

**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
REPORTNEW
(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

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

04

22

2008

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
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		34100.16
(b) Cash on Hand at Beginning of Reporting Period	19200.90	
(c) Total Receipts (from Line 19)	38728.68	73561.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57929.58	107661.45
7. Total Disbursements (from Line 31)	31286.11	81017.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26643.47	26643.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

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	11901.00	27101.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	26660.24	44610.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	38561.24	71711.24
(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) ➡	38561.24	71711.24
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	1340.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	167.44	510.05
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))	38728.68	73561.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38728.68	73561.29

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.....	20353.25	58470.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	20353.25	58470.12
22. Transfers to Affiliated/Other Party Committees.....	9590.00	22030.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	-1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	600.00	600.00
(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))	600.00	600.00
29. Other Disbursements.....	742.86	917.86
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))..	31286.11	81017.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	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

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kendall E. Hansen, Md

Mailing Address 2028 River Vista Ct

City

Villa Hills

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interventional Pain Specialist

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AA50F5AEF563E41B489A

Amount of Each Receipt this Period

1000.00

2007 kppac contribution

B.

Full Name (Last, First, Middle Initial)

K. Eric Ruby

Mailing Address 76 N. Linnwood Dr

City

Somerset

State

KY

Zip Code

42501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Urology 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
0 7 / 3 0 / 2 0 0 7

Transaction ID: ADF21DAFA47EC421995A

Amount of Each Receipt this Period

500.00

07 contribution

C.

Full Name (Last, First, Middle Initial)

Nancy C. Swikert, Md

Mailing Address 10003 Country Hill Ct

City

Union

State

KY

Zip Code

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patient First Phys West-U-nion

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
0 7 / 3 0 / 2 0 0 7

Transaction ID: A70E8992B6D8E4873BA4

Amount of Each Receipt this Period

500.00

07 contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

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 / 28

(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)

Uday V. Dave

Mailing Address 807 Shamrock Dr

City

Madisonville

State

KY

Zip Code

42431-8646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trover Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: AEC0A312660C548939BE

Amount of Each Receipt this Period

100.00

2 kppac dinner tickets

B.

Full Name (Last, First, Middle Initial)

Donald J. Swikert

Mailing Address 10003 Country Hill Ct

City

Union

State

KY

Zip Code

41091-9774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald J. Swikert, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A0605DDE00E9440E09A1

Amount of Each Receipt this Period

1000.00

07 contribution

C.

Full Name (Last, First, Middle Initial)

William L. Shuffett

Mailing Address 1353 Cloverlick Rd

City

Greensburg

State

KY

Zip Code

42743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jane Todd Primary Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: AFD624EB689234623970

Amount of Each Receipt this Period

100.00

2 kppac dinner tickets

SUBTOTAL of Receipts This Page (optional)

1200.00

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 / 28

(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)

Ross McHenry, Md

Mailing Address 219 Farmington

City

Lakeside Park

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-State Gastroenterology
Associates

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
0	7		3	0		2	0	0	7

Transaction ID: AE27951B2AD6143B2895

Amount of Each Receipt this Period

500.00

07 contribution

B.

Full Name (Last, First, Middle Initial)

John R. White

Mailing Address 1218 Summitt Dr

City

Lexington

State

KY

Zip Code

40502-2273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pulmonary Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	7

Transaction ID: AD2879599CD354BB285C

Amount of Each Receipt this Period

1500.00

2007 contribution

C.

Full Name (Last, First, Middle Initial)

David E. Jones

Mailing Address 1402 Hunting Creek Dr

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Eye Center

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	7

Transaction ID: A6AE177DA70EF4D278DF

Amount of Each Receipt this Period

500.00

2007 contribution

SUBTOTAL of Receipts This Page (optional)

2500.00

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 9 / 28

(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)

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
0 8 / 2 1 / 2 0 0 7

Transaction ID: A672D47B357B447F99C1

Amount of Each Receipt this Period

500.00

2007 contribution

B.

Full Name (Last, First, Middle Initial)

Uday V. Dave

Mailing Address 807 Shamrock Dr

City

State

Zip Code

Madisonville

KY

42431-8646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trover Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: A2AB1DF1FC8494E7AA17

Amount of Each Receipt this Period

251.00

2007 additional contrib-
ution

C.

Full Name (Last, First, Middle Initial)

Orville J. Stein, Md

Mailing Address 475 Goodin Rd

City

State

Zip Code

Somerset

KY

42503-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A93F1E08B99CB4BAAB6E

Amount of Each Receipt this Period

300.00

2007 contribution

SUBTOTAL of Receipts This Page (optional)

1051.00

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 / 28

(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)

William E. Trent

Mailing Address 2138 Foxtail Dr

City

Lagrange

State

KY

Zip Code

40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluegrass Women's Center
PLLC

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 / 0 1 / 2 0 0 7

Transaction ID: A6A5ED2EE8D304466A80

Amount of Each Receipt this Period

300.00

2007 contribution

B.

Full Name (Last, First, Middle Initial)

Anir Dhir

Mailing Address 751 The Grange Ln

City

Lexington

State

KY

Zip Code

40511-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
KY PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: AE47E117423374A13AB1

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

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolf and Yun

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 / 0 1 / 2 0 0 7

Transaction ID: AFD2A43E8C59A4340886

Amount of Each Receipt this Period

300.00

2007 contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(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)

S. Diane Park

Mailing Address 11299 Ross Ct

City

State

Zip Code

Union

KY

41091-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A870CD9E8C6EB47B5B86

Amount of Each Receipt this Period

150.00

2007 addl contribution

B.

Full Name (Last, First, Middle Initial)

Joseph F. Haas, Md

Mailing Address 36 Rio Vista Dr

City

State

Zip Code

Fort Thomas

KY

40175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Head & Neck Surgery Assoc-
iates PSC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A99F459E2002B44D2B63

Amount of Each Receipt this Period

150.00

2007 addl contribution

C.

Full Name (Last, First, Middle Initial)

Richard E. Park, Md

Mailing Address 11299 Ross Ct

City

State

Zip Code

Union

KY

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Anesthesiolog-
ists PSC

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 Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A8B92FD0CB83342619B6

Amount of Each Receipt this Period

300.00

2007 addl contribution

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 12 / 28

(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 Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: AF4E32F58474C4E59BCF

Amount of Each Receipt this Period

300.00

2007 Contribution

B.

Full Name (Last, First, Middle Initial)

Emily Cameron

Mailing Address 780 Joe Lewis Rd

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Cumberland Cardiovas-
cular Assoc

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: AE96A50F0FC4443A59FF

Amount of Each Receipt this Period

1000.00

2007 contribution

C.

Full Name (Last, First, Middle Initial)

Bill H. Harris, MD

Mailing Address 107 Primrose Ln

City

Pikeville

State

KY

Zip Code

41501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikeville Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: AEB90059479BF4294AF5

Amount of Each Receipt this Period

1000.00

2007 contribution

SUBTOTAL of Receipts This Page (optional)

2300.00

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 13 / 28

(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 J. Wurth, Md

Mailing Address 414 Deerlake Rd

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elizabethtown Radiology
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: A56773A5CC86449F4907

Amount of Each Receipt this Period

150.00

2007 contribution

B.

Full Name (Last, First, Middle Initial)

Mary Jo Ratliff, Md

Mailing Address PO Box 1347

City

Pikeville

State

KY

Zip Code

41502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern KY Anesthesia &
Pain Management

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: AEB193F6AFBC640F3901

Amount of Each Receipt this Period

500.00

2007 contribution

C.

Full Name (Last, First, Middle Initial)

Eric W. Neils

Mailing Address 904 Squire Oaks Dr

City

Villa Hills

State

KY

Zip Code

41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: ABEB5B2F532C746A2A75

Amount of Each Receipt this Period

500.00

online contribution

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

11901.00

SCHEDULE A (FEC Form 3X) **ITEMIZED 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

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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 ▼

225.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: ADCAD6B60AD2346259EB

Amount of Each Receipt this Period

23.82

Interest payment

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 ▼

306.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A25DDF673C0C64C9DAC2

Amount of Each Receipt this Period

3.41

Interest Payment

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 ▼

281.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A0E94D8310E79438F83F

Amount of Each Receipt this Period

4.44

Interest

SUBTOTAL of Receipts This Page (optional)

31.67

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 15 / 28

(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 ▼

255.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: AD097C01A835B41EBAEA

Amount of Each Receipt this Period

4.06

Interest Payment

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 ▼

281.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A1BD9DA54421F4BAFB1F

Amount of Each Receipt this Period

21.90

Interest

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 ▼

306.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A5AF7EBD5A7A64CB18F4

Amount of Each Receipt this Period

21.61

Interest Payment

SUBTOTAL of Receipts This Page (optional)

47.57

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 16 / 28

(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 ▼

225.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A6C8D38367F824208A28

Amount of Each Receipt this Period

2.11

Interest payment

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 ▼

255.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: A92B8DE3189AA4D1A811

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

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 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	Transaction ID: BFAB0561EF66B4C2ABB8 Date of Disbursement
Mailing Address 1304 S. 6th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
City State Zip Code Louisville KY 40206 Purpose of Disbursement 7/07 Political Consultant Fee Candidate Name	Amount of Each Disbursement this Period <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) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B9636797D154B4AEC886 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
City State Zip Code Louisville KY 40222-6379 Purpose of Disbursement July admin fee, travel, broadcast fax, f Candidate Name	Amount of Each Disbursement this Period <div>772.83</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) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) SA Creative	Transaction ID: B43D4892619704CFDAE4 Date of Disbursement
Mailing Address 10801 Electron Drive, Suite 102	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div>
City State Zip Code Louisville KY 40299-3880 Purpose of Disbursement Invoice # 7363 Candidate Name	Amount of Each Disbursement this Period <div>12095.00</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) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

12967.83

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 Page

FOR LINE NUMBER:
(check only one)

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<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	Transaction ID: B79B0AE8E1EF2454090C Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 08/07 Political Consultant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
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. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: B3810C59265844EEAB6D Date of Disbursement																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period																				
Purpose of Disbursement August Admin fee Candidate Name	<table border="1"> <tr> <td colspan="10">503.00</td> </tr> </table>	503.00																			
503.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Marshall E. White, III	Transaction ID: BF0AAA6DB480F4A06915 Date of Disbursement																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	7												
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 09/07 Political Consultant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
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)

703.00

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 28

<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)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
September Admin fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B838606ECAB15498BA9C

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

503.00

B.

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City Louisville State KY Zip Code 40206

Purpose of Disbursement
10/07 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BCF354EBED7FC434F9D3

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement
October Admin fee, Room rental for Annua

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BB233A4E690264499B47

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2680.81

SUBTOTAL of Disbursements This Page (optional)

3283.81

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 28

<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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement credit card merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA54EB40D32A64D03B00</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 181.72</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement November Admin fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B66EF1D50E4B147AC85A</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 503.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 11/07 Political Consultant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBC286B999E4A4BF6BBA</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional)

784.72

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 Page

FOR LINE NUMBER:
(check only one)

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<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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 2500 Lime Kiln Lane</p> <p>City Louisville State KY Zip Code 40222-6240</p> <p>Purpose of Disbursement Credit Card Merchant Fee ACH debit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2F4A9CA2274246A89BF</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 23.04</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Medical Association</p> <p>Mailing Address 4965 US Highway 42 Suite 2000</p> <p>City Louisville State KY Zip Code 40222-6379</p> <p>Purpose of Disbursement Dec Admin fee,bonus, annual meeting priz</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B82B10771B9C0438CB5B</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 2213.49</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marshall E. White, III</p> <p>Mailing Address 1304 S. 6th St</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement 12/07 Political Consultant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3FEB127A61D74700ACF</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

2336.53

TOTAL This Period (last page this line number only)

20075.89

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

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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)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

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

State: District:

Transaction ID: B2E5A9C551C244B229D1

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

3150.00

B.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

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

State: District:

Transaction ID: B914CF849FC954618BEB

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

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

State: District:

Transaction ID: BFBD70416695E4ABFB10

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

4340.00

SUBTOTAL of Disbursements This Page (optional)

8190.00

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 Page

FOR LINE NUMBER:
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☐ 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)

A.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliate PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B49DD7F07E18643E099D

Date of Disbursement

M M / D D / Y Y Y Y
09 28 2007

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B11E755EC2591493390E

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2007

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BFEACFC0675904682911

Date of Disbursement

M M / D D / Y Y Y Y
11 30 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

9590.00

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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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Bradley T. Rankin, Md

Mailing Address 12 Margaret Ct

City
Paducah

State
KY

Zip Code
42001

Purpose of Disbursement
Refund of KMA/KPPAC dinner ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B9CFC422FEB464A40A4A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Norma T. Rankin, Md

Mailing Address 12 Margaret Ct

City
Paducah

State
KY

Zip Code
42001

Purpose of Disbursement
Refund for KMA/KPPAC dinner ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF5D9F418EFCA43D59C4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James D. Crase

Mailing Address 99 Little Creek Rd

City
Somerset

State
KY

Zip Code
42503-4673

Purpose of Disbursement
Refund for KMA/KPPAC dinner ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B16ADF851C48F45DBB43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

150.00

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 Page

FOR LINE NUMBER:
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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) Charles C. Smith, Jr. Md	Transaction ID: B49F0C7CA4BB743A2920 Date of Disbursement
Mailing Address 2109 Starmont Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 7</div> </div>
City State Zip Code Louisville KY 40207	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket Candidate Name	<div> <div>50.00</div> <div>Category/Type</div> </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. Full Name (Last, First, Middle Initial) Larry Lyonel Cunningham	Transaction ID: B4FD76D991945468ABAC Date of Disbursement
Mailing Address 4832 Pleasant Grove Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 7</div> </div>
City State Zip Code Lexington KY 40515	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket Candidate Name	<div> <div>50.00</div> <div>Category/Type</div> </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) ▼
C. Full Name (Last, First, Middle Initial) Uday V. Dave	Transaction ID: B45CE9F6131FE498594E Date of Disbursement
Mailing Address 807 Shamrock Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 8 / 2 0 0 7</div> </div>
City State Zip Code Madisonville KY 42431-8646	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner tickets Candidate Name	<div> <div>100.00</div> <div>Category/Type</div> </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)

200.00

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 Page

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☐ 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)

A. Full Name (Last, First, Middle Initial) Jan Crase	Transaction ID: B29687E0874A647EB820 Date of Disbursement
Mailing Address 99 Little Creek Rd	<div> <div>10</div> <div>08</div> <div>2007</div> </div>
City Somerset State KY Zip Code 42503-4673	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket Candidate Name	<div>50.00</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. Full Name (Last, First, Middle Initial) Steven Joseph Stack	Transaction ID: BCCC25400150B4887BF6 Date of Disbursement
Mailing Address 2083 Bridgeport Dr	<div> <div>10</div> <div>08</div> <div>2007</div> </div>
City Lexington State KY Zip Code 40502	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket Candidate Name	<div>50.00</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) ▼
C. Full Name (Last, First, Middle Initial) R. Brent Wright, Md	Transaction ID: B5BACCF5384324ED4AE0 Date of Disbursement
Mailing Address 115 Rebecca Ln	<div> <div>09</div> <div>13</div> <div>2007</div> </div>
City Glasgow State KY Zip Code 42141-1230	Amount of Each Disbursement this Period
Purpose of Disbursement Refund for KMA/KPPAC dinner ticket Candidate Name	<div>50.00</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) ▼

SUBTOTAL of Disbursements This Page (optional)

150.00

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)

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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 checked="" 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)

Rick S. Miles

Mailing Address 124 Dowell Rd Suite 6

City State Zip Code
Russell Springs KY 42642-4280Purpose of Disbursement
Refund for KMA/KPPAC dinner ticket

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B68ADCB5FEF774AFD857

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James E. Carter, Md

Mailing Address 805 N. Main St

City State Zip Code
Tompkinsville KY 42167-1002Purpose of Disbursement
Refund for KMA/KPPAC dinner ticket

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B9A66C308387F4427877

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

600.00

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 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)

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 2500 Lime Kiln Lane

City
Louisville

State
KY

Zip Code
40222-6240

Purpose of Disbursement
Interest Adjustment Debit Effective 11/3

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B2F60858A55FD4289BF9

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

0.03

B.

Full Name (Last, First, Middle Initial)

Aristotle International, Inc.

Mailing Address Accounting Dept
205 Pennsylvania Ave, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
PAC Software Training Expense (Inv#06081)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B28AD239D18284E5D849

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

621.20

SUBTOTAL of Disbursements This Page (optional)

621.23

TOTAL This Period (last page this line number only)

621.23