Receipt For: Primary General Other (specify)	State KY C Occupatio Self-emp	Zip Code 42303-1834 n bloyed physician e Year-to-Date ▼ 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) William B. Monnig Mailing Address 20 Medical Village Dr City Edgewood FEC ID number of contributing federal political committee. Name of Employer Monnig, Elicker, Creevy, Schwartz Receipt For: Primary General Other (specify)	State KY C Occupatio Physicia		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .			2500.00

	HEDULE A (FEC Form 3) MIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X 11a
N	information copied from such Reports ar r commercial purposes, other than using IAME OF COMMITTEE (In Full) Centucky Medical Association PAC			on for the purpose of soliciting contributions o solicit contributions from such committee.
F <u>G</u>	ull Name (Last, First, Middle Initial) Seraldine Montgomery failing Address 6414 Stinespring D		,	Date of Receipt
<u>F</u>	Paducah EC ID number of contributing	State KY	Zip Code 42001-8674	Transaction ID: AB6BB23C665284C168C Amount of Each Receipt this Period
fe	ederal political committee. lame of Employer Geraldine Montgomery	Occupation Homem		875.00
R	deceipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 875.00	
. <u>J</u>	ull Name (Last, First, Middle Initial) ohn E. Downing, Md failing Address 985 Matlock Pike			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: ACD971729BCC7436980
F	Bowling Green EC ID number of contributing ederal political committee.	C	42104-7408	Amount of Each Receipt this Period 300.00
N J	lame of Employer ohn E. Downing, MD	Occupation		
R	leceipt For: Primary General Other (specify) ▼	Physicia Aggregat	e Year-to-Date ▼ 300.00	
. <u>v</u>	ull Name (Last, First, Middle Initial) Villiam C. Harrison			Date of Receipt
N _	lailing Address 4045 Foxtail Pl			02 17 2011
	ity Owensboro	State KY	Zip Code 42303-2277	Transaction ID: A7D36CB3E7953499D8E Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		1000.00
N F	lame of Employer Radiology PSC	Occupation Self-emp	on ployed physician	
R	leceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	BTOTAL of Receipts This Page (optiona			2175.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Peter E. Locken, Md Mailing Address 6400 Saint Andrews	Orive		Date of Receipt 0 2 1 7 2 0 1 1
	City	State KY	Zip Code	Transaction ID: A8468325898F440E8A3F
	Paducah FEC ID number of contributing federal political committee.	C	42001-8751	Amount of Each Receipt this Period 300.00
	Name of Employer Radiotherapy Associates PSC Receipt For:	Occupation Physicia	n	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Marian E. Bensema Mailing Address 2108 Woodmont Driv	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A26E5149CDCB949ED8AF
	Lexington	KY	40502-3062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Chipps, Caffrey, Dubilier, PSC	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Nancy C. Swikert, Md Mailing Address 10003 Country Hill Ci			Date of Receipt
				03 01 2011
	City Union	State KY	Zip Code 41091-9774	Transaction ID: A64F29800C12C4DB8A8A Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		875.00
	Name of Employer Patient First Phys West-U- nion	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 875.00	
	SUBTOTAL of Receipts This Page (optional)			1675.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (he name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Donald J. Swikert Mailing Address 10003 Country Hill C		7. 0.4.	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Union	State KY	Zip Code 41091-9774	Transaction ID: A9E9C867D14A84E45BD Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		875.00
	Name of Employer Donald J. Swikert, MD	Occupatio Physicial	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 875.00	
В.	Full Name (Last, First, Middle Initial) David J. Bensema Mailing Address 1780 Nicholasville R	d Ste 103		Date of Receipt 0 3 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: A52718F3506584E4EBE
	Lexington FEC ID number of contributing federal political committee.	C	40503-1411	Amount of Each Receipt this Period 500.00
	Name of Employer Central Baptist Hospital	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ c.	Full Name (Last, First, Middle Initial) John L. Markert, MD			Date of Receipt
	Mailing Address 4129 Boones Grove	Way		03 16 2011
	City Louisville	State KY	Zip Code 40299-3483	Transaction ID: A58CFE10B47944F329A Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	102000100	300.00
	Name of Employer Peveler Bowling Womack, PSC	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1675.00

or fo	information copied from such Reports and r commercial purposes, other than using to IAME OF COMMITTEE (In Full) Sentucky Medical Association PAC (Statements may ne name and add	not be sold or used by any person	on for the name of collection contributions
/ /		Kentucky Phy		o solicit contributions from such committee.
A . <u>J</u> M C F	Juli Name (Last, First, Middle Initial) Jeff Johnson, Md Mailing Address 1903 Broadway St City Paducah EC ID number of contributing ederal political committee.	State KY	Zip Code 42001-7199	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: A860F1C944897439A87E Amount of Each Receipt this Period 300.00
_	lame of Employer he Ophthalmology Group Receipt For: Primary General Other (specify)	 · ·	n lloyed physician Year-to-Date ▼ 300.00	
B . <u>P</u>	rull Name (Last, First, Middle Initial) Peggy Collins Mailing Address 1014 Richmond Rd	1		Date of Receipt M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>L</u> F fe	exington EC ID number of contributing ederal political committee.	State KY C	Zip Code 40502-1610	Transaction ID: AB4370CBF196541E7BDE Amount of Each Receipt this Period 275.00
Ir —	leceipt For: Primary General Other (specify) ▼	Informati	on Requested Year-to-Date ▼ 275.00	
C . <u>J</u>	ull Name (Last, First, Middle Initial) ohn W. Collins failing Address 1014 Richmond Rd			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
<u>L</u> F	exington EC ID number of contributing ederal political committee.	State KY	Zip Code 40502-1610	Transaction ID: A157825E047B7412F91B Amount of Each Receipt this Period 275.00
N L	lame of Employer exington Clinic	Occupation Physician		
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
SUE	STOTAL of Receipts This Page (optional)			850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (he name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David J. Zoeller, MD Mailing Address 1024 Fisher Lane City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Primecare PSC Receipt For:	State KY C Occupatio Physicia		Date of Receipt M M M / D D / Y Y Y Y Y O 4 D O 6 2 D 1 1 Transaction ID: A99A171A9B9CD4596940 Amount of Each Receipt this Period 300.00
- B.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Shawn C. Jones, Md	- I ggi egant	300.00	Date of Receipt
.	Mailing Address 8 West Vale City Paducah FEC ID number of contributing federal political committee. Name of Employer Purchase DERM/ENT LLC Receipt For: Primary General Other (specify) ▼	State KY C Occupatio Physicial Aggregate		Transaction ID: A5BE5AA48B614481AA4E Amount of Each Receipt this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Andrew R. Pulito, Md Mailing Address 809 Westchester Dri City Lexington FEC ID number of contributing federal political committee. Name of Employer University of Kentucky Receipt For: Primary General Other (specify)	State KY C Occupatio Physicia		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AC534A9119C28441D866 Amount of Each Receipt this Period 450.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 22 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Evelyn Pulito Mailing Address 809 Westchester Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer Information Requested	State KY C Occupatio	Zip Code 40502-3327	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
— В.	Full Name (Last, First, Middle Initial) J. Gregory Cooper Mailing Address 1210 KY Hwy 36E St City	e 2C State	Zip Code	Date of Receipt M M D D C C C C
	Cynthiana FEC ID number of contributing federal political committee. Name of Employer	C	41031-7492	Amount of Each Receipt this Period 500.00
	Family Care Associates PSC Receipt For: Primary General Other (specify) ▼	Physicia		
_ >.	Full Name (Last, First, Middle Initial) Bradley T. Rankin, Md Mailing Address 12 Margaret Court			Date of Receipt 0 5 1 2 2 0 1 1
	City Paducah FEC ID number of contributing federal political committee.	State KY	Zip Code 42001-5408	Transaction ID: A86E701853C0D4F42B2 Amount of Each Receipt this Period 500.00
	Name of Employer Bradley T. Rankin, MD Receipt For: Primary Other (specify) ▼	_ ' ' '	n oloyed physician o Year-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)			1450.00

	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) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (ne name and add	ress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Patrick T. Padgett Mailing Address 8422 Biggin Hill Rd City Louisville FEC ID number of contributing federal political committee. Name of Employer Kentucky Medical Association Receipt For: Primary General Other (specify)	- 	Zip Code 40220-4106 Medical Association Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Robert J. Emslie, Md Mailing Address 201 Park St City Bowling Green FEC ID number of contributing federal political committee. Name of Employer Graves Gilbert Clinic Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Steven Joseph Stack Mailing Address 2083 Bridgeport Driv City Lexington FEC ID number of contributing federal political committee. Name of Employer St Joseph East Receipt For: Primary General Other (specify)	State KY C Occupation ER Physic		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: A5981D85EA6114F22AAE Amount of Each Receipt this Period 300.00
	SUBTOTAL of Receipts This Page (optional)			1300.00

A.

В.

PAGE 16/22 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Date of Receipt Tracy L. Ragland, Md Mailing Address 1506 Mahagonay Run Drive 06 29 2011 City State Zip Code Transaction ID: AAEE5A73F6D2242C0902 La Grange KY 40031-8936 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Information Requested Occupation Information Requested Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) James W. Matthews, Md Date of Receipt Mailing Address 53 Ave of Champions 0 6 29 2011 City State Zip Code Transaction ID: A98546829F7E44459AE7 **Nicholasville** KY 40356-9720 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer James W. Matthews, MD Occupation Self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General

300.00

SUBTOTAL of Receipts This Page (optional)	•	800.00
TOTAL This Period (last page this line number only)	→	17150.00

Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 17 / 22
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27 27	22 23 24 25 26 28a 28b 28c 29 30k
ny Information copied from such Reports and Si r for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC (Ko	entucky Physicians PAC Fe	deral-KPPAC F	Federal)
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B750F2F5E58F34E80 Date of Disbursement
Mailing Address 4965 US Highway 42	<u> </u>		M M / D D / Y Y Y Y Y
Suite 2000 City Louisville	State Zip Code KY 40222-6379	1	Amount of Each Disbursement this Period
Purpose of Disbursement	10222 0070		735.00
January 2011 Admin Fee			
Candidate Name		Category/ Type	
Office Sought: House Dist Senate President	oursement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP			Transaction ID: B6CD8B98171D24362 Date of Disbursement
Mailing Address 2000 Meidinger Town 462 South Fourth Str		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$	
City Louisville	State Zip Code KY 40202		Amount of Each Disbursement this Period
Purpose of Disbursement Progress Billing #1 for audit			1375.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	oursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B6341C78F44184C0E Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	!		$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Louisville	State Zip Code KY 40222-6379)	Amount of Each Disbursement this Period
Purpose of Disbursement Reimburse Mileage Expense			65.83
Candidate Name		Category/ Type	
Senate President	oursement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (option	nal)		2175.83
3 (1	•		

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		•	Use separate schedule(s) for each category of the			FOR LINE NUMBER: PAGE 18 / 22 (check only one)											
			Summary Page	X	21b 27		22 28a	F	23 28b		24 28c		25 29		26 30		
		ed from such Reports															
NAI	ME OF COMI	MITTEE (In Full)															
Ker	ntucky Med	ical Association Pa	AC (Kentu	cky Physi	cians PAC Fede	eral-K	PPAC	Fe	deral)							
	Full Name (Last, First, Middle Initial) Kentucky Medical Association								ction ID			23F	AB	E712	24BE		
Mai	ling Address	4965 US Highv Suite 2000	vay 42						0 ^M 2	M) 1	/ Y	Ź	0	1 1	
City State Zip Code					Zip Code 40222-6379				Amo	unt	t of Each	n Dis	sburse	men	nt thi	s Peri	iod
Purpose of Disbursement Feb 2011 Admin Fee														.7	'35.	00	
Can	ndidate Name						gory/ pe										
Offi	ice Sought:	House Senate President	Disburse	ement For: Primary Other (spe	General ecify) ▼												
Stat	te:	District:															
	Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP									ction ID Disburs			BAE	885	CBF	40C	
Mailing Address 2000 Meidinger Tower 462 South Fourth Street								0 ^M 2	М	/ D	28	/ Y	Ž	0	11		
City	, uisville			State KY	Zip Code 40202				Amo	unt	t of Each	n Dis	sburse	mer	nt thi	s Peri	iod
	pose of Disbugress Billing #								L.					13	75.	00	
Can	ndidate Name						gory/ pe										
Offi	ice Sought:	House Senate President	Disburse	ement For: Primary Other (spe	General ecify) ▼												
Stat	te:	District:															
		First, Middle Initial) ical Association	•								ction ID Disburs			9DB	3741	17FA	4213
Mai	ling Address	4965 US Highv Suite 2000	vay 42						0 ^M 2	М	/ D	28	/ Y	Ž	0	Í 1	
City Lou	, uisville	Carto E000		State KY	Zip Code 40222-6379				Amo	unt	t of Each	n Dis	sburse	-	-		iod
Purpose of Disbursement Halo website development					°			L.					-	80.	00		
Candidate Name							gory/ pe										
Offi	ice Sought:	House Senate President	Disburse	ement For: Primary Other (spe	General ▼												
Stat	te:	District:															

TOTAL This Period (last page this line number only)

	EMIZED DISBURSEMENTS	Use separate s		FOR LINE N (check only o		PAGE 19 / 22
		Detailed Summ	nary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar					
	NAME OF COMMITTEE (In Full)					
/	Kentucky Medical Association PAC (Kent	ucky Physicians	PAC Federa	al-KPPAC Fe	deral)	
	Full Name (Last, First, Middle Initial)				Transaction ID:	3C866A699210949ADE
	Kentucky Medical Association				Date of Disburseme	
	Mailing Address 4965 US Highway 42 Suite 2000				0 3 0 1	Y 2011
	City Louisville		Code 222-6379		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement	1(1 402	222-0073			735.00
	March Admin Fee					
	Candidate Name			Category/ Type		
		sement For:	1			
	Senate President	Other (specify)	General			
	State: District:	Carlor (opcony)	•			
	Full Name (Last, First, Middle Initial)				Transaction ID: E	B1E54E455CAA1475DI
	Mountjoy Chilton Medley LLP				Date of Disburseme	
	Mailing Address 2000 Meidinger Tower 462 South Fourth Street	t			03 16	2011
	City Louisville		Code 202		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement Progress Billing #3 Audit	101		• •		985.00
	Candidate Name			Category/ Type		
	Office Sought: House Senate President State: Disburs	sement For: Primary Other (specify)	General ▼	Туре		
	Full Name (Last, First, Middle Initial)				Transaction ID: F	
	SA Creative				Date of Disburseme	
	Mailing Address 10801 Electron Drive, S	Suite 102			$\begin{bmatrix} 0 & 4 & 0 & 0 \end{bmatrix}$	['] 2011
	City Louisville		Code 299-3880		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement Creating and mailing Contribution envelopes		Г	•		3354.83
	Candidate Name			Category/ Type		
	Senate President	sement For: Primary Other (specify)	General ▼			
	State: District:					
s	UBTOTAL of Disbursements This Page (optional))		>		5074.83
_	OTAL This Period (last page this line number only	Λ)				
<u>L'</u>	C This i oned (last page this line humber off)	7 /				

SCHEDULE B (FEC Form 3X)		rate schedule(s)	_	INE NUMBER: only one)	PAGE 20 / 22
TEMIZED DISBURSEMENTS		category of the Summary Page	X 21 27	b 22 :	23 24 25 26 28b 28c 29 30b
any Information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentu	ucky Physic	ians PAC Fed	eral-KPPA	.C Federal)	
Full Name (Last, First, Middle Initial) Ben Chandler Campaign Fund				Transaction	n ID: BA8C780D99E914F22.
Mailing Address 1504 Longworth Building	g			04 /	0 6 7 2 0 1 1
City Washington	State DC	Zip Code 20515		Amount of	Each Disbursement this Period
Purpose of Disbursement Candidate Support					2000.00
Candidate Name			Category/ Type		
Senate President	ement For: Primary Other (spe	General cify) ▼			
State: District: Full Name (Last, First, Middle Initial) Kentucky Medical Association				Transaction Date of Dis	n ID: B2E4724CEEEDE490F
Mailing Address 4965 US Highway 42 Suite 2000				0 4 M	06 / 2011
City Louisville	State KY	Zip Code 40222-6379		Amount of	Each Disbursement this Period
Purpose of Disbursement Postage and copies]	340.72
Candidate Name			Category/ Type		
Senate President	ement For: Primary Other (spe	General cify) ▼			
State: District: Full Name (Last, First, Middle Initial) Kentucky Medical Association					n ID: B7EADCEECDE654FF
Mailing Address 4965 US Highway 42 Suite 2000				04 /	D 0 6 Y 2 0 1 1 Y
City Louisville	State KY	Zip Code 40222-6379		Amount of	Each Disbursement this Period
Purpose of Disbursement April 2011 Admin Fee]	735.00
Candidate Name			Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼			
SUBTOTAL of Disbursements This Page (optional)				>	3075.72
					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check only one)						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·						
Kentucky Medical Association PAC (Kentucky Medical Association PAC (Kentucky Medical Association PAC)	cky Physicians PAC Fed	eral-KPPAC I	Federal)				
Full Name (Last, First, Middle Initial)				: BB9BA4B0358554FBD			
Kentucky Medical Association	Date of Disburs						
Mailing Address 4965 US Highway 42 Suite 2000			0"5" / "(02 / 2011			
City Louisville	State Zip Code KY 40222-6379		Amount of Each	Disbursement this Period			
Purpose of Disbursement	10222-0073			2849.27			
Printing of Letterhead/Envelopes and Travel							
Candidate Name		Category/ Type					
Office Sought: House Disburs Senate	ement For: Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID Date of Disburs	: B9D0B6652DE7748FE			
			2 0 1 1				
Mailing Address 4965 US Highway 42 Suite 2000							
City Louisville	State Zip Code KY 40222-6379		Amount of Each	Disbursement this Period			
Purpose of Disbursement	10222 0070			735.00			
May 2011 Admin Fee Candidate Name		2-1/					
Candidate Name		Category/ Type					
	ement For:						
Senate President	Primary General Other (specify) ▼						
State: District:	Carior (oposity)						
Full Name (Last, First, Middle Initial)				: B2AE1CF58963D4951			
Kentucky Medical Association			Date of Disburs				
Mailing Address 4965 US Highway 42 Suite 2000		0 6	5 / 2011				
City Louisville	State Zip Code KY 40222-6379		Amount of Each	Disbursement this Period			
Purpose of Disbursement	40222-6379			758.54			
Reimburse Postage, Printing, Travel							
Candidate Name		Category/ Type					
	ement For:						
Senate President	Primary General Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				4342.81			
TOTAL This Period (last page this line number only E6AN026)		lle B (Form 3X) (Revised 02/			

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	B (FEC Form 3X ISBURSEMENTS	Use separate schedule(s)	FOR LINE N	one)
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
		d Statements may not be sold or used the name and address of any political of		the purpose of soliciting contributions it contributions from such committee
NAME OF COM	IMITTEE (In Full)			
Kentucky Med	lical Association PAC	(Kentucky Physicians PAC Fede	eral-KPPAC Fed	deral)
Full Name (Last	, First, Middle Initial)			Transaction ID: BD33658A69688479EB9
Kentucky Med	lical Association			Date of Disbursement
Mailing Address	4965 US Highway Suite 2000	42		06
City Louisville		State Zip Code KY 40222-6379		Amount of Each Disbursement this Period
Purpose of Disb June 2011 Admi				735.00
Candidate Name)		Category/ Type	
Office Sought:	House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional)	•	735.00
TOTAL This Period (last page this line number only)	<u> </u>	17594.19