

**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

ZIPCODE

C00016444

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

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

04

01

2010

through

06

30

2010

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, MD

Signature of Treasurer

Electronically Filed by David R Watkins, MD

Date

07

08

2010

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)

2 / 17

Write or Type Committee Name

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

Report Covering the Period: From: M M  
0 4 D D  
0 1 Y Y Y Y  
2 0 1 0 To: M M  
0 6 D D  
3 0 Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</span>		54034.63
(b) Cash on Hand at Beginning of Reporting Period .....	55451.59	
(c) Total Receipts (from Line 19) .....	19061.99	27635.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74513.58	81670.22
7. Total Disbursements (from Line 31) .....	13385.27	20541.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61128.31	61128.31
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 17

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	W	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11900.00	15050.00
(ii) Unitemized .....	7145.00	12545.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19045.00	27595.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	19045.00	27595.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	16.99	40.59
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)) .....	19061.99	27635.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19061.99	27635.59

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	3855.97	11012.61	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3855.97	11012.61	
22. Transfers to Affiliated/Other Party Committees.....	9500.00	9500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
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 .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	29.30	29.30	
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))..	13385.27	20541.91	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13385.27	20541.91	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

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) .....	19045.00	27595.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19045.00	27595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3855.97	11012.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3855.97	11012.61

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

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

FOR LINE NUMBER: PAGE 6 / 17

(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)

John L. Markert, MD

Mailing Address 4129 Boones Grove Way

City

Louisville

State

KY

Zip Code

40299-3483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peveler Bowling Womack,  
PSCOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A1B53FDC8EE504684935

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Rolando M. Puno

Mailing Address 5956 Timber Ridge Dr Suite 101

City

Prospect

State

KY

Zip Code

40059-8147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spine Institute PSCOccupation  
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 4 / 0 7 / 2 0 1 0

Transaction ID: A118AF93623C4424BBA3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James D. Keller, Md

Mailing Address 315 Summit Ln

City

Ft Mitchell

State

KY

Zip Code

41011-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke Hospital WestOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A57933269BE4E49C1A87

Amount of Each Receipt this Period

300.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 17

(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)

Kevin D. Martin, Md

Mailing Address 5788 Brookstone Dr

City

Cincinnati

State

OH

Zip Code

45230-3596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cranley Surgical Asso-  
ciates

Occupation

Self-employed physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: A2A948AD879CE407683C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sandra K. Frost

Mailing Address 488 Leaf Ln

City

Somerset

State

KY

Zip Code

42503-4662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: AF6D1AE78DE324F71A23

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Cheryl L. Broster

Mailing Address 3629 Winding Wood Ln

City

Lexington

State

KY

Zip Code

40515-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cheryl Broster

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: ABFF1B59DDF3C4B46858

Amount of Each Receipt this Period

300.00

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

1800.00

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 / 17

(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)

Rita M. Egan

Mailing Address 333 Waller Ave Ste 100

City

Lexington

State

KY

Zip Code

40504-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arthritis Center of Lexin-  
gtonOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Transaction ID: AD065DFD2CE4A47E8A5D

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

David J. Bensema

Mailing Address 1780 Nicholasville Rd Ste 103

City

Lexington

State

KY

Zip Code

40503-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Baptist HospitalOccupation  
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	4		1	6		2	0	1	0

Transaction ID: AB603456C17D94CF7B85

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

J. Gregory Cooper

Mailing Address 1210 KY Hwy 36E Ste 2C

City

Cynthiana

State

KY

Zip Code

41031-7492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Care Associates PSCOccupation  
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	4		1	6		2	0	1	0

Transaction ID: AA4274E2900804967872

Amount of Each Receipt this Period

500.00

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

1300.00

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



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

FOR LINE NUMBER: PAGE 9 / 17

(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)

Dr. William L. Shuffett

Mailing Address 212 Industrial Dr Ste A

City

Greensburg

State

KY

Zip Code

42743-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jane Todd Primary CareOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: A68F306524FB2437181F

Amount of Each Receipt this Period

875.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Shuffett

Mailing Address 1353 Cloverlick Rd

City

Greensburg

State

KY

Zip Code

42743-9101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
kathy shuffettOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: A69E0CDDA7DEC4DB688F

Amount of Each Receipt this Period

875.00

**C.**

Full Name (Last, First, Middle Initial)

Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geraldine MontgomeryOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: AC05A70A5E52143548E9

Amount of Each Receipt this Period

875.00

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

2625.00

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 / 17

(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)

Preston Nunnelley, Jr. Md

Mailing Address 1740 Nicholasville Rd

City

Lexington

State

KY

Zip Code

40503-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Baptist Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: ABF4AEA8724334C41834

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Lucille Nunnelley

Mailing Address 3000 Brookmonte Ln

City

Lexington

State

KY

Zip Code

40515-8508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: A45BBB298C64D411DA43

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Wally O. Montgomery

Mailing Address 6414 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: A85C2AE9C1A0D45C3A46

Amount of Each Receipt this Period

875.00

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

1425.00

**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 11 / 17

(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)

Richard J. Heuer, Md

Mailing Address 8 Foresthills Ct

City

Ashland

State

KY

Zip Code

41101-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A8EC766D8A892421786D

Amount of Each Receipt this Period

300.00

May 2010 Mailing

**B.**

Full Name (Last, First, Middle Initial)

Charlotte R. Burton

Mailing Address 3106 Oakridge Ct

City

Owensboro

State

KY

Zip Code

42303-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A341E83E95F71467EAD3

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy C. Swikert, Md

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  
Patient First Phys West-U-  
nion

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	6		1	4		2	0	1	0

Transaction ID: A54C55867B0744622B68

Amount of Each Receipt this Period

1000.00

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

1600.00

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 / 17

(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)

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 6 / 1 4 / 2 0 1 0

Transaction ID: A348C866D92044DEB9AE

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

K. Thomas Reichard, Md

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Louisville Bone & Joint  
Specialists PS

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 6 / 2 8 / 2 0 1 0

Transaction ID: A59299ADD7FD04D0ABCE

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mary-Stuart Reichard

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: A4CAFF988B5B144CA8F9

Amount of Each Receipt this Period

500.00

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

2000.00

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

11900.00

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

PAGE 13 / 17

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City  
LouisvilleState  
KYZip Code  
40208-2248Purpose of Disbursement  
April 2010 Political Consulting Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6A6EB270EFBF43DA973

Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000City  
LouisvilleState  
KYZip Code  
40222-6379Purpose of Disbursement  
April 2010 Admin Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B574FAD95044F499C942

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

**C.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000City  
LouisvilleState  
KYZip Code  
40222-6379Purpose of Disbursement  
Reimburse Postage and Printing for March 2010 mailing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA77081ABA6F745D1803

Date of Disbursement

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

Amount of Each Disbursement this Period

222.14

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

1013.14

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

<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><b>A.</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 Reimburse cost of thank you envelopes and meeting charge</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><b>Transaction ID:</b> B0FBB8B3649B44410B85</p> <p>Date of Disbursement 05 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 93.31</p>
<p><b>B.</b></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 40208-2248</p> <p>Purpose of Disbursement June 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><b>Transaction ID:</b> B12082972EDCF4ED5B71</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</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 June 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><b>Transaction ID:</b> B31515A56B71A4E42B53</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 691.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <b>884.31</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **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 16 / 17

<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 State Zip Code  
Louisville KY 40222-6379

Purpose of Disbursement  
Reimburse KMA for Fedex Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: B3F5E5363802E4160B28

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.50

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

115.50

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

3758.95



# **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 17 / 17

<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)

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

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Transfer of Funds from Fed to State Account for Candidate Support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: B28E7B666A20E4CE6853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9500.00

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

9500.00

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

9500.00