

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 David R. Watkins


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


FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

6. (a) Cash on Hand January 1,
Y-Y
2013
(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$
57400.70
(c) Total Receipts (from Line 19) $\qquad$

$\square \quad 23270.48$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
$\square 80671.18$
$\square, 80671.18$
7. Total Disbursements (from Line 31) $\qquad$
$\square 13475.48$
13475.48
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$
$\square 67195.70$
$\square 67195.70$
9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0,00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

FEC Form 3X (Rev. 06/2004)

## Write or Type Committee Name <br> Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)


11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............

|  | 16150.00 |
| :---: | :---: |
|  | 7115.00 |
|  | 23265.00 |
|  | 0.00 |
|  | 0.00 |


|  | 16150.00 |
| :---: | :---: |
|  | 7115.00 |
|  | 23265.00 |
|  | 0.00 |
|  | ,$\quad 0.00$ |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)


|  | 23265.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

$\square, 0.00$

|  | 0.00 |
| :---: | :---: |
| $-1,0.00$ |  |

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3)...........................
(b) Levin Funds (from Schedule H5) .........
(c) Total Transfers (add 18(a) and 18(b))..

|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots$ $\square$
23270.48


FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs)..
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..........
29. Other Disbursements $\qquad$
$0,0.00$
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
..

| 0, | 0.00 |
| :---: | :---: |
| , 0, | 0.00 |
| , 0, | 0.00 |


| 0, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 0, | 0.00 |

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
13475.48


## COLUMN B Calendar Year-to-Date

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)...........................................


DETAILED SUMMARY PAGE
of Disbursements
Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ...... $\downarrow$
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

## COLUMN B Calendar Year-to-Date



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



Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
name of committee (In Full)
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)
Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4964
Amount of Each Receipt this Period
$\square \quad 100.00$

Date of Receipt
B. $\frac{\text { Doctor Ralph Alvarado MD }}{\text { Mailing Address } 3520 \text { McClure Road }}$

| City | State Zip Code |
| :---: | :---: |
| Winchester | KY 40391 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Winchester Medical Associates | Occupation <br> Physician |
|  | Aggregate Year-to-Date $400.00$ |



Transaction ID : SA11AI. 4973
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. Doctor Ralph Alvarado MD

Mailing Address 3520 McClure Road

| City <br> Winchester | State Zip Code <br> KY 40391 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Winchester Medical Associates | Occupation Physician |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 4978
Amount of Each Receipt this Period
100.00

| 0 | 300.00 |
| :--- | :--- |

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



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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)


Date of Receipt

| $06$ | 'D <br> 17 | $\begin{gathered} Y / Y \\ 2013 \end{gathered}$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5056
Amount of Each Receipt this Period
$\square \quad 100.00$


Date of Receipt


Transaction ID : SA11AI. 5020
Amount of Each Receipt this Period
$\square 250.00$

Date of Receipt

| Full Name (Last, First, Middle Initia) Doctor Donald Barton MD |  |
| :---: | :---: |
| Mailing Address 1014 Circle Drive |  |
| City Corbin | State Zip Code <br> KY 40701 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Retired | Occupation <br> Retired Physician |
| Receipt For: 2013 Primary Other (specify) | Aggregate Year-to-Date |


| SUBTOTAL of Receipts This Page (optional)................................................................ | , 550.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 9 - |

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



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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) Doctor David J. Bensema MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 2108 Woodmont Drive |  | M , D D |
| City | State Zip Code | Transaction ID : SA11AI. 5045 |
| Lexington | KY 40502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $875.00$ |
| Name of Employer Central Baptist Hospital | Occupation <br> Physician |  |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date |  |


| B. Doctor Marian E. Bensema MD |  |
| :---: | :---: |
| Mailing Address 2108 Woodmont Drive |  |
| City | State Zip Code |
| Lexington | KY 40502 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Pathology \& Cytology Labs | Occupation <br> Physician |
| Receipt For: 2013 Primary <br> General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5046
Amount of Each Receipt this Period
$\square 875.00$

Full Name (Last, First, Middle Initial)
c. Doctor Bruce E. Burton MD

Mailing Address 3106 Oakridge Court

| City <br> Owensboro | State <br> KY | Zip Code <br> 42303 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |

Date of Receipt


Transaction ID : SA11AI. 4932
Amount of Each Receipt this Period
300.00

|  | 2050.00 |
| :--- | :--- | :--- |

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



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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) Doctor J. Gregory Cooper MD |  | Date of Receipt <br> Transaction ID : SA11AI. 4971 |
| :---: | :---: | :---: |
| Mailing Address 386 Culpepper Drive |  |  |
| City | State Zip Code |  |
| Cynthiana | KY 41031 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $500.00$ |
| Name of Employer <br> Family Care Associates | Occupation <br> Physician |  |
|  | Aggregate Year-to-Date $\square$ |  |



Date of Receipt


Transaction ID : SA11AI. 5029
Amount of Each Receipt this Period
$\square 500.00$

Date of Receipt

| 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 | Occupation <br> Homemaker |
|  | Aggregate Year-to-Date $\square$ <br> 500.00 |



Transaction ID : SA11AI. 4976
Amount of Each Receipt this Period
500.00
$0,1500.00$

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



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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)


Date of Receipt

| $06$ |  | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5061
Amount of Each Receipt this Period
$\square 250.00$

Date of Receipt


Transaction ID : SA11AI. 4939
Amount of Each Receipt this Period


Date of Receipt


Transaction ID : SA11AI. 4970
Amount of Each Receipt this Period
2500.00

|  | 3100.00 |
| :---: | :---: | :---: |

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



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nAME OF COMmitTEE (In Full)
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)



Date of Receipt


Transaction ID : SA11AI. 5003
Amount of Each Receipt this Period
$\square 300.00$

Date of Receipt
c. Doctor Kevin Martin MD
Mailing Address 5788 Brookstone Dr

| City <br> Cincinnati | State <br> OH | Zip Code <br> $45230-3596$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| The Cranley Surgical Associates | Physician |  |


| $06$ | $\begin{gathered} D \quad D \\ 05 \end{gathered}$ | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5027
Amount of Each Receipt this Period
500.00
$0,1100.00$

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



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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)


Date of Receipt


Transaction ID : SA11AI. 5021
Amount of Each Receipt this Period
$\square \quad 300.00$

Full Name (Last, First, Middle Initial)
B. Doctor Larry T. McClure MD

Mailing Address 908 Wallace Ave, Suite 103

| City <br> Leitchfield | State Zip Code <br> KY 42754 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 500.00 |

Date of Receipt


Transaction ID : SA11AI. 5016
Amount of Each Receipt this Period
500.00

Date of Receipt

| Full Name (Last, First, Middle Initial) <br> C. Doctor Ross McHenry MD |  |
| :---: | :---: |
| Mailing Address 219 Farmington |  |
| City <br> Lakeside Park | State Zip Code <br> KY 41017 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Tri-State Gastroenterology Associates | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ |



Transaction ID : SA11AI. 5043
Amount of Each Receipt this Period
500.00


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



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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) Doctor Theodore H. Miller MD |  |  |
| :---: | :---: | :---: |
| Mailing Address 40 E. Fountain Ave |  |  |
| City Cincinnati | State Zip Code | Transaction ID : SA11AI. 4962 |
|  | OH 45246 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $350.00$ |
| Name of Employer <br> Head \& Neck Surgery Assoc PSC | Occupation <br> Physician |  |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ |  |


| Full Name (Last, First, Middle Initial) <br> B. Doctor Eric Neils MD |  |
| :---: | :---: |
| Mailing Address 904 Squire Oaks Dr |  |
| City | State Zip Code |
| Villa Hills | KY 41017-1371 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Radiology Assoc of No KY | Occupation <br> Physician |
| Receipt For: 2013 Primary <br> General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5068
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

| Mailing Address 4965 US Hwy 42 |  |
| :---: | :---: |
| City | State Zip Code |
| Louisville | KY 40222 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Kentucky Medical Association | EVP |
| Receipt For: 2013 | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| $\square$ Other (specify) $\nabla$ | , 500.00 |

Date of Receipt

| $06$ |  | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5069
Amount of Each Receipt this Period
500.00
$0,1350.00$

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



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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)

| Mailing Address 11299 Ross Court |  |
| :---: | :---: |
| City <br> Union | State Zip Code <br> KY 41091 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Independent Anesthesiologists PSC | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4979
Amount of Each Receipt this Period
$\square \quad 300.00$


Date of Receipt


Transaction ID : SA11AI. 5019
Amount of Each Receipt this Period
$\square 500.00$

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4949
Amount of Each Receipt this Period
500.00
$0,1300.00$

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



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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) Doctor George B. Sonnier MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 6410 Lime Ridge PI |  |  |
| City | State Zip Code | Transaction ID : SA11AI. 4942 |
| Louisville | KY 40222 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $275.00$ |
| Name of Employer Self-Employed | Occupation <br> Physician |  |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date |  |


| Full Name (Last, First, Middle Initial) <br> B. Karin L. Sonnier |  |
| :---: | :---: |
| Mailing Address 6410 Lime Ridge PI |  |
| City | State Zip Code |
| Louisville | KY 40222 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Self-Employed | Homemaker |
| Receipt For: 2013 | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $275.00$ |

Date of Receipt


Transaction ID : SA11AI. 4943
Amount of Each Receipt this Period


Date of Receipt
C. Doctor John P. Stewart MD
Mailing Address 4200 Lawrenceburg Rd

| City Frankfort | State Zip Code <br> KY 40601 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Information Requested | Occupation <br> Physician |
|  | Aggregate Year-to-Date <br> 300.00 |


| $\begin{gathered} M \\ 05 \end{gathered}$ | $23$ | $2013$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 4994
Amount of Each Receipt this Period
$\square 300.00$


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



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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)

| Mailing Address 10003 Country Hills Ct |  |
| :---: | :---: |
| City Union | State Zip Code <br> KY 41091 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> St Elizabeth Family Practice Residency | Occupation <br> Physician |
|  | Aggregate Year-to-Date |

Date of Receipt

| $06$ |  | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5050
Amount of Each Receipt this Period
$\square 725.00$

Full Name (Last, First, Middle Initial)
B. 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 St. Elizabeth Physicians | Occupation <br> Phsycian |
| Receipt For: 2013 Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5049
Amount of Each Receipt this Period
725.00

Date of Receipt
Full Name (Last, First, Middle Initial)
C. Doctor R. Brent Wright MD

Mailing Address 104 Northwood Drive



Transaction ID : SA11AI. 4956
Amount of Each Receipt this Period
1000.00

| 2450.00 |
| :---: | :---: | :---: |

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



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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)


Date of Receipt


Transaction ID : SA11AI. 4934
Amount of Each Receipt this Period
$\square \quad 300.00$

| Full Name (Last, First, Middle Initial) |  |
| :---: | :---: |
| B. |  |
| Mailing Address |  |
| City | State Zip Code |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date |

Date of Receipt


Amount of Each Receipt this Period
$\square$

Date of Receipt

| C. |
| :--- |
| Mailing Address |
| City |
| FEC ID number of contributing  <br> federal political committee. State Zip Code <br> Name of Employer Occupation <br> Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{\nabla}$ Aggregate Year-to-Date $\boldsymbol{\nabla}$ |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $300.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only).................................................... | $16150.00$ |

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



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.

## $\rangle$ KAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 <br> Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement January 2013 Admin Expense |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| M 01 |  | 15 | , | $2013$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SB21B. 5070

Amount of Each Disbursement this Period
$\square 575.00$

Date of Disbursement


Transaction ID : SB21B. 5072

Amount of Each Disbursement this Period
$\square 142.80$

Date of Disbursement


Transaction ID : SB21B. 5362

Amount of Each Disbursement this Period
$\square 1252.46$

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



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## $\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) }\end{aligned}$

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Louisville |  | KY 40222 |  |
| Purpose of Disbursement |  |  |  |
| February 2013 Administrative Expense |  |  | 001 |
| Candidate Name |  |  |  |
| Office Sought: | House | Disbursement For: 2013 |  |
|  | Senate | $\begin{aligned} & \text { Primary X General } \\ & \text { Other (specify) } \nabla \end{aligned}$ |  |
|  | President |  |  |
| State: | District: |  |  |

Date of Disbursement

| M 02 | , | 15 | , | $2013$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SB21B. 5078

Amount of Each Disbursement this Period
$\square 575.00$

Date of Disbursement


## Transaction ID : SB21B. 5363

Amount of Each Disbursement this Period
$\square 102.60$

Date of Disbursement

| $03$ |  | $15$ | / | $2013$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SB21B. 5084

Amount of Each Disbursement this Period
$\square 575.00$

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



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## $\rangle$ KAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement KPPAC Advertisements |  |  | 004 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: | $\square$ House <br> Senate <br> $\square$  <br> President  |  |  |



## Transaction ID : SB21B. 5085

Amount of Each Disbursement this Period
$\square 900.00$

Date of Disbursement
B. Kentucky Medical Association (KMA)

c. Kentucky Medical Association (KMA)

| Mailing Address 4965 US Hwy 42 <br> Suite 2000 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of Disbursement April Administrative Fee |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> $\square$ <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5090

Amount of Each Disbursement this Period
$\square 575.00$

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

| Use separate schedule | FOR LINE NUMBER: (check only one) |  |  | PAGE 21 OF 25 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|c\|c} \left\lvert\, \begin{array}{ll} \text { check oni } \\ X & 21 b \\ 27 \end{array}\right. \end{array}$ | 22 $28 a$ | $\left\{\begin{array}{l} 23 \\ 28 \mathrm{~b} \end{array}\right.$ | 24 28 c | $\begin{array}{r} 25 \\ 29 \end{array}$ |  | 26 30 |

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## $\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) }\end{aligned}$

Full Name (Last, First, Middle Initial)
A. Kentucky Medical Association (KMA)


Full Name (Last, First, Middle Initial)
B. Kentucky Medical Association (KMA)

| $\begin{array}{ll}\text { Mailing Address } & 4965 \text { US Hwy } 42 \\ & \text { Suite } 2000\end{array}$ |  |  |  | 05 15 2013 |
| :---: | :---: | :---: | :---: | :---: |
| City Louisville |  |   <br> State Zip Code <br> KY 40222 |  | Transaction ID : SB21B. 5095 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Printing and tax |  |  | 001 |  |
| Candidate Nam |  |  | Category/ Type | $153.56$ |
| Office Sought: <br> State: | $\square$ House <br> Senate <br> $\square$ President |  |  |  |

c. Kentucky Medical Association (KMA)

| $\begin{array}{cc} \hline \text { Mailing Address } 4965 \text { US Hwy } 42 \\ \text { Suite } 2000 \end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Louisville |  | State Zip Code <br> KY 40222 |  |
|  |  |  |  |
| Purpose of DisbursementMay 2013 Administrative Expense |  |  | 001 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5097

Amount of Each Disbursement this Period
$\square 575.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | 936.25 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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

| Use separate schedule | FOR LINE NUMBER: (check only one) |  |  | PAGE 22 OF 25 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|c\|c} \left\lvert\, \begin{array}{ll} \text { check oni } \\ X & 21 b \\ 27 \end{array}\right. \end{array}$ | 22 $28 a$ | $\left\{\begin{array}{l} 23 \\ 28 \mathrm{~b} \end{array}\right.$ | 24 28 c | $\begin{array}{r} 25 \\ 29 \end{array}$ |  | 26 30 |

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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)


Full Name (Last, First, Middle Initial)
B. Mountjoy Chilton Medley

| $\begin{array}{ll}\text { Mailing Address } 2000 \text { Meidinger Tower } \\ & 462 \text { S Fourth Street }\end{array}$ |  |  |  | 02 15 2013 |
| :---: | :---: | :---: | :---: | :---: |
| City State Zip Code <br> Louisville KY 40202 <br> Purpose of Disbursement   <br> $\quad$ Audit Progress Billing 1   |  |  |  | Transaction ID : SB21B. 5077 <br> Amount of Each Disbursement this Period |
|  |  |  | 001 |  |
| Candidate Nam |  |  | Category/ Type | $1613.43$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

Full Name (Last, First, Middle Initial)
C. Mountjoy Chilton Medley

| Mailing Address 2000 Meidinger Tower 462 S Fourth Street |  |  |  |
| :---: | :---: | :---: | :---: |
| City State Zip Code <br> Louisville KY 40202 <br> Purpose of Disbursement   <br> Audit Progress Billing 2   |  |  |  |
|  |  |  |  |
|  |  |  | 001 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Transaction ID : SB21B. 5082

Amount of Each Disbursement this Period
$\square \quad 2125.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $4313.43$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , |

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



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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. Mountjoy Chilton Medley


Full Name (Last, First, Middle Initial)
B. PNC Bank


Full Name (Last, First, Middle Initial)
C. PNC Bank

| Mailing Address 2500 Lime Kiln Lane |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Louisville |  | KY 40222 |  |
| Purpose of Disbursement June Credit Card Merchant Fees |  |  | 001 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> $\square$ Senate <br> $\square$ President <br> District:  |  |  |

Date of Disbursement


Transaction ID : SB21B. 5100

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $91.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 11200.18 |

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



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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. Adam Haas Campaign Fund


Full Name (Last, First, Middle Initial)
B. John Schickel Campaign fund

| Mailing Address 2147 Natchez Trace |  |  |  | 06 15 2013 |
| :---: | :---: | :---: | :---: | :---: |
| City Union |  | State Zip Code <br> KY 41091 |  | Transaction ID : SB29.5103 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement <br> General Contribution to John Schickel Campaign Fund |  |  | 011 |  |
| Candidate Nam |  |  | Category/ Type | $1000.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

C. Republican Party of Kentucky

Mailing Address 105 West 3rd Street

| City <br> Frankfort |  | $\begin{array}{cc}\text { State } & \text { Zip Code } \\ \text { KY } & 40601\end{array}$ |  |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Purpose of DisbursementGeneral Contribution to Senate Trust Golf Outing |  |  | 011 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| M. M | $\begin{gathered} D \quad D \\ 30 \end{gathered}$ | $\begin{gathered} Y-Y \subset Y \\ 2013 \end{gathered}$ |
| :---: | :---: | :---: |
|  |  |  |

Transaction ID : SB29.5104

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $2500.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | , |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  | PAGE |  | 25 O |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\square 21 \mathrm{~b}$ |  | $23$ | $24$ |  | $75$ |  | 26 |
|  | 27 | 28a | 28b | 28c | X | 29 |  | 30 b |

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## $\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) }\end{aligned}$

Full Name (Last, First, Middle Initial)
A. Ron Crimm Campaign Fund


Full Name (Last, First, Middle Initial)
B.

## Date of Disbursement

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  | Category/ Type |
| Office Sought: |  House <br> Senate <br> $\square$ President |  |  |

## 

Amount of Each Disbursement this Period
$\qquad$

Date of Disbursement

| Mailing Address |
| :--- |
| City |
| Purpose of Disbursement |
| Candidate Name |
| Office Sought: |


| SUBTOTAL of Disbursements This Page (optional)......................................................... | -500.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | 2000.00 |

