07/08/2010 12:06

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For O	itner I nan An	Autnorize	ea Commi	ttee		Office Use On	ıly
1.	NAME OF COMMITTEE (in full)		EC MAILING LAR		xample:If typii ver the lines	ng, type			
Ш	Kentucky Medical Association	n PAC (I	Kentucky Physicia	ans PAC Fed	eral-KPPAC	Federal)			
Ш									
AD.	DRESS (number and street)	496	5 US Highway 42	1 1 1	1 1 1 1		1 1 1 1	1 1 1 1 1	. .
_		Suite	te 2000						
L	Check if different than previously reported. (ACC)	Loui	iisville				KY	40222	
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛋		:	STATEA	ZIPC	CODE A
	C00016444			3. IS THIS REPOR	T X	NEW (N) OR		AMENDED (A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b)	Monthly Report Due On:	Feb 20 (M2	3)	May 20 (M5) Jun 20 (M6)	Se	ag 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q	1)		Apr 20 (M4	+)	Jul 20 (M7)		ot 20 (M10)	Jan 31 (YE)
	X July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3)	(c) 12-Day	(c) 12-Day PRE-Election	, , ,	2P)	General (12G)		Runoff (12R)	
			Report for t	he:	Convention	n (12C)	Special	(12S)	
	January 31 Quarterly Report(Yi	E)	F	Election on				in th Stat	ne te of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election Report for the:			General (3	0G)	Runoff	(30R)	Special (30S)
	Termination Report (TER)			Election on			• • •	in th Stat	ne te of
5.	Covering Period 0.4		01 201	0	through	0 6	3 0	2010	
	ertify that I have examined this Foreign one or Print Name of Treasurer	•	and to the best of r avid R Watkins, MI	,	e and belief it	is true, correct	and complete) .	
Sig	nature of Treasurer Ele <u>ctro</u>	nically F	iled by David R	Watkins, MI)		Pate 07	7 08	2010
NO	TE : Submission of false, error	neous, o	or incomplete infor	mation may s	ubject the pe	rson signing thi	s Report to th	ne penalties of 2	U.S.C 437g.
	Office Use							FEC FC	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		2 / 17
	e or Type Committee Name entucky Medical Association PAC (Ken	tucky Physicians PAC Federal-KPPAC	Federal)
Repo	ort Covering the Period: From:		To: 0 6 3 0 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1 2010 Y Y Y		54034.63
(b)	Cash on Hand at Begining 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. To	al Disbursements (from Line 31)	13385.27	20541.91
Re	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	61128.31	61128.31
the	bts and Obligations owed TO committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	bts and Obligations owed BY committee (Itemize all on hedule C and/or Schedule D)	0.00	

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:

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2010

та.

м м 0 6 ^D 3 0

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19045.00	27595.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	16.99	40.59
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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19061.99	27635.59
Total Federal Receipts (subtract Line 18(c) from Line 19)	19061.99	27635.59

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	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)	0.00	0.00
	(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	0055.07	1101001
	(add 21(a)(i), (a)(ii) and (b))	3855.97	11012.61
2.	Transfers to Affiliated/Other Party	9500.00	9500.00
3.	Committees Contributions to	9500.00	9500.00
•	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
1	Independent Expenditure	0.00	0.00
٠.	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
ο.	(a) Individuals/Persons Other	0.00	0.00
	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
9.	Other Disbursements	29.30	29.30
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13385.27	20541.91
	Total Federal Disbursements		
2.	Total rederal disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

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
Total Contributions (other than loans) from Line 11(d), page 3)	19045.00	27595.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	19045.00	27595.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3855.97	11012.61
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3855.97	11012.61

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (he name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) John L. Markert, MD Mailing Address 4129 Boones Grove City	Way	Zip Code	Date of Receipt M
	Louisville FEC ID number of contributing federal political committee.	KY	40299-3483	Amount of Each Receipt this Period 350.00
	Name of Employer Peveler Bowling Womack, PSC Receipt For: □ Primary □ General Other (specify) ▼	Occupatio Physician Aggregate]
В.	Full Name (Last, First, Middle Initial) Rolando M. Puno Mailing Address 5956 Timber Ridge [Date of Receipt 0 4 0 7 2 0 1.0		
	City Prospect FEC ID number of contributing federal political committee.	State KY	Zip Code 40059-8147	Transaction ID: A118AF93623C4424BBA Amount of Each Receipt this Period 500.00
	Name of Employer Spine Institute PSC Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		1
_ C.	Full Name (Last, First, Middle Initial) James D. Keller, Md Mailing Address 315 Summit Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ft Mitchell FEC ID number of contributing federal political committee.	State KY	Zip Code 41011-1819	Transaction ID: A57933269BE4E49C1A8 Amount of Each Receipt this Period 300.00
	Name of Employer St. Luke Hospital West	Occupatio Physicial		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00

	DULE A (FEC Form 3) ZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME	mation copied from such Reports an immercial purposes, other than using E OF COMMITTEE (In Full) ucky Medical Association PAC			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Kevin Mailin City Cinci FEC I federa Name The Ciates Recei	lame (Last, First, Middle Initial) D. Martin, Md g Address 5788 Brookstone D innati D number of contributing al political committee. of Employer Cranley Surgical Asso- pt For: Primary General Other (specify)	State OH C Occupatio Self-emp	Zip Code 45230-3596 n oloyed physician e Year-to-Date ▼	Date of Receipt O 4 O 9 Z 0 1 0 Transaction ID: A2A948AD879CE407683 Amount of Each Receipt this Period 500.00
B. Sandr Mailin City Som FEC I federa Name Home	ame (Last, First, Middle Initial) a K. Frost g Address 488 Leaf Ln erset D number of contributing al political committee. of Employer emaker pt For: Primary General Other (specify)	State KY C Occupatio Homema		Date of Receipt M M M O 9
City Lexin FEC I federa Name Chery Recei	lame (Last, First, Middle Initial) I L. Broster g Address 3629 Winding Woo agton D number of contributing al political committee. e of Employer // Broster pt For: Primary General Other (specify)	State KY C Occupatio Homema		Date of Receipt M M M O 9 O 9 2 0 1 0 Transaction ID: ABFF1B59DDF3C4B4685 Amount of Each Receipt this Period 300.00
SUBTO	TAL of Receipts This Page (optiona	l)		1800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Rita M. Egan Mailing Address 333 Waller Ave Ste 1 City Lexington	00 State KY	Zip Code 40504-2915	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Arthritis Center of Lexington Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		300.00
В.	Full Name (Last, First, Middle Initial) David J. Bensema Mailing Address 1780 Nicholasville Rd City	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	Lexington FEC ID number of contributing federal political committee.	State KY	Zip Code 40503-1411	Amount of Each Receipt this Period 500.00
	Name of Employer Central Baptist Hospital Receipt For: Primary General Other (specify)	Occupation Physicia Aggregate		
С.	Full Name (Last, First, Middle Initial) J. Gregory Cooper Mailing Address 1210 KY Hwy 36E Ste	2C		Date of Receipt 0 4 1 6 2 0 1 0
	City <u>Cynthiana</u> FEC ID number of contributing federal political committee.	State KY	Zip Code 41031-7492	Transaction ID: AA4274E2900804967872 Amount of Each Receipt this Period 500.00
	Name of Employer Family Care Associates PSC	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to C (Kentucky Physicians PAC Federal-KPPA	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William L. Shuffett Mailing Address 212 Industrial Dr S		Date of Receipt 0 4 3 0 2 0 1 0
City Greensburg	State Zip Code KY 42743-1128	Transaction ID: A68F306524FB2437181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Jane Todd Primary Care	Occupation	875.00
Receipt For: Primary Other (specify)	Physician Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Kathy Shuffett Mailing Address 1353 Cloverlick Rd	I	Date of Receipt 0 4 3 0 2 0 1 0
City	State Zip Code	Transaction ID: A69E0CDDA7DEC4DB6
Greensburg	KY 42743-9101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer kathy shuffett	Occupation Homemaker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Geraldine Montgomery	l	Date of Receipt
Mailing Address 6414 Stinespring D)r	06 04 2010
City Paducah	State Zip Code KY 42001-8674	Transaction ID: AC05A70A5E52143548I
FEC ID number of contributing federal political committee.	KY 42001-8674	Amount of Each Receipt this Period 875.00
Name of Employer Geraldine Montgomery	Occupation Homemaker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
	al)	2625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (
A .	Full Name (Last, First, Middle Initial) Preston Nunnelley, Jr. Md Mailing Address 1740 Nicholasville Ro City Lexington FEC ID number of contributing federal political committee. Name of Employer Central Baptist Hospital Receipt For: Primary General Other (specify)	State KY C Occupatio Physician		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: ABF4AEA8724334C41834 Amount of Each Receipt this Period 275.00
- В.	Full Name (Last, First, Middle Initial) Lucille Nunnelley Mailing Address 3000 Brookmonte Ln City Lexington FEC ID number of contributing federal political committee. Name of Employer Homemaker Receipt For: Primary General Other (specify)	State KY C Occupatio Homema	Zip Code 40515-8508	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A45BBB298C64D411DA43 Amount of Each Receipt this Period 275.00
с.	Full Name (Last, First, Middle Initial) Wally O. Montgomery Mailing Address 6414 Stinespring Dr City Paducah FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State KY C Occupatio Retired F Aggregate		Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	1425.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee. C (Kentucky Physicians PAC Federal-KPPA)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J. Heuer, Md Mailing Address 8 Foresthills Ct City Ashland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 41101-2233 C Occupation Self-employed physician Aggregate Year-to-Date 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Charlotte R. Burton Mailing Address 3106 Oakridge Ct City Owensboro FEC ID number of contributing federal political committee. Name of Employer Homemaker Receipt For: Primary General Other (specify)	State Zip Code KY 42303-2740 C Occupation Homemaker Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: A341E83E95F71467EAE Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Nancy C. Swikert, Md Mailing Address 10003 Country Hil City Union FEC ID number of contributing federal political committee. Name of Employer Patient First Phys West-Union Receipt For: Primary General Other (specify)	State Zip Code KY 41091-9774 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Market Page 1)	e name and add	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Donald J. Swikert Mailing Address 10003 Country Hill Ct City	State	Zip Code	Date of Receipt M M
	Union FEC ID number of contributing federal political committee.	KY C	41091-9774	Amount of Each Receipt this Period 1000.00
	Name of Employer Donald J. Swikert, MD Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
В.	Full Name (Last, First, Middle Initial) K. Thomas Reichard, Md Mailing Address 2425 Cherokee Pkwy			Date of Receipt 0 6 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: A59299ADD7FD04D0ABCE
	Louisville	KY	40204-2216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Louisville Bone & Joint Specialists PS Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
с. С.	Full Name (Last, First, Middle Initial) Mary-Stuart Reichard			Date of Receipt
	Mailing Address 2425 Cherokee Pkwy			06 28 2010
	City Louisville	State KY	Zip Code	Transaction ID: A4CAFF988B5B144CA8F9
	FEC ID number of contributing federal political committee.	C	40204-2216	Amount of Each Receipt this Period 500.00
	Name of Employer Mary-Stuart Reichard	Occupatio Homema		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2000.00
	TOTAL This Period (last page this line number	only)		11900.00

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		_	Use separate schedule(s) for each category of the				NE NUMBER: PAGE 13 / 1 only one)							13 / 17	7	
		Detailed Summary Page		X	21b 27		22 28a		23 28b		24 28c	\Box	25 29] 26 30		
		ed from such Reports rposes, other than usi														
NAMI	E OF COM	MITTEE (In Full)														
Kent	ucky Medi	cal Association Pa	AC (Kentu	cky Physi	cians PAC Fed	eral-K	PPAC	Fe	deral))						
		First, Middle Initial)									tion ID Disburs			B27	0EFBF	43D
IVIAIS	arshall E. White, III								М	М	/ D	D	#11L / Y	Y	YY	
Mailin	ng Address	1304 S. 6th St							0 4			8 0		2	0 1 0 °	
City Louis	sville			State KY	Zip Code 40208-2248				Amou	unt d	of Each	n Dis	sburse	ment	this Per	iod
Purpo	ose of Disbu	ırsement					-		L.					10	00.00	
April 2	2010 Politic	al Consulting Fee				L.										
Candi	idate Name					Cate Ty	gory/ pe									
Office	e Sought:	House Senate	Disburse	ement For: Primary	General											
		President		Other (spe												
State	:	District:		(-P-	· ·											
Full N	lame (Last,	First, Middle Initial)	•						Trans	sact	tion ID); F	3574F	AD	5044F	4990
Kent	ucky Medi	cal Association									Disburs		-		. 55 171	.550
Mailing Ade	ng Address	4965 US Highv Suite 2000	vay 42						0 ^M 4	М	/ D	0 8	/ Y	ž	0 1 0 °	
City Louis	sville	Guite 2000		State KY	Zip Code 40222-6379				Amou	unt d	of Each	n Dis	sburse	ment	this Per	iod
	ose of Disbu 2010 Admin					•			L.					69	1.00	
	idate Name					Cate	gory/									
Office	e Sought:	House	Disburse	ement For:												
		Senate		Primary	General											
. .		President		Other (spe	ecify) 🔻											
State:		District:														
	•	First, Middle Initial) cal Association									tion ID Disburs)81A	BA6F7	45D
Mailin	ng Address	4965 US Highv Suite 2000	vay 42						0 ^M 4	М	/ D	8 0	/ Y	ž	0 1 0 °	
City Louis	sville	Carto Loco		State KY	Zip Code 40222-6379				Amou	unt d	of Each	n Dis	sburse	ment	this Per	iod
	Purpose of Disbursement							\dashv						22	22.14	
Reiml	burse Posta	ge and Printing for M	arch 2010 m	nailing												
Candi	idate Name					Cate Ty	gory/ pe									
Office	e Sought:	House	Disburse	ement For:												
		Senate		Primary	General											
State:		President District:		Other (spe	ecity) ▼											
Julio.	•	2.00.00	1					- 1								

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 23 24 25 26
Any Information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to some	cit contributions from such committee
Kentucky Medical Association PAC (Kentu	ucky Physicians PAC Feder	al-KPPAC Fe	ederal)
Full Name (Last, First, Middle Initial) Mountjoy Chilton Medley LLP			Transaction ID: B346AE6AABF8E494F8 Date of Disbursement
Mailing Address 2000 Meidinger Tower 462 South Fourth Street			0 4 Disbursement
City Louisville	State Zip Code KY 40202		Amount of Each Disbursement this Period
Purpose of Disbursement Audit Progress Billing #3			955.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction ID: B3C073EA4E2C34D776 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 4965 US Highway 42 Suite 2000			05 01 2010
City Louisville	State Zip Code KY 40222-6379		Amount of Each Disbursement this Period
Purpose of Disbursement May 2010 Admin Fee			691.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BFE84B7482BCB46939 Date of Disbursement
Mailing Address 1304 S. 6th St			05 7 0 1 7 2 0 1 0
City Louisville	State Zip Code KY 40208-2248		Amount of Each Disbursement this Period
Purpose of Disbursement May 2010 Political Consulting Fee			100.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify) ▼		
· · · · · · · · · · · · · · · · · · ·			1746.00
SUBTOTAL of Disbursements This Page (optional)		<u>\</u>	1746.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		F	PAGE 15/17					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	22 23 28a 28k	24 280	25 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	s and address of any political con	THITIECE TO SOILE	it continuations	110111 3001	Committee					
Kentucky Medical Association PAC (Kentu	cky Physicians PAC Federa	al-KPPAC Fed	deral)							
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction I Date of Disbu		3B8B3649B	44410B8				
Mailing Address 4965 US Highway 42 Suite 2000			05	01	2010	Y				
	State Zip Code KY 40222-6379		Amount of Ea	ch Disburs		eriod				
Purpose of Disbursement Reimburse cost of thank you envelopes and meeting					93.31					
Candidate Name		Category/ Type								
Senate President	ement For: Primary									
State: District:										
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction I Date of Disbu							
Mailing Address 1304 S. 6th St			06	01/	Ý 2010					
City Louisville	State Zip Code KY 40208-2248		Amount of Ea	ch Disburs	sement this Pe	eriod				
Purpose of Disbursement June Political Consultant fee	10200 22.10	0 0			100.00					
Candidate Name	C	Category/ Type								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Kentucky Medical Association			Transaction I Date of Disbu	rsement						
Mailing Address 4965 US Highway 42 Suite 2000			06 /	01/	žožo					
City Louisville	State Zip Code KY 40222-6379		Amount of Ea	ch Disburs	sement this Pe	eriod				
Purpose of Disbursement June Admin Fee			L		691.00					
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional))			884.31					
TOTAL This Period (last page this line number only)										

Image# 10990831940

State:

A.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 16/17
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 22 2 27 28a	23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	Centucky Physicians PAC Feder	al-KPPAC Federal)	
Full Name (Last, First, Middle Initial) Kentucky Medical Association		Date of Di	on ID: B3F5E5363802E4160B3
Mailing Address 4965 US Highway 4 Suite 2000	2	0 6	22 2010
City Louisville	State Zip Code KY 40222-6379	Amount of	f Each Disbursement this Period
Purpose of Disbursement Reimburse KMA for Fedex Charges	Γ		115.50
Candidate Name		Category/ Type	
Office Sought: House Dis	bursement For: Primary General Other (specify)		

		115.50
SUBTOTAL of Disbursements This Page (optional)		115.50
TOTAL This Period (last page this line number only)	•	3758.95

A.

SCHEDULE B (FEC Fo	Use separate schedule(s) (check					INE NUMBER: only one)					PAGE 17/17					
ITEMIZED DISBURSEN	MENTS		n category of the d Summary Page	F	21b X				23 28b		24 28c		25 29	26 30b		
Any Information copied from such Roor for commercial purposes, other th																
NAME OF COMMITTEE (In Full Kentucky Medical Association	•	cky Phys	icians PAC Fed	leral-l	KPPAC	Fe	deral))								
Full Name (Last, First, Middle Ini Kentucky Medical Associati PAC Federal-KPPAC Feder Mailing Address 4965 US I Suite 2000	on PAC (Kentuc al) Highway 42	cky Phys	sicians				Date	of D	isburs		-		66A20E	E4CE68		
City Louisville		State KY	Zip Code 40222				Amou	unt o	f Each	Dis	burser	-	t this Pe	riod		
Purpose of Disbursement Transfer of Funds from Fed to S Candidate Name	ate Account for Ca	andidate S	Support	Cot	2021				•			90	00.00			
	1				egory/ ype											
Office Sought: House Senate President	Disburser	ment For: Primary Other (sp	General													
State: District:																

SUBTOTAL of Disbursements This Page (optional)	•	9500.00
TOTAL This Period (last page this line number only)	<u> </u>	9500.00