

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

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

C C00016444

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

Type or Print Name of Treasurer Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 11 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		73079.13
(b) Cash on Hand at Beginning of Reporting Period.....	68879.59	
(c) Total Receipts (from Line 19)	22725.80	24806.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91605.39	97885.51
7. Total Disbursements (from Line 31)	18943.88	25224.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72661.51	72661.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15657.50	15903.50
(ii) Unitemized	6065.56	7897.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	21723.06	23801.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	22723.06	24801.06
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.).....	2.74	5.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	22725.80	24806.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	22725.80	24806.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6443.88	12724.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6443.88	12724.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	12500.00	12500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18943.88	25224.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18943.88	25224.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22723.06	24801.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22723.06	24801.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6443.88	12724.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6443.88	12724.00

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

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)

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

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2014

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period

100.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

B. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 19 2014

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City State Zip Code
 Winchester KY 40391

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Medical Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 16 2014

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period

100.00

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 7 OF 30
 (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)

Full Name (Last, First, Middle Initial)

A. Doctor Donald Barton MD

Mailing Address 1014 Circle Drive

City	State	Zip Code
Corbin	KY	40701

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 ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor David J. Bensema MD

Mailing Address 2108 Woodmont Drive

City	State	Zip Code
Lexington	KY	40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Baptist Hospital

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
04		14		2014

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period

875.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

C. Doctor Marian E. Bensema MD

Mailing Address 2108 Woodmont Drive

City	State	Zip Code
Lexington	KY	40502

FEC ID number of contributing federal political committee.

C

Name of Employer

Pathology & Cytology Labs

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
04		14		2014

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period

875.00

Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....▶

2050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor C. William Briscoe MD

Mailing Address 775 Scuffletown Road

City State Zip Code
Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Corbin Psychiatric & counseling Serv

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 Y
04 / 18 / 2014

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Frank Burns MD

Mailing Address 301 Pepperbush Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.5444

Amount of Each Receipt this Period

250.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

c. Doctor Terry Clark MD

Mailing Address 2220 Bonhaven Road

City State Zip Code
Lexington KY 40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chippes Caffrey Dubilier 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 Y
05 / 30 / 2014

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 9 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor J. Gregory Cooper MD

Mailing Address 386 Culpepper Drive

City State Zip Code
 Cynthiana KY 41031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Associates

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 Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.5468

Amount of Each Receipt this Period

500.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

B. Doctor John P. Eldridge MD

Mailing Address 534 Fincastle Lane

City State Zip Code
 Ft. Wright KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Michael Gerwe MD

Mailing Address 1304 Brightleaf Blvd

City State Zip Code
 Erlanger KY 41018

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN Specialists of NKY

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 Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 10 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Frank Giese MD

Mailing Address 888 Squire Lake Ct.

City State Zip Code
 Villa Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kidney & Hypertension Center

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 Y
 05 / 02 / 2014

Transaction ID : SA11AI.5510

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Doctor Gregory Gleis MD

Mailing Address 531 Primrose Way

City State Zip Code
 Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Linda Gleis MD

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

City State Zip Code
 Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.5487

Amount of Each Receipt this Period

500.00

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

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

1275.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor William C. Harrison MD

Mailing Address 4045 Foxtail Place

City State Zip Code
Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RIC

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doctor James Keller MD

Mailing Address 315 Summit Lane

City State Zip Code
Ft. Mitchell KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 Y
04 / 30 / 2014

Transaction ID : SA11AI.5499

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Rice Leach MD

Mailing Address PO Box 1497

City State Zip Code
Frankfort KY 40602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lexington-Fayette Co Health Dept

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Kevin Martin MD

Mailing Address 5788 Brookstone Dr

City State Zip Code
 Cincinnati OH 45230-3596

FEC ID number of contributing federal political committee.

C

Name of Employer
 The Cranley Surgical Associates

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 Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period

500.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

B. Doctor R. Wathen Medley Jr., MD

Mailing Address 1220 Frederica Street

City State Zip Code
 Owensboro KY 42301

FEC ID number of contributing federal political committee.

C

Name of Employer
 Daviess County Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doctor Theodore H. Miller MD

Mailing Address 40 E. Fountain Ave

City State Zip Code
 Cincinnati OH 45246

FEC ID number of contributing federal political committee.

C

Name of Employer
 Head & Neck Surgery Assoc PSC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period

350.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 30

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. William Monnig MD

Mailing Address 111 Crystal Lane

City State Zip Code
 Covington KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.50

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period

306.50

In-kind - Food/Beverage, Postage Printing

Full Name (Last, First, Middle Initial)

B. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City State Zip Code
 Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City State Zip Code
 Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.25

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period

153.25

In-kind - Food/Beverage, Postage, Printing

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

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

509.75

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

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

FOR LINE NUMBER: PAGE 14 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City State Zip Code
Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.25

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.5543

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
Taylor Mill KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5520

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
Taylor Mill KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.25

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5561

Amount of Each Receipt this Period

153.25

In-kind - Food/Beverage, Postage, Printing

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

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

253.25

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

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

FOR LINE NUMBER: PAGE 15 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
Taylor Mill KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Doctor Eric Neils MD

Mailing Address 904 Squire Oaks Dr

City State Zip Code
Villa Hills KY 41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Assoc of No KY

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 Y Y
04 / 23 / 2014

Transaction ID : SA11AI.5489

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Samuel Newman MD

Mailing Address 870 Squire Oaks Drive

City State Zip Code
Villa Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician

Occupation

St. Elizabeth Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

250.00

Credit Card Contribution

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 16 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mr. Patrick T. Padgett

Mailing Address 8422 Biggin Hill Lane

City State Zip Code
Louisville KY 40220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Medical Association

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Richard E. Park MD

Mailing Address 11299 Ross Court

City State Zip Code
Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent Anesthesiologists 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 Y Y
04 / 11 / 2014

Transaction ID : SA11AI.5452

Amount of Each Receipt this Period

500.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

C. Doctor John R. Potter MD

Mailing Address 506 Amanda Furnace Circle

City State Zip Code
Ashland KY 41101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ashland Children Clinic 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 Y Y
06 / 13 / 2014

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John Rhodes MD

Mailing Address 3615 Woodside Place

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Mrs. Rhonda K. Rhodes

Mailing Address 3615 Woodside Place

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. Doctor Bruce Scott MD

Mailing Address 7501 Pine Knoll Circle

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kentuckiana Ear, Nose & Throat PSC

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period

500.00

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

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

1400.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Eugene H Shively MD

Mailing Address 803 Lebanon Ave

City

Campbelsville

State

KY

Zip Code

42718

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical 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 Y
04 / 09 / 2014

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City

Union

State

KY

Zip Code

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.5467

Amount of Each Receipt this Period

73.00

Credit Card Contribution

Full Name (Last, First, Middle Initial)

C. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City

Union

State

KY

Zip Code

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5522

Amount of Each Receipt this Period

73.00

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

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

446.00

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

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

FOR LINE NUMBER: PAGE 19 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.25

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period

153.25

In-kind - Food/Beverage, Postage, Printing

Full Name (Last, First, Middle Initial)

B. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

St Elizabeth Family Practice Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.25

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

C. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired Physician

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period

73.00

Credit Card Contribution

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

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

299.25

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

B. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.25

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

153.25

In-kind - Food/Beverage, Postage, Printing

Full Name (Last, First, Middle Initial)

C. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
Union KY 41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Physician

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.25

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period

73.00

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

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

299.25

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

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

FOR LINE NUMBER: PAGE 21 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Corazon A. Veza MD

Mailing Address 1118 Woodland Drive

City State Zip Code
 Elizabethtown KY 42701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Corazon A. Veza, MD

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 Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Doctor R. Brent Wright MD

Mailing Address 104 Northwood Drive

City State Zip Code
 Glasgow KY 42141

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

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 Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1275.00

15657.50

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

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

FOR LINE NUMBER: PAGE 22 OF 30
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Affordable Healthcare

Mailing Address 523 Centre View Blvd

City State Zip Code
 Crestview Hills KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 02 2014

Transaction ID : SA11C.5557

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

<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

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

Category/
Type

604.00

04 / 15 / 2014

Category/
Type

2115.70

04 / 15 / 2014

Category/
Type

59.10

2778.80

FEC Schedule B (Form 3X) Rev. 02/2003

<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

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

Category/
Type

604.00

05 / 29 / 2014

Category/
Type

931.45

06 / 15 / 2014

Category/
Type

604.00

2139.45

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
0	6		1	5		2	0	1	4		

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Printing and Postage Expenses

001

Candidate Name

Category/
Type**Transaction ID : SB21B.5593**

Amount of Each Disbursement this Period

163.27

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. William Monnig MD

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
0	5		1	9		2	0	1	4		

Mailing Address 111 Crystal Lane

City Covington State KY Zip Code 41015

Purpose of Disbursement
In-kind - Food/Beverage, Postage PrintingCategory/
Type**Transaction ID : SB21B.5566**

Amount of Each Disbursement this Period

306.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

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

State: District:

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

469.77

5388.02

**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 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 checked="" 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)

Full Name (Last, First, Middle Initial)

A. Alvarado for Sate Senate

Mailing Address 3250 McClure Road

City	State	Zip Code
Winchester	KY	40391

Purpose of Disbursement
General Election Contribution to Ralph Alvarado Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SB29.5597

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bob DeWeese Campaign Fund

Mailing Address 6206 Glenhill Road

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement
Primary Election Contribution to Bob DeWeese Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB29.5589

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bob DeWeese Campaign Fund

Mailing Address 6206 Glenhill Road

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement
General Election Contribution for Bob DeWeese Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SB29.5599

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

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**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 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 checked="" 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)

Full Name (Last, First, Middle Initial)

A. Citizens for Addia Wuchner State Representative

Mailing Address P.O. Box 911

City	State	Zip Code
Burlington	KY	41005

Purpose of Disbursement
Primary Election Contribution to Addia Wuchner Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SB29.5585

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David A. Watkins Campaign Fund

Mailing Address 5600 Timberlane Drive

City	State	Zip Code
Henderson	KY	42420

Purpose of Disbursement
General Election Contribution for David Watkins Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SB29.5603

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julia Adams for State Senator

Mailing Address 213 South Lyndon Lane

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement
General Election Contribution to Julie Adams Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SB29.5595

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

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**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 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 checked="" 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)

Full Name (Last, First, Middle Initial)

A. Max Wise for Kentucky State Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address 130 High Point Crossing

City	State	Zip Code
Campbellsville	KY	42718

Transaction ID : SB29.5582Purpose of Disbursement
Primary Election Contribution to Max Wise Campaign

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Full Name (Last, First, Middle Initial)

B. Robert Benvenuti Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Mailing Address 2384 Abbyewood Road

City	State	Zip Code
Lexington	KY	40515

Transaction ID : SB29.5598Purpose of Disbursement
General Election Contribution to Robert Benvenuti Campaign

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Ryan Quarles Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Mailing Address PO Box 1001

City	State	Zip Code
Georgetown	KY	40324

Transaction ID : SB29.5601Purpose of Disbursement
General Election Contribution for Ryan Quarles Campaign

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

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

3000.00

**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 29 OF 30

<input 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 checked="" 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)

Full Name (Last, First, Middle Initial)

A. Schroder for Senate

Mailing Address 25 Observatory Pointe Drive

City	State	Zip Code
Wilder	KY	41076

Purpose of Disbursement
Primary Election Contribution to Wil Schroder Campaign

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SB29.5586

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Schroder for Senate

Mailing Address 25 Observatory Pointe Drive

City	State	Zip Code
Wilder	KY	41076

Purpose of Disbursement
General Election Contribution for Wil Schroder Campaign

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SB29.5602

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Susan Westrom Campaign Fund

Mailing Address P.O. Box 22778

City	State	Zip Code
Lexington	KY	40522

Purpose of Disbursement
General Election Contribution to Susan Westrom Campaign

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SB29.5604

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

2500.00

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

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

Category/
Type

1000.00

Category/
Type

State: District:

Category/
Type

State: District:

12500.00