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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURI	// 3A	For Other	r Than An Ai	uthorize	d Commit	tee		Office U	Jse Only	
1. NAME (OF TTEE (in full)	TYPE OR	PRINT ▼		ample: If typer the lines.	ing, type	12FE	4M5		
Kentuck	xy Medical As	sociation	PAC(Kentu	cky Phy	/sicians l	PAC Fede	ral-KP	PAC Fed	eral)	
ADDRESS (number and street)	4965 US	5 Hwy 42							
Ch	eck if different	Suite 20	00							
	n previously orted. (ACC)	Louisvill	e 				KY L	4622	20 –	
2. FEC ID	ENTIFICATION I	NUMBER ▼		CITY 🛦		;	STATE A		ZIP COI	DE 🛦
С	C00016444		3.	IS THIS REPORT		NEW (N) OR		AMENDED (A))	
4. TYPE (Choose	OF REPORT One)		oort On:	eb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	arterly Reports:		M	lar 20 (M3)	Щ	Jun 20 (M6)	Ш	Sep 20 (M9)	Ш	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report	(O1)	A	pr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
×	July 15 Quarterly Report	(C)	12-Day PRE-Election	Ш	Primary (12	P)	Ger	neral (12G)	Ш	Runoff (12R)
П	October 15		Report for the:	Ш	Convention	(12C)	Spe	cial (12S)		
П	Quarterly Report January 31 Year-End Report		Elec	etion on	M = M /	D D /	Y Y Y Y	Y	in the State of	f .
	July 31 Mid-Year Report (Non-elec Year Only) (MY)	(d)	30-Day POST-Election	П	General (30	G)	Rur	off (30R)	П	Special (30S)
П	Termination Repo	ort	Report for the:		M = M /	D D /	Y - Y - Y		in the	
	(TER)		Elec	tion on	W = W 7				in the State of	f
5. Coverin	g Period	04 0		Y	through	M M 06	30		014	
I certify that	I have examined	this Report a	and to the best	of my kno	wledge and	belief it is tru	ie, correc	and complete	ete.	
Type or Prin	t Name of Treasu	rer Nancy S	Swikert MD							
Signature of	Treasurer Na	ncy Swikert ML)		[Electronical	ly Filed]	ate	M M / D		2014
NOTE: Subm	nission of false, erro	oneous, or inc	complete information	tion may s	ubject the pe	rson signing th	nis Repor	to the penal	ties of 2 L	J.S.C. §437g.
. U	ffice Jse								C FOR Rev. 12/20	
	nly	l				1	1	I		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 73079.13 January 1, 2014 (b) Cash on Hand at 68879.59 Beginning of Reporting Period..... 24806.38 22725.80 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 91605.39 97885.51 6(a) and 6(c) for Column B)..... 18943.88 25224.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 72661.51 72661.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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)

Write or Type Committee Name

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

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) Fron	 I:	1044 11110 1 61104	Valellu	ar Year-to-Date			
(a) Individuals/Persons Other							
Than Political Committees				45000.50			
(i) Itemized (use Schedule A)		15657.50		15903.50			
(ii) Unitemized(iii) TOTAL (add		6065.56		7897.56			
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			
2. Transfers From Affiliated/Other							
Party Committees		0.00		0.00			
B. All Loans Received		0.00	1	0.00			
. All Loans Heceiveu				7			
Loan Repayments Received		0.00		0.00			
5. Offsets To Operating Expenditures	1		7				
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)		0.00		0.00			
6. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees		0.00		0.00			
7. Other Federal Receipts							
(Dividends, Interest, etc.)		2.74		5.32			
3. Transfers from Non-Federal and Lev	n Funds						
(a) Non-Federal Account							
(from Schedule H3)		0.00		0.00			
(b) Levin Funds (from Schedule H5)		0.00	1	0.00			
(b) Levill Fullus (IIOIII Schedule HS)		1.50		3.00			
(c) Total Transfers (add 18(a) and 18	(b))	0.00		0.00			
o. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		22725.80		24806.3			
). Total Federal Receipts							

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1044 1110 1 01104	Calcinda Tear-to-Date
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	6443.88	12724.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	6443.88	12724.00
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule r)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than I ontical Committees	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Dishumanas	40500.00	13500.00
Other Disbursements	12500.00	12500.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18943.88	25224.00
(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				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22723.06	24801.06		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22723.06	24801.06		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6443.88	12724.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	6443.88	12724.00		

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

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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)

Α.	Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD		Date of Receipt
	Mailing Address 3520 McClure Road		04 15 2014
	City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.5461 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Winchester Medical Associates	Occupation Physician	Credit Card Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD		Date of Receipt
	Mailing Address 3520 McClure Road City	State Zip Code	05 19 2014 Transaction ID : SA11AI.5523
	Winchester	KY 40391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Winchester Medical Associates	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD		Date of Receipt
	Mailing Address 3520 McClure Road		06 16 2014
	City Winchester	State Zip Code KY 40391	Transaction ID : SA11AI.5547 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer	Occupation	
	Winchester Medical Associates	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

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	Full Name (Last, First, Middle Initial)		
Α.	Doctor Donald Barton MD		Date of Receipt
	Mailing Address 1014 Circle Drive		04 28 2014
	City	State Zip Code	Transaction ID : SA11AI.5496
	Corbin	KY 40701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer	Occupation	
	Retired	Retired Physician	
	Receipt For:		-
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Doctor David J. Bensema MD		Date of Receipt
٠.	Mailing Address 2108 Woodmont Drive		1 ·
	Walling Address 2108 Woodmont Drive		04 14 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.5457
	Lexington	KY 40502	Amount of Each Receipt this Period
		10002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	875.00
	Name of Employer	Occupation	Credit Card Contribution
	Central Baptist Hospital	Physician	
	Receipt For:		-
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	875.00	
С.	Full Name (Last, First, Middle Initial) Doctor Marian E. Bensema MD		Date of Receipt
	Mailing Address 2108 Woodmont Drive		04 14 2014
	City	State Zip Code	Transaction ID : SA11AI.5458
	Lexington	KY 40502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	875.00
	Name of Employer	Occupation	Credit Card Contribution
	Pathology & Cytology Labs	Physician	
	Receipt For:	T	-
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	875.00	

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Detailed Summary Page 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) Doctor C. William Briscoe MD Date of Receipt Mailing Address 775 Scuffletown Road 2014 City State Zip Code Transaction ID: SA11AI.5470 KY Corbin 40701 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Corbin Psychiatric & counseling Servic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Burns MD Date of Receipt Mailing Address 301 Pepperbush Road 04 09 2014 City State Zip Code Transaction ID: SA11AI.5444 KY 40207 Louisville Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Credit Card Contribution Name of Employer Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Terry Clark MD Date of Receipt Mailing Address 2220 Bonhaven Road 30 05 2014 City Zip Code State Transaction ID: SA11AI.5532 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Physician Chipps Caffrey Dubilier PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional).....

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

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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) Doctor J. Gregory Cooper MD Date of Receipt Mailing Address 386 Culpepper Drive 2014 City State Zip Code Transaction ID: SA11AI.5468 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Credit Card Contribution Name of Employer Occupation Physician Family Care Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John P. Eldridge MD Date of Receipt Mailing Address 534 Fincastle Lane 05 02 2014 City State Zip Code Transaction ID: SA11AI.5511 Ft. Wright KY 41011 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Michael Gerwe MD Date of Receipt Mailing Address 1304 Brightleaf Blvd 02 2014 05 City State Zip Code Transaction ID: SA11AI.5506 KY Erlanger 41018 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Physician **OB/GYN Specialists of NKY** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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) Doctor Frank Giese MD Date of Receipt Mailing Address 888 Squire Lake Ct. 02 2014 City State Zip Code Transaction ID: SA11AI.5510 KY Villa Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Name of Employer Occupation Physician Kidney & Hypertension Center Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Gregory Gleis MD Date of Receipt Mailing Address 531 Primrose Way 04 23 2014 City State Zip Code Transaction ID: SA11AI.5488 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Linda Gleis MD Date of Receipt Mailing Address VAMC PM & R (117) 04 23 2014 800 Zorn Ave City State Zip Code Transaction ID: SA11AI.5487 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1275.00 SUBTOTAL of Receipts This Page (optional).....

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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) Doctor William C. Harrison MD Date of Receipt Mailing Address 4045 Foxtail Place 07 2014 City State Zip Code Transaction ID: SA11AI.5432 Owensboro KY 42303 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation RIC Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor James Keller MD Date of Receipt Mailing Address 315 Summit Lane 04 30 2014 City State Zip Code Transaction ID: SA11AI.5499 Ft. Mitchell KY 41011 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Rice Leach MD Date of Receipt Mailing Address PO Box 1497 28 2014 04 City Zip Code State Transaction ID: SA11AI.5492

250.00

40602

KY

С

Occupation Physician

Aggregate Year-to-Date ▼

250.00

Amount of Each Receipt this Period

Frankfort

FEC ID number of contributing

Lexington-Fayette Co Health Dept

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Doctor Kevin Martin MD	on PAC(Kentucky Physicians PAC Fe	Date of Receipt
Mailing Address 5788 Brookstone Dr		04 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5469
Cincinnati	OH 45230-3596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Credit Card Contribution
The Cranley Surgical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Doctor R. Wathen Medley Jr., N	MD	Date of Receipt
Mailing Address 1220 Frederica Street		M = M / D = D / Y = Y = Y
City	State Zip Code	06 13 2014
Owensboro	KY 42301	Transaction ID : SA11AI.5540 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Necelpt this Fellod
federal political committee.	C	250.00
Name of Employer	Occupation	
Daviess County Medical Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Doctor Theodore H. Miller MD)	Date of Receipt
Mailing Address 40 E. Fountain Ave		04 18 2014
City Cincinnati	State Zip Code OH 45246	Transaction ID : SA11AI.5474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	-
Head & Neck Surgery Assoc PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	350.00	

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

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Detailed Summary Page 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) William Monnig MD Date of Receipt Mailing Address 111 Crystal Lane 2014 19 City State Zip Code Transaction ID: SA11AI.5564 Covington KY 41015 Amount of Each Receipt this Period FEC ID number of contributing 306.50 federal political committee. In-kind - Food/Beverage, Postage Printing Name of Employer Occupation The Urology Group Physician Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 306.50 Full Name (Last, First, Middle Initial) B. Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 05 19 2014 City State Zip Code Transaction ID: SA11AI.5519 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 05 19 2014 City State Zip Code Transaction ID: SA11AI.5560 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing С 153.25 federal political committee. In-kind - Food/Beverage, Postage, Printing Name of Employer Occupation Self-employed Homemaker Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 403.25 Other (specify) 509.75 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

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Detailed Summary Page 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) Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 2014 City State Zip Code Transaction ID: SA11AI.5543 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Homemaker Self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 453.25 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 05 19 2014 City State Zip Code Transaction ID: SA11AI.5520 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 05 19 2014 City Zip Code State Transaction ID: SA11AI.5561 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing С 153.25 federal political committee. In-kind - Food/Beverage, Postage, Printing Name of Employer Occupation Physician St. Elizabeth Physicians Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 403.25 Other (specify) 253.25

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

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

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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) Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 2014 16 City State Zip Code Transaction ID: SA11AI.5544 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 453.25 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Eric Neils MD Date of Receipt Mailing Address 904 Squire Oaks Dr 04 23 2014 City State Zip Code Transaction ID: SA11AI.5489 KY Villa Hills 41017-1371 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Radiology Assoc of No KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samuel Newman MD Date of Receipt Mailing Address 870 Squire Oaks Drive 04 14 2014 City Zip Code State Transaction ID: SA11AI.5459 KY Villa Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Credit Card Contribution Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

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Detailed Summary Page 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) Mr. Patrick T. Padgett Date of Receipt Mailing Address 8422 Biggin Hill Lane 2014 City State Zip Code Transaction ID: SA11AI.5552 KY Louisville 40220 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **EVP** Kentucky Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Richard E. Park MD Date of Receipt Mailing Address 11299 Ross Court 04 2014 11 City State Zip Code Transaction ID: SA11AI.5452 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Credit Card Contribution Name of Employer Occupation Independent Anesthesiologists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor John R. Potter MD Date of Receipt Mailing Address 506 Amanda Furnace Circle 06 13 2014 City Zip Code State Transaction ID: SA11AI.5538 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Ashland Children Clinic PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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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 Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. John Rhodes MD		Date of Receipt
Mailing Address 3615 Woodside Place		04 28 2014
City	State Zip Code	Transaction ID : SA11AI.5493
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	450.00
Name of Employer	Occupation Retired Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Mrs. Rhonda K. Rhodes		Date of Receipt
Mailing Address 3615 Woodside Place		M M / D D / Y Y Y Y Y
City	State Zip Code	04 28 2014 Transaction ID : SA11AI.5495
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	450.00
Name of Employer	Occupation	
Self-Employed	Homemaker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Doctor Bruce Scott MD		Date of Receipt
Mailing Address 7501 Pine Knoll Circle		06 24 2014
City Prospect	State Zip Code KY 40059	Transaction ID : SA11AI.5553
FEC ID number of contributing federal political committee.	C 40059	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Kentuckiana Ear, Nose & Throat PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	1400.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Doctor Eugene H Shively MD Mailing Address 803 Lebanon Ave		Date of Receipt
City	State Zip Code	04 09 2014
Campbelsville	KY 42718	Transaction ID : SA11AI.5439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
University Surgical Associates PSC	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct		M = M / D = D / Y = Y = Y
City	State Zip Code	04 15 2014 Transportion ID : \$411 At 5467
Union	KY 41091	Transaction ID : SA11AI.5467 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	Credit Card Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	
Full Name (Last, First, Middle Initial)		
Doctor Donald Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct City	State Zip Code	05 19 2014
Union	KY 41091	Transaction ID : SA11AI.5522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	73.00
Name of Employer	Occupation	
St Elizabeth Family Practice Residency	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	

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

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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)

Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct		05 19 2014
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.25
Name of Employer St Elizabeth Family Practice Residency Receipt For: 2014 ✓ Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 518.25	In-kind - Food/Beverage, Postage, Printing
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Mailing Address 10003 Country Hills Ct	State Zin Code	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 591.25	
Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct		04 15 2014 _
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer	Occupation	Credit Card Contribution
Retired Physician Receipt For: Primary General Other (specify)	Retired Physician Aggregate Year-to-Date ▼ 292.00	

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

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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) Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 2014 City State Zip Code Transaction ID: SA11AI.5521 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 05 19 2014 City State Zip Code Transaction ID: SA11AI.5563 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 153.25 federal political committee. In-kind - Food/Beverage, Postage, Printing Name of Employer Occupation Retired Physician Retired Physician Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 518.25 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 06 16 2014 City Zip Code State Transaction ID: SA11AI.5545 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 С federal political committee. Name of Employer Occupation Retired Physician Retired Physician

591.25

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

University of Louisville

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

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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) Doctor Corazon A. Veza MD Date of Receipt Mailing Address 1118 Woodland Drive 09 2014 City State Zip Code Transaction ID: SA11AI.5441 KY Elizabethtown 42701 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation Corazon A. Veza, MD Phsycian Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor R. Brent Wright MD Date of Receipt Mailing Address 104 Northwood Drive 06 05 2014 City State Zip Code Transaction ID: SA11AI.5536 ΚY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation

	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	The second secon
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	

Physician

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

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cky Physicians PAC Federal-KPPAC Federal)										

	and statements may not be sold or used by any per- g the name and address of any political committee t					
NAME OF COMMITTEE (In Full) Kentucky Medical Association	on PAC(Kentucky Physicians PAC Fo	ederal-KPPAC Federal)				
/	on Active indexy Filysicians PAC Fi	- Guerar I Ao i Guerar				
Full Name (Last, First, Middle Initial) A. Citizens for Affordable Healthcare	ON A A A A A A A A A A A A A A A A A A A					
Mailing Address 523 Centre View Blvd	Mailing Address 523 Centre View Blvd					
City	State Zip Code	05 02 2014 Transaction ID : SA11C.5557				
Crestview Hills	KY 40202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) B.	<u> </u>	Date of Receipt				
Mailing Address	M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	_				
Full Name (Last, First, Middle Initial)						
C. Mailing Address		Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Talloun of Zuor Hosoigt and Toriou				
Name of Employer	Occupation	_				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional	al)	1000.00				
	nber only)	1000.00				

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 30			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22 23	24 25 26	
		27	28a 28b	28c 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	nents may not be sold or us ne and address of any politi	sed by any perso cal committee to	on for the purpose of solicit contributions from	om such committee.	
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)	
Full Name (Last, First, Middle Initial)					
A. Kentucky Medical Association (KM	A)		Date of Disburseme	ent	
Mailing Address 4965 US Hwy 42 Suite 2000			04 15	2014	
City	State Zip Code		Transaction ID : S	P21P 5490	
Louisville	KY 40222		Transaction ib . o	DZ 1 D.3400	
Purpose of Disbursement April 2014 Administration Fee		001	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		604.00	
Office Sought: House Disburser	ment For: 2014	, , , , , , , , , , , , , , , , , , ,	,	,	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. Kontunky Modical Association (KM)	۱۸)		Date of Disburseme	int	
B. Kentucky Medical Association (KM	A)		M M / D D	/	
Mailing Address 4965 US Hwy 42 Suite 2000			04 15	2014	
	State Zip Code		Transaction ID : S	P21P 5492	
Louisville	KY 40222		Transaction ib . S	DDZ 1D.J402	
Purpose of Disbursement Postage, Conference Calls, Printing, Copies		003	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		2115.70	
Office Sought: House Disburser	nent For: 2014				
	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)	Λ\		Date of Disburseme	unt	
C. Kentucky Medical Association (KM	A)				
Mailing Address 4965 US Hwy 42			04 15	2014	
Suite 2000					
City Louisville	State Zip Code KY 40222		Transaction ID: S	B21B.5484	
Purpose of Disbursement Tax on Solicitation Letter	10222	1			
Candidate Name		003	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		59.10	
Office Sought: House Disburser	ment For: 2014	1,700			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
				2779 90	
SUBTOTAL of Disbursements This Page (optional)		·····•		2778.80	
TOTAL This Period (last page this line number only)					
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SCHEDULE B (FEC Form 3X)		F05 : 117	NUMBER: PAGE 24 OF 30		
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ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	e and address of any polition	sed by any perso cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)		
/	(1.10.110.01.1)				
Full Name (Last, First, Middle Initial)	• \		Data of Dishara and		
A. Kentucky Medical Association (KM)	4)		Date of Disbursement		
Mailing Address 4965 US Hwy 42			05 15 2014		
Suite 2000			30 10 2014		
City	state Zip Code		Transaction ID ODOAD 5570		
200.010	KY 40222		Transaction ID: SB21B.5578		
Purpose of Disbursement May Administration Fee		201			
Candidate Name		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	604.00		
Office Sought: House Disbursem	nent For: 2014	Туре	7		
	Primary General				
	Other (specify)				
State: District:	•				
Full Name (Last, First, Middle Initial)					
B. Kentucky Medical Association (KM.	A)		Date of Disbursement		
	,		M = M / D = D / Y = Y = Y		
Mailing Address 4965 US Hwy 42			05 29 2014		
Suite 2000	tata Zin Codo				
•	State Zip Code KY 40222		Transaction ID : SB21B.5579		
Purpose of Disbursement					
Postage and Printing Fees		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	031.45		
		Type	931.45		
	nent For: 2014				
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Kentucky Medical Association (KM)	۸١		Date of Disbursement		
Terridoky Wedicar Association (NW)	٦)		M M / D D / Y Y Y Y		
Mailing Address 4965 US Hwy 42			06 15 2014		
Suite 2000					
	State Zip Code		Transaction ID : SB21B.5592		
Louisville Purpose of Disbursement	KY 40222				
June Administration Fee		001	Amount of Each Disbursement this Period		
Candidate Name			Amount of Each Dispursement this Period		
		Category/ Type	604.00		
Office Sought: House Disbursem	nent For: 2014				
	Primary X General				
	Other (specify) ▼				
State: District:					
			2420.45		
SUBTOTAL of Disbursements This Page (optional)		••••••	2139.45		
TOTAL This Period (last nage this line number only)					

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SCHEDULE B (FEC Form 3X)	FOR		FOR LINE NUMBER: PAGE 25 OF 30			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Stater	ments may not be sold or ::					
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	ederal-KPPAC F	Federal)		
Full Name (Last, First, Middle Initial)						
A. Kentucky Medical Association (KM	A)		Date of Disbursem	_		
Mailing Address 4965 US Hwy 42			06 15	2014		
Suite 2000	O					
City Louisville	State Zip Code KY 40222		Transaction ID :	SB21B.5593		
Purpose of Disbursement	40222					
Printing and Postage Expenses		001	Amount of Each D	isbursement this Period		
Candidate Name		Category/		163.27		
Office Sought: House Disburser	ment For: 2014	Туре				
Senate Senate	Primary Seneral					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B. William Monnig MD			Date of Disbursem	ent		
2. William Monnig MD			M M / D D	/ Y Y Y Y		
Mailing Address 111 Crystal Lane			05 19	2014		
	State Zip Code KY 41015		Transaction ID :	SB21B.5566		
Covington Purpose of Disbursement	KY 41015					
In-kind - Food/Beverage, Postage Printing			Amount of Each D	isbursement this Period		
Candidate Name		Category/		306.50		
Office Sought: House Disburser	ment For: 2014	Туре	7	13000		
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursem	ent		
.			M M / D D			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	1					
p			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type				
	ment For:					
Senate	Primary General					
State: District:	Other (specify) ▼					
Side. District.						
SUBTOTAL of Disbursements This Page (optional)				469.77		
		<u> </u>		F200.00		
TOTAL This Period (last page this line number only)	l			5388.02		

SCHEDULE B (FEC Form 3X)	Llos conorate sales dula (-)	FOR LINE N			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check or for each category of the		one) 22 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c X 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fed	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Alvarado for Sate Senate			Man / Dad / Yayayay		
Mailing Address 3250 McClure Road			06 23 2014		
,	State Zip Code KY 40391		Transaction ID : SB29.5597		
Winchester Purpose of Disbursement					
General Election Contribution to Ralph Alvarado Ca	mpaign	011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	nent For: 2014		,		
	Primary ∑ General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
B. Bob DeWeese Campaign Fund			Date of Disbursement		
Mailing Address 6206 Glenhill Road			05 28 2014		
City S Louisville		Transaction ID : SB29.5589			
Purpose of Disbursement Primary Election Contribution to Bob DeWeese Can	npaign		Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	nent For: 2014 Primary General				
	Primary ☐ General Other (specify) ▼				
State: KY District:					
Full Name (Last, First, Middle Initial) C. Bob DeWeese Campaign Fund			Date of Disbursement		
Bob Devveese Campaign Fund			M = M / D = D / Y = Y = Y		
Mailing Address 6206 Glenhill Road			06 23 2014		
,	State Zip Code		Transaction ID : SB29.5599		
Purpose of Disbursement	KY 40222				
General Election Contribution for Bob DeWeese Car	011	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	1000.00		
Office Sought: House Disbursen	nent For: 2014	71			
	Primary General				
State: KY District:	Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00		
TOTAL This Period (last page this line number only)					

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		Detailed	Summary Page	27	28a 28k		
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full)		21				
$ \rangle$	Kentucky Medical Association PAC	(Kentud	cky Physicia	ns PAC Fe	deral-KPPA	C Federal)	
_	Full Name (Last, First, Middle Initial)				Date of Dill		
A.	Citizens for Addia Wuchner State F	Represe	ntative		Date of Disburs	sement	
	Mailing Address P.O. Box 911				05	15 2014	
	,	State	Zip Code		Transaction I	D : SB29.5585	
	Burlington Purpose of Disbursement	KY	41005			- 1	
	Primary Election Contribution to Addia Wuchner Ca	mpaign		011	Amount of Eac	h Disbursement this Period	
	Candidate Name			Category/ Type		1000.00	
	Office Sought: House Disbursen	nent For:	2014	туре		7	
		Primary	General				
	State: District:	Other (spe	cify) 🔻				
_	Full Name (Last, First, Middle Initial)						
В.					Date of Disburs	sement	
	Mailing Address 5600 Timberlane Drive				06	23 2014	
	City State Zip Code Henderson KY 42420				Transaction I	D : SB29.5603	
	Purpose of Disbursement General Election Contribution for David Watkins Ca	mpaign		011	Amount of Eac	h Disbursement this Period	
	Candidate Name			Category/ Type		1000.00	
	Senate	nent For: Primary Other (spe	X General				
_	Full Name (Last, First, Middle Initial)						
C.	Julia Adams for State Senator				Date of Disburs	sement	
	Mailing Address 213 South Lyndon Lane				06 / D	23 2014	
	,	State	Zip Code		Transaction I	D : SB29.5595	
	Louisville Purpose of Disbursement	KY	40222				
	General Election Contribution to Julie Adams Campaign			011 Amount of Each Disburse		h Disbursement this Period	
	Candidate Name			Category/ Type		1000.00	
	Office Sought: House Disbursen	nent For:	2014	71	7	,	
		Primary	General				
	State: KY District:	Other (spe	cify) 🔻				
	Citato. IXI District.						
s	SUBTOTAL of Disbursements This Page (optional)			·····•		3000.00	
<u> </u>	OTAL The Bushel (C.)						
ΙT	OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Lico concrete cohedula(a)	FOR LINE I	•		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b		
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NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	C(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)		
Full Name (Last, First, Middle Initial)					
Max Wise for Kentucky State Sena	ate		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 130 High Point Crossing			05 15 2014		
City Campbellsville Purpose of Disbursement	State Zip Code KY 42718		Transaction ID : SB29.5582		
Primary Election Contribution to Max Wise Campai	gn	011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
Office Sought: House Senate President State: KY District:	ment For: 2014 Primary General Other (specify) ▼	71			
Full Name (Last, First, Middle Initial) B. Robert Benvenuti Campaign Fund			Date of Disbursement		
Mailing Address 2384 Abbyewood Road			06 23 2014		
City Lexington		Transaction ID : SB29.5598			
Purpose 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 President State: Disburser	ment For: 2014 Primary ☐ General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. Ryan Quarles Campaign Fund			Date of Disbursement		
Mailing Address PO Box 1001			06 23 2014		
Georgetown	State Zip Code KY 40324		Transaction ID : SB29.5601		
Purpose of Disbursement General Election Contribution for Ryan Quarles Car Candidate Name	mpaign	011 Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser Senate President State: District:	ment For: 2014 Primary	.,,,,,			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			3000.00		

	CHEDULE B (FEC Form 3X)	Lloo comovete	oobodulo(a)	FOR LINE NUMBER: PAGE 29 OF 30				
ΙT	EMIZED DISBURSEMENTS	Use separate for each cate Detailed Sum	gory of the	(check only 21b 27	one) 22 23 23 28b	24 25 26 28c X 29 30b		
	y information copied from such Reports and Statem for commercial purposes, other than using the nam							
\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	(Kentucky	Physician	s PAC Fed	deral-KPPAC F	ederal)		
_	Full Name (Last, First, Middle Initial)							
Α.	Schroder for Senate Mailing Address 25 Observatory Pointe Drive				Date of Disbursem			
					00 10	2014		
	Wilder		O Code 076		Transaction ID :	SB29.5586		
	Purpose of Disbursement Primary Election Contribution to Wil Schroder Camp Candidate Name	aign			Amount of Each D	isbursement this Period		
				Category/ Type		500.00		
	Senate President	nent For: 2014 Primary Other (specify)	General					
	State: KY District:							
В.	Full Name (Last, First, Middle Initial) Schroder for Senate				Date of Disbursem			
	Mailing Address 25 Observatory Pointe Drive				06 23	2014		
	Wilder		Ode 076		Transaction ID :	SB29.5602		
	Purpose of Disbursement General Election Contribution for Wil Schroder Campaign 011			011	Amount of Each D	isbursement this Period		
	Candidate Name			Category/ Type		1000.00		
	Senate	nent For: 2014 Primary Other (specify)	General					
	Full Name (Last, First, Middle Initial) Susan Westrom Campaign Fund				Date of Disbursem			
	Mailing Address P.O. Box 22778				06 23	2014		
	,		Code 522		Transaction ID :	SB29.5604		
	Purpose of Disbursement General Election Contribution to Susan Westrom Ca	ımpaign		044				
	Candidate Name			O11 Category/ Type	Amount of Each D	isbursement this Period 1000.00		
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s	UBTOTAL of Disbursements This Page (optional)			······	,	2500.00		
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SCHEDULE B (FEC Form 3X)		T 505 /	NUMBER: PAGE 30 OF 30
·	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 30 OF 30 (check only one)	
ITEMIZED DISBURSEMENTS		21b	22 23 24 25 26
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NAME OF COMMITTEE (In Full)	and address of diff politice	55	The second secon
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Kentucky Medical Association PAG	J(Nentucky Physicial	IS PAC FE	uerai-KPPAC rederai)
Full Name (Last, First, Middle Initial)			
A. Suzanne Miles for State Represen	ntative		Date of Disbursement
ouzanne mnes for otate rrepresen	IIGHVG		M M / D D / Y Y Y Y
Mailing Address PO Box 21592			06 23 2014
City	State Zip Code		Transaction ID - SP20 F600
Owensboro	KY 21592		Transaction ID: SB29.5600
Purpose of Disbursement	omnoign		
General Election Contribution for Suzanne Miles Campaign 011		Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00
Office Coughts		Туре	1000.00
	ment For: 2014		
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		Type	
Office Sought: House Disburse	ment For:		
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SUBTOTAL of Disbursements This Page (optional).			1000.00
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TOTAL This Period (last nage this line number only	۸		12500.00