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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) 4965 US Highway 42 ADDRESS (number and street) Suite 2000 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00016444 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Susan Bornstein Type or Print Name of Treasurer Electronically Filed by Susan Bornstein 04 22 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) D D " D 0 7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 34100.16 Ž007 January 1 (b) Cash on Hand at 19200.90 Begining of Reporting Period 38728.68 73561.29 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 57929.58 107661.45 6(a) and 6(c) for Column B) 31286.11 81017.98 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 26643.47 26643.47 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed 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)

м м 0 7 0^D1 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 27101.00 11901.00 (i) Itemized (use Schedule A) 26660.24 44610.24 (ii) Unitemized (iii) TOTAL (add 38561.24 71711.24 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 38561.24 71711.24 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 1340.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 167.44 510.05 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 38728.68 73561.29 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 38728.68 73561.29 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made.....

28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees

(such as PACs)

Expenditures.....

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 20353.25 58470.12 20353.25 58470.12 (add 21(a)(i), (a)(ii) and (b))............ 9590.00 22030.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 0.00 -1000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 600.00 600.00 0.00 0.00 0.00 0.00 600.00 600.00 (add Lines 28(a), (b), and (c)) 742.86 917.86 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 31286.11 81017.98

31286.11

81017.98

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)	38561.24	71711.24
34.	Total Contribution Refunds (from Line 28(d))	600.00	600.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	37961.24	71111.24
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20353.25	58470.12
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1340.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	20353.25	57130.12

FE6AN026

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) Kentucky Medical Association			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Kendall E. Hansen, Md Mailing Address 2028 River Vi City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Interventional Pain Specialist Receipt For: Primary General	State KY C Occupation Self-em	Zip Code 41017	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) K. Eric Ruby Mailing Address 76 N. Linnwood Dr City State Zip Code Somerset KY 42501			Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Commonwealth Urology PSC Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregat		07 contribution
Nancy C. Swikert, Md			
City Union FEC ID number of contributing federal political committee. Name of Employer Patient First Phys West-Union	State KY C Occupation Physicia		Transaction ID: A70E8992B6D8E4873B/ Amount of Each Receipt this Period 500.00 07 contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Uday V. Dave Mailing Address 807 Shamrock Dr City Madisonville FEC ID number of contributing federal political committee. Name of Employer Trover Clinic Receipt For: Primary General Other (specify)	State Zip Code KY 42431-8646 C Occupation Physician Aggregate Year-to-Date ▼ 250.	Date of Receipt O 7
В.	Full Name (Last, First, Middle Initial) Donald J. Swikert Mailing Address 10003 Country Hill Ct City Union FEC ID number of contributing federal political committee. Name of Employer Donald J. Swikert, MD Receipt For: Primary General Other (specify)	State Zip Code KY 41091-9774 C Occupation Physician Aggregate Year-to-Date ▼ 1000.	Date of Receipt O 7
С.	Full Name (Last, First, Middle Initial) William L. Shuffett Mailing Address 1353 Cloverlick Rd City Greensburg FEC ID number of contributing federal political committee. Name of Employer Jane Todd Primary Care Receipt For: Primary General Other (specify)	State Zip Code KY 42743 C Occupation Physician Aggregate Year-to-Date ▼ 250.	Date of Receipt 0 7
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ross McHenry, Md Mailing Address 219 Farmington City Lakeside Park FEC ID number of contributing federal political committee.	State KY	Zip Code 41017	Date of Receipt M M D D Y Y Y Y Y Y Y Y
_	Name of Employer Tri-State Gastroenterology Associates Receipt For: Primary General Other (specify) ▼	, '	n oloyed physician o Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) John R. White Mailing Address 1218 Summitt Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lexington FEC ID number of contributing federal political committee. Name of Employer Pulmonary Associates	State KY C Occupatio Physicia		Transaction ID: AD2879599CD354BB285 Amount of Each Receipt this Period 1500.00 2007 contribution
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1500.00	
С.	Full Name (Last, First, Middle Initial) David E. Jones Mailing Address 1402 Hunting Creek Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Owensboro FEC ID number of contributing federal political committee.	State KY	Zip Code 42303	Transaction ID: A6AE177DA70EF4D278E Amount of Each Receipt this Period 500.00
	Name of Employer Physicians Eye Center	Occupatio	n on Requested	2007 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (In Full)	ne name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Rolando M. Puno Mailing Address 5956 Timber Ridge D City Prospect FEC ID number of contributing federal political committee. Name of Employer Spine Institute PSC	State KY C Occupation Physician		Date of Receipt M M D D 2 1 2 0 0 7
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Uday V. Dave Mailing Address 807 Shamrock Dr City	State	Zip Code	Date of Receipt M M
	Madisonville FEC ID number of contributing federal political committee. Name of Employer Trover Clinic	C Occupation Physician		Amount of Each Receipt this Period 251.00 2007 additional contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 501.00	
С.	Full Name (Last, First, Middle Initial) Orville J. Stein, Md Mailing Address 475 Goodin Rd City Somerset	State KY	Zip Code 42503-4818	Date of Receipt 10 01 2007 Transaction ID: A93F1E08B99CB4BAAB6E Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42505-4010	300.00
	Name of Employer Information Requested Receipt For: Primary General Other (specify)	Occupation Retired P Aggregate		2007 contribution
	SUBTOTAL of Receipts This Page (optional)			1051.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (ne name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) William E. Trent Mailing Address 2138 Foxtail Dr City Lagrange FEC ID number of contributing federal political committee. Name of Employer Bluegrass Women's Center PLLC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A6A5ED2EE8D304466A8 Amount of Each Receipt this Period 300.00 2007 contribution
- В.	Full Name (Last, First, Middle Initial) Anir Dhir Mailing Address 751 The Grange Ln City Lexington FEC ID number of contributing federal political committee. Name of Employer Dermatology Associates of KY PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M J D D J Z D O 7 Transaction ID: AE47E117423374A13AB Amount of Each Receipt this Period 500.00 2007 addl contribution
_ C.	Full Name (Last, First, Middle Initial) K. John Yun Mailing Address 914 Winchester Blvd City Elizbethtown FEC ID number of contributing federal political committee. Name of Employer Wolf and Yun Receipt For: Primary General Other (specify)	State KY C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AFD2A43E8C59A434088 Amount of Each Receipt this Period 300.00 2007 contribution
	SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee (Kentucky Physicians PAC Federal-KPP)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Diane Park Mailing Address 11299 Ross Ct City Union FEC ID number of contributing	State Zip Code KY 41091-9697	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Homemaker Aggregate Year-to-Date 350.00	2007 addl contribution
Full Name (Last, First, Middle Initial) Joseph F. Haas, Md Mailing Address 36 Rio Vista Dr City Fort Thomas FEC ID number of contributing federal political committee. Name of Employer Head & Neck Surgery Associates PSC Receipt For: Primary General Other (specify)	State Zip Code KY 40175 C Occupation Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A99F459E2002B44D2B Amount of Each Receipt this Period 150.00 2007 addl contribution
Full Name (Last, First, Middle Initial) Richard E. Park, Md Mailing Address 11299 Ross Ct City Union FEC ID number of contributing federal political committee. Name of Employer Independent Anesthesiologists PSC Receipt For: Primary General Other (specify)	State Zip Code KY 41091 C Occupation Self-employed physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / 2007 Transaction ID: A8B92FD0CB83342619 Amount of Each Receipt this Period 300.00 2007 addl contribution
SUBTOTAL of Receipts This Page (optional)	600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and add	dress of any political committee to	o solicit contributions from such committee.
<u>/</u> / A .	Full Name (Last, First, Middle Initial) Ronald S. Dubin Mailing Address 705 N. 12 St City Middlesboro FEC ID number of contributing federal political committee. Name of Employer Dubin Orthopedic Center Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AF4E32F58474C4E59BC Amount of Each Receipt this Period 300.00 2007 Contribution
В.	Full Name (Last, First, Middle Initial) Emily Cameron Mailing Address 780 Joe Lewis Rd City Somerset FEC ID number of contributing federal political committee. Name of Employer Lake Cumberland Cardiovas- cular Assoc Receipt For: Primary General Other (specify)	State KY C Occupation RN Aggregate	Zip Code 42503 Year-to-Date ▼ 1000.00	Date of Receipt M M M / 24 / 2007 Transaction ID: AE96A50F0FC4443A59F Amount of Each Receipt this Period 1000.00 2007 contribution
	Full Name (Last, First, Middle Initial) Bill H. Harris, MD Mailing Address 107 Primrose Ln City Pikeville FEC ID number of contributing federal political committee. Name of Employer Pikeville Med Ctr Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / 27 27 2007 Transaction ID: AEB90059479BF4294AF Amount of Each Receipt this Period 1000.00 2007 contribution
	SUBTOTAL of Receipts This Page (optional)			2300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ronald J. Wurth, Md Mailing Address 414 Deerlake Rd City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Elizabethtown Radiology PSC Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial Aggregate		Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Mary Jo Ratliff, Md Mailing Address PO Box 1347 City Pikeville FEC ID number of contributing federal political committee. Name of Employer Eastern KY Anesthesia & Pain Managemen Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Eric W. Neils Mailing Address 904 Squire Oaks Dr City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Radiology Associates of Northern KY Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial Aggregate		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)			1150.00
	TOTAL This Period (last page this line number	only)		11901.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C	Zip Code 40222-6240	Date of Receipt M M M 28 2007 Transaction ID: ADCAD6B60AD2346259EB Amount of Each Receipt this Period 23.82 Interest payment
В.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 n • Year-to-Date ▼	Date of Receipt M M
_ C.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 n • Year-to-Date ▼	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			31.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	Statements may not be sold or used by any per ename and address of any political committee control of the contr	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 40222-6240 C Occupation Aggregate Year-to-Date ▼ 255.01	Date of Receipt M M M
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 40222-6240 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 40222-6240 C Occupation Aggregate Year-to-Date ▼ 306.37	Date of Receipt M M 3 1 2 0 0 7
SUBTOTAL of Receipts This Page (optional)	1	47.57

				1
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
A.	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane	name and add	dress of any political committee t	o solicit contributions from such committee.
	City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 In Parameter 225.53	Transaction ID: A6C8D38367F824208A20 Amount of Each Receipt this Period 2.11 Interest payment
В.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 2500 Lime Kiln Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KY C Occupation Aggregate	Zip Code 40222-6240 n e Year-to-Date ▼	Date of Receipt 10 31 2007 Transaction ID: A92B8DE3189AA4D1A81 Amount of Each Receipt this Period 25.42 Interest Payment

SUBTOTAL of Receipts This Page (optional)	•	27.53
TOTAL This Period (last page this line number only)		106.77

CHEDULE B (FEC Form 3X)	Use separate sch			OR LINE heck on			:		PA	GE 17/	28	
TEMIZED DISBURSEMENTS	for each category Detailed Summar		X	21b 27	_ 2	_	23 28b	Н	24 28c	25 29		26 30
ny Information copied from such Reports and Stat												
for commercial purposes, other than using the na	me and address of any	y political co	mmıt	tee to s	olicit c	contrib	utions fr	om	such c	ommittee	•	
NAME OF COMMITTEE (In Full)	tualar Dhysisiana D	AC Fodor			Cada	رار دما/						
Kentucky Medical Association PAC (Ken	lucky Filysicians F	AC Federa	ai-N	FFAC	reue	iai)						
Full Name (Last, First, Middle Initial)					Т	ransa	ction ID	: BF	AB05	61EF66	B40	 C2 <i>F</i>
Marshall E. White, III							Disburs					
Mailing Address 1304 S. 6th St						м 7 ^м	/ D	3 ^D	/ Y	žoŏ	7 ^Y	
City	State Zip Co				Α	moun	of Each	n Dis	burser	ment this	Peri	od
Louisville	KY 4020	6								100	00	_
Purpose of Disbursement 7/07 Political Consultant Fee		lΓ								100.	00	
Candidate Name		—— L	Cate	nory/								
		'	Jaiei Typ									
Office Sought: House Disbut	sement For:				1							
Senate		General										
President State: District:	Other (specify)											
Full Name (Last, First, Middle Initial)												
Kentucky Medical Association							ction ID Disburs	_		97D154	B4A	ιEC
						ММ	_		/ Y	YYY	Υ	
Mailing Address 4965 US Highway 42 Suite 2000					L	0 7		3 1	L	žoŏ	7	
City Louisville	State Zip Co KY 4022	ode 2-6379			Α	moun	t of Each	n Dis	burser	ment this	Peri	od
Purpose of Disbursement	N1 4022	2-03/9			- [772.	83	
July admin fee, travel, broadcast fax, f						-			-		0	_
Candidate Name			Cate Typ									
Office Sought: House Disbut Senate President	sement For: Primary Other (specify)	General										
State: District:												
Full Name (Last, First, Middle Initial) SA Creative					D	ate of	ction ID Disburs			926197		;FD
Mailing Address 10801 Electron Drive,	Suite 102					8 0	/ D	3 1	/ Y	žoŏ	7 ^Y	
City	State Zip Co	ode			A	moun	t of Each	n Dis	burser	ment this	Peri	od
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam					
\rangle	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentu	ucky Physicians PAC Fed	deral	-KPPAC Fe	ederal)	
<u>/</u>	Full Name (Last, First, Middle Initial) American Medical Association PAC				Transaction Date of Disbu	ID: B49DD7F07E18643E09
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Full Name (Last, Bradley T. Rar	First, Middle Initial) Ikin, Md					1	saction II	sement	422FEI	3464A4
Mailing Address	12 Margaret Ct					o s) M / D	130	žoč	7 Y
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City Somerset		State KY	Zip Code 42503-4673			Amo	ount of Eac	h Disburse		
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	y Information copied from such Reports and State for commercial purposes, other than using the nan									
\vdash	NAME OF COMMITTEE (In Full)	71								
$ \rangle$	Kentucky Medical Association PAC (Kentu	ucky Physicians PAC Fe	deral	-KPPA	C F	ederal)				
	Full Name (Last, First, Middle Initial) Charles C. Smith, Jr. Md						saction II	_	F0C7CA4BB7	743A29
	Mailing Address 2109 Starmont Rd						M / D		Ý Ž 0 Ŏ 7	Y
	City	State Zip Code				Amou	ınt of Eac	h Disbu	ursement this Pe	eriod
	Louisville Purpose of Disbursement	KY 40207			_		•	•	50.00	-
	Refund for KMA/KPPAC dinner ticket Candidate Name									
				ategory/ Type						
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	Full Name (Last, First, Middle Initial) Larry Lyonal Cunningham						saction II of Disbur		D76D991945	468AB
	Mailing Address 4832 Pleasant Grove Ro	j				0 ^M 9	M / D	1 3 ^D	[°] 2007	Y
	City Lexington	State Zip Code KY 40515				Amou	ınt of Eac	h Disbu	ursement this Pe	eriod
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•	Full Name (Last, First, Middle Initial) Uday V. Dave						of Disbur		CE9F6131FE	49859
	Mailing Address 807 Shamrock Dr					1 ^M 0	M / D	08	y žo v 7	Y
	City Madisonville	State Zip Code KY 42431-8646				Amou	ınt of Eac	h Disbu	ursement this Po	eriod
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$\overline{}$	NAME OF COMMITTEE (In Full)									
\rangle	Kentucky Medical Association PAC (Kenti	ucky Physicians PAC Fe	deral-	-KPP/	AC Fe	ederal))			
	Full Name (Last, First, Middle Initial) Jan Crase					-			687E0874A64	17EB8
	Mailing Address 99 Little Creek Rd						of Disburs		Ý ŽOÝ7	Y
	City	State Zip Code				Amou	unt of Eac	h Disbı	ursement this Pe	eriod
	Somerset	KY 42503-4673	3						50.00	-
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	Senate President	ement For: Primary General Other (specify) ▼								
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	Full Name (Last, First, Middle Initial) Steven Joseph Stack					Date	of Disburs	sement		
	Mailing Address 2083 Bridgeport Dr					1 ^M 0	M / D	08	ž 0 0 7	<u> </u>
	City Lexington	State Zip Code KY 40502				Amou	unt of Eac	h Disbu	ursement this Pe	-
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	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼								
	Full Name (Last, First, Middle Initial) R. Brent Wright, Md					-	of Disburs	sement	ACCF5384324	4ED
	Mailing Address 115 Rebecca Ln					0 9	M / D	13	ž 0 0 7	Y
	City Glasgow	State Zip Code KY 42141-1230)			Amou	unt of Eac	h Disbı	ursement this Pe	eriod
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or for comme	on copied from such Reports rcial purposes, other than using COMMITTEE (In Full) y Medical Association PA	ng the name and addre	ss of any political c	ommittee to sol	icit contributions fro	
A. Rick S. I	Full Name (Last, First, Middle Initial) Rick S. Miles Mailing Address 124 Dowell Rd Suite 6				Date of Disburse	B68ADCB5FEF774AFD85
City Russell	Springs of Disbursement or KMA/KPPAC dinner ticket	State KY	Zip Code 42642-4280	Category/		Disbursement this Period 50.00
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D	e (Last, First, Middle Initial) E. Carter, Md ddress 805 N. Main St				Date of Disburse	B9A66C308387F4427877 ement
	of Disbursement or KMA/KPPAC dinner ticket	State KY	Zip Code 42167-1002	Category/ Type	Amount of Each	Disbursement this Period 50.00
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	NAME OF COMMITTEE (In Full) Kentucky Medical Association PA	AC (Kentucky Physicians PAC Fe	deral-KPPAC F	Federal)
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: B2F60858A55FD4289BF9
Λ.	PNC Bank			Date of Disbursement
	Mailing Address 2500 Lime Kiln	Lane		1 2 M / D 0 3 / Y 2 0 0 7 Y
	City Louisville	State Zip Code KY 40222-6240	ı	Amount of Each Disbursement this Period
	Purpose of Disbursement Interest Adjustment Debit Effective 11/	3		0.03
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary X General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.			Transaction ID: B28AD239D18284E5D849 Date of Disbursement
	Mailing Address Accounting De 205 Pennsylvar	ot nnia Ave, SE		1 1 M / D 3 D / Y Y Y O Y Y
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
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