

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00016444

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

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

11 04

2014

in the State of

KY

5. Covering Period

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

10 16

2014

through

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

11 24

2014

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

Type or Print Name of Treasurer Nancy Swikert MD

Signature of Treasurer

Nancy Swikert MD

[Electronically Filed]

Date

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

12 03

2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		73079.13
(b) Cash on Hand at Beginning of Reporting Period.....	62120.04	
(c) Total Receipts (from Line 19)	4642.83	53916.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66762.87	126996.02
7. Total Disbursements (from Line 31)	2384.48	62617.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64378.39	64378.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3251.00

38087.36

(ii) Unitemized

1391.00

14820.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4642.00

52907.92

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

1000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

4642.00

53907.92

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.83

8.97

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4642.83

53916.89

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4642.83

53916.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1884.48	23317.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1884.48	23317.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	39300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2384.48	62617.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2384.48	62617.63

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)	4642.00	53907.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4642.00	53907.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1884.48	23317.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1884.48	23317.63

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

City Winchester State KY Zip Code 40391

FEC ID number of contributing federal political committee.

C

Name of Employer Winchester Medical Associates

Occupation Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor John Beasley MD

Mailing Address 133 Arbor Crest Dr

City Mayfield State KY Zip Code 40267

FEC ID number of contributing federal political committee.

C

Name of Employer Mayfield Radiologists PSC

Occupation Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor John Johnstone MD

Mailing Address 819 W. Main Street

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period

25.00

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

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

625.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Evelyn Montgomery Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Purchase Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.5862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Shawn C. Jones MD

Mailing Address 8 West Vale

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Purchase ENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Doctor B. Oliapuram Jose MD

Mailing Address 529 S Jackson St

City State Zip Code
 Louisville KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doctor Tom S. Maddox MD

Mailing Address 1210 Griffith Ave.

City State Zip Code
Owensboro KY 42301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Eye Center

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 03 / 2014

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John Markert MD

Mailing Address 4129 Boones Grove Way

City State Zip Code
Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 01 / 2014

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period

300.00

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

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

600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. R. Keith Moore MD

Mailing Address 1412 Woodbridge Trail

City State Zip Code
Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic & Sports Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2014

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Dr

City State Zip Code
Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.25

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.5868

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doctor Neal J. Moser MD

Mailing Address 3216 High Ridge Drive

City State Zip Code
Taylor Mill KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.25

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period

50.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 12

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Doctor H Michael Oghia MD

Mailing Address 4538 Highway 15 South

City State Zip Code
 Jackson KY 41339

FEC ID number of contributing federal political committee.

C

Name of Employer
 Jackson Urology Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 14 2014

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Doctor Donald Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer
 St Elizabeth Family Practice Residency

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.25

Date of Receipt

M M / D D / Y Y Y Y Y
 11 14 2014

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

C. Doctor Nancy Swikert MD

Mailing Address 10003 Country Hills Ct

City State Zip Code
 Union KY 41091

FEC ID number of contributing federal political committee.

C

Name of Employer
 Retired Physician

Occupation
 Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.25

Date of Receipt

M M / D D / Y Y Y Y Y
 11 14 2014

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period

73.00

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

176.00

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

3251.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

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

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Meeting Expense, Conference Call Expense, and IPAD for contribution processing

Candidate Name

001

Category/
Type**Transaction ID : SB21B.5883**

Amount of Each Disbursement this Period

1209.08

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

State: District:

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

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

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
November Administrative Fee

Candidate Name

001

Category/
Type**Transaction ID : SB21B.5892**

Amount of Each Disbursement this Period

670.00

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

State: District:

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

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

Mailing Address PO Box 105658

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Paypal Processing Fees

Candidate Name

001

Category/
Type**Transaction ID : SB21B.5881**

Amount of Each Disbursement this Period

5.40

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

State: District:

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

1884.48

1884.48

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan Schwartz Campaign Fund

Mailing Address 1425 Griers Creek Road

City	State	Zip Code
Versailles	KY	40383

Purpose of Disbursement
Replacement check for lost check # 1341 - contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 56	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SB29.5899

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Supreme Court Justice Michelle Keller Campaign Fund

Mailing Address 788 Brittany Trail

City	State	Zip Code
Florence	KY	41042

Purpose of Disbursement
Contribution to Supreme Court Justice Michelle Keller Campaign Fund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SB29.5900

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

1000.00
