

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐Check if different  
than previously  
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

KY

5. Covering Period

10

01

2008

through

11

24

2008

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

Susan Bornstein

Signature of Treasurer

Electronically Filed by Susan Bornstein

Date

01

30

2009

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
1	0	0	1	2	0	0	8

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		26643.47
(b) Cash on Hand at Beginning of Reporting Period .....	43526.18	
(c) Total Receipts (from Line 19) .....	7268.58	96016.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50794.76	122659.48
7. Total Disbursements (from Line 31) .....	21325.90	93190.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29468.86	29468.86
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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  
1 0D D  
0 1Y Y Y Y  
2 0 0 8

To:

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

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	2900.00	34950.00
(i) Itemized (use Schedule A) .....	4320.00	59105.00
(ii) Unitemized .....	7220.00	94055.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	7220.00	94055.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1728.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	48.58	232.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7268.58	96016.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7268.58	96016.01

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6545.30	30940.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6545.30	30940.02
22. Transfers to Affiliated/Other Party Committees.....	4410.00	51880.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	10370.60	10370.60
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21325.90	93190.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21325.90	93190.62

**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) .....	7220.00	94055.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7220.00	94055.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6545.30	30940.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1728.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6545.30	29211.71

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Philip A. Decker, Md

Mailing Address 2801 New Hartford Rd

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GTV Surgical Associates  
PSC

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A6FBB85986F6E4BAFB8E

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia M. Elliott-Williams

Mailing Address 1111 Medical Center Dr

City

Mayfield

State

KY

Zip Code

42066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morgan-Haugh Clinic

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
1	0	/	1	5	/	2	0	0	8

Transaction ID: AC61BA9FD025D43298E4

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

James M. Donley, Md

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Orthopaedic Se-  
rvices

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AE30EDAD8661F41A3B88

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Leonor S. Pagtakhan-So, Md

Mailing Address 156 Island Creek Medical Bldg  
PO Box 2708

City State Zip Code  
Pikeville KY 41502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** ADBB20DFBAB63488C85E

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick J. Withrow, Md

Mailing Address 6205 Houser Rd

City State Zip Code  
Paducah KY 42003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Heart Group

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  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** A257A333196154BEC8D9

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Rolando M. Puno

Mailing Address 5956 Timber Ridge Dr Suite 101

City State Zip Code  
Prospect KY 40059-8147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spine Institute 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  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** A0D386B9E2BD148B8990

Amount of Each Receipt this Period

500.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Ronald S. Dubin

Mailing Address 705 N 12 St

City

Middlesboro

State

KY

Zip Code

40965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dubin Orthopedic Center

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  
1 1 / 0 3 / 2 0 0 8

Transaction ID: A10313700F1C14D1DA0C

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Leonor S. Pagtakhan-So, Md

Mailing Address 156 Island Creek Medical Bldg  
PO Box 2708

City

Pikeville

State

KY

Zip Code

41502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: AB6784156D97A4827956

Amount of Each Receipt this Period

150.00

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

450.00

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

2900.00



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

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

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.04

Date of Receipt

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

Transaction ID: A31293391853C4947B85

Amount of Each Receipt this Period

11.49

**B.**

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.70

Date of Receipt

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

Transaction ID: AC8ED2C33655F4252906

Amount of Each Receipt this Period

6.69

**C.**

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.04

Date of Receipt

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

Transaction ID: AD046EA0E52604729913

Amount of Each Receipt this Period

15.43

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

33.61

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

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

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

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City

Louisville

State

KY

Zip Code

40222-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

232.70

Date of Receipt

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

Transaction ID: A55F2CA18420C4DB3B61

Amount of Each Receipt this Period

14.97

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

14.97

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

48.58

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Marshall E. White, III	<b>Transaction ID:</b> B4A24485FA3044CF5998 <b>Date of Disbursement</b>
Mailing Address 1304 S. 6th St	<div> <div>10</div> <div>22</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 10/08 Political Consulting Fee Candidate Name	<div>100.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kentucky Medical Association	<b>Transaction ID:</b> B198FC35925DE4CC7812 <b>Date of Disbursement</b>
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>10</div> <div>22</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40222-6379	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEW mileage, expenses from AMPAC mtg., WM Flight, luggage, Parking, AMPAC Mtg, KPPAC Dinner Speaker T Candidate Name	<div>3146.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kentucky Medical Association	<b>Transaction ID:</b> B056CF7ABF1E34E24995 <b>Date of Disbursement</b>
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>11</div> <div>18</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40222-6379	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage, Mileage, Fedex Charge, KPPAC Petty Cash Charges, KY Telco Charges ( Jack Fry Restaurant, OI Candidate Name	<div>202.26</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3448.78**

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

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

PAGE 13 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City  
LouisvilleState  
KYZip Code  
40206Purpose of Disbursement  
11/08 Political Consulting Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B4F6CC247EF8F4248982

Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000City  
LouisvilleState  
KYZip Code  
40222-6379Purpose of Disbursement  
November Admin. Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BCE1865E85D6E4CEBA43

Date of Disbursement

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

Amount of Each Disbursement this Period

584.00

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

684.00

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

6488.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Medical PAC</p> <hr/> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <hr/> <p>City Washington State DC Zip Code 20001-7400</p> <hr/> <p>Purpose of Disbursement Transfer to Affiliated PAC</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 550px;"></div> <p style="text-align: right; margin-right: 10px;">Category/ Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BAC4B87E4A3FB4A6E86A</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 2 / 2 0 0 8</span> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">760.00</div>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Medical PAC</p> <hr/> <p>Mailing Address 25 Massachusetts Ave, NW Suite 600</p> <hr/> <p>City Washington State DC Zip Code 20001-7400</p> <hr/> <p>Purpose of Disbursement Transfer to Affiliated PAC</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 550px;"></div> <p style="text-align: right; margin-right: 10px;">Category/ Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B542099F8D490432EBF8</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 1 / 1 8 / 2 0 0 8</span> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">1150.00</div>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)</p> <hr/> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <hr/> <p>City Louisville State KY Zip Code 40222</p> <hr/> <p>Purpose of Disbursement Transfer funds to state account</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 550px;"></div> <p style="text-align: right; margin-right: 10px;">Category/ Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9A252439A98545B79A8</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 1 3 / 2 0 0 8</span> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

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

**4410.00**

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

**4410.00**

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00016444         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 92.7 The Wave		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address PO Box 927		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">801.00</div>	
City State Zip Code Columbia KY 42728-0927		<b>Transaction ID:</b> EF91CF396E1F041CB8D0	
Purpose of Expenditure Radio spot for David Givens' race		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee WHSX-FM		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1130 South Dixie Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">512.00</div>	
City State Zip Code Horse Cave KY 42749-1462		<b>Transaction ID:</b> EAEB981A723A24DC981B	
Purpose of Expenditure radio spot for David Givens' race		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1313.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Susan Bornstein Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00016444         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee WVLE		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address PO Box 70163 1727 U.S. 31-W Bypass		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1680.00</div>	
City State Zip Code Bowling Green KY 42102-7163		<b>Transaction ID:</b> EC2622E4D13CB460E88F	
Purpose of Expenditure Radio spot for David Givens' race		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 4965 US Highway 42 Suite 2000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5022.80</div>	
City State Zip Code Louisville KY 40222		<b>Transaction ID:</b> E9A1AF138524442E1BC0	
Purpose of Expenditure Transfer funds to KP-PAC-State for Independent Expenditures		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of State Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">6702.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Susan Bornstein  
 \_\_\_\_\_  
 Signature

Date

M M  
0 1

D D  
3 0

Y Y Y Y  
2 0 0 9



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00016444         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SA Creative		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 10801 Electron Drive, Suite 102		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1596.25</div>	
City State Zip Code Louisville KY 40299-3880		<b>Transaction ID:</b> EB156F8F5EDDE4D32B61	
Purpose of Expenditure 2008 General Election supported David Give- up race with radio tag for write, studio recording, talent,		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee The Citizen-Times		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address PO Box 310		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">195.75</div>	
City State Zip Code Scottsville KY 42164-0310		<b>Transaction ID:</b> E5DE3BDE8461048E0BCC	
Purpose of Expenditure Newspaper Ad (October 30th issue)		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">1792.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Susan Bornstein Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal)			<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00016444	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Jobe Publishing		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>		
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">562.80</div>		
<div style="display: flex; justify-content: space-between;"> <div>City Cave City</div> <div>State KY</div> <div>Zip Code 42127</div> </div>		<b>Transaction ID:</b> E2A204FCDD99B470E9FA		
Purpose of Expenditure newspaper ad in Edmon- ton Herald News (2 twice in weekly)		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">562.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10370.60</div>
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Susan Bornstein _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 3 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>