

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Bornstein

Signature of Treasurer

Electronically Filed by Susan Bornstein

Date

04

22

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		26643.47
(b) Cash on Hand at Beginning of Reporting Period	26643.47	
(c) Total Receipts (from Line 19)	43815.65	43815.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70459.12	70459.12
7. Total Disbursements (from Line 31)	33248.75	33248.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37210.37	37210.37
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	13800.00	13800.00
(i) Itemized (use Schedule A)	28215.00	28215.00
(ii) Unitemized	42015.00	42015.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	42015.00	42015.00
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)	1728.31	1728.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	72.34	72.34
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))	43815.65	43815.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43815.65	43815.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17078.75	17078.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	17078.75	17078.75
22. Transfers to Affiliated/Other Party Committees.....	16170.00	16170.00
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.....	0.00	0.00
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))..	33248.75	33248.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33248.75	33248.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42015.00	42015.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42015.00	42015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17078.75	17078.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	1728.31	1728.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15350.44	15350.44

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

FOR LINE NUMBER: PAGE 6 / 21

(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)

Alvin D. Perkins, Md

Mailing Address 1324 Hwy 192

City

Somerset

State

KY

Zip Code

42501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alvin D. Perkins, MD

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	1	/	0	3	/	2	0	0	8

Transaction ID: A240E4A9E83F549D3921

Amount of Each Receipt this Period

300.00

contribution

B.

Full Name (Last, First, Middle Initial)

John W. McClellan, Jr. Md

Mailing Address 848 Woodspoint Dr

City

Henderson

State

KY

Zip Code

42420

FEC ID number of contributing
federal political committee.

C

Name of Employer
John W. McClellan, Jr. MD
PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AAA3732066D4A48DD97C

Amount of Each Receipt this Period

500.00

2008 contribution

C.

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A17A11E5DEA14476A9C6

Amount of Each Receipt this Period

1000.00

2008

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 7 / 21

(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)

Thomas E. Bunnell

Mailing Address 3246 New Orleans Dr

City

Edgewood

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine of North
ern KY

Occupation

Retired 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	1		2	2		2	0	0	8

Transaction ID: A6694D300D8614760ACC

Amount of Each Receipt this Period

500.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph East

Occupation

ER 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	1		2	5		2	0	0	8

Transaction ID: A9378BBD8D4184269A82

Amount of Each Receipt this Period

300.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

David L. Blandford, Md

Mailing Address 2229 Guilford Ln

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Eye Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Transaction ID: AB16852AAF4A04CB09C2

Amount of Each Receipt this Period

300.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 21

(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)

Walter R. Eiseman, Md

Mailing Address 39 Marian Dr

City

Lakeside

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

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 1 / 2 5 / 2 0 0 8

Transaction ID: A88E3B796D1F34908A3B

Amount of Each Receipt this Period

300.00

2008 contribution

B.

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: A15F7827A40AB4D2288C

Amount of Each Receipt this Period

500.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Robert C. Zoller

Mailing Address 6601 Mint Springs Branch Rd

City

Prospect

State

KY

Zip Code

40059-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners in Womens Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: A640F699B3D4048E3851

Amount of Each Receipt this Period

250.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 21

(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)

Donald C. Barton, Md

Mailing Address 1014 Circle Dr

City

Corbin

State

KY

Zip Code

40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald C. Barton, MD

Occupation

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	8

Transaction ID: A138E2C55C799441B99D

Amount of Each Receipt this Period

250.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

David J. Bensema

Mailing Address 2108 Woodmont Dr

City

Lexington

State

KY

Zip Code

40502-3062

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	8

Transaction ID: AC743F6C376DF47D88BE

Amount of Each Receipt this Period

500.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Robert J. Emslie, Md

Mailing Address 936 Fairway St

City

Bowling Green

State

KY

Zip Code

42101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Gilbert Clinic

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	1		2	9		2	0	0	8

Transaction ID: A5D47FC6992E6478DB19

Amount of Each Receipt this Period

500.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

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 / 21

(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 E. Downing, Md

Mailing Address 985 Matlock Pike

City

Bowling Green

State

KY

Zip Code

42104-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer
John E. Downing, MD

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 1 / 2 9 / 2 0 0 8

Transaction ID: ACF0A88AB61FB492EA77

Amount of Each Receipt this Period

500.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

Vesna M. Kriss

Mailing Address 6690 Delaney Ferry Ext

City

Versailles

State

KY

Zip Code

40383-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer
UK Medical Center

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 1 / 2 9 / 2 0 0 8

Transaction ID: AB082277AD2F84E7E8C2

Amount of Each Receipt this Period

500.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Wayne E. Williams, Md

Mailing Address 110 S. 9th St

City

Mayfield

State

KY

Zip Code

42066-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

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 1 / 2 9 / 2 0 0 8

Transaction ID: A37218CB38AC24372A80

Amount of Each Receipt this Period

300.00

2008 contribution

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 11 / 21

(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)

Donald J. Swikert

Mailing Address 10003 Country Hill Ct

City

State

Zip Code

Union

KY

41091-9774

FEC ID number of contributing
federal political committee.**C**Name of Employer
Donald J. Swikert, MDOccupation
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	2		0	1		2	0	0	8

Transaction ID: A0D897BC0C99340B39B6

Amount of Each Receipt this Period

1000.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

Nancy C. Swikert, Md

Mailing Address 10003 Country Hill Ct

City

State

Zip Code

Union

KY

41091

FEC ID number of contributing
federal political committee.**C**Name of Employer
Patient First Phys West-U-
nionOccupation
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	2		0	1		2	0	0	8

Transaction ID: A5C4DEBE1D77D4BC6BC0

Amount of Each Receipt this Period

500.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Eric W. Neils

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
Radiology Associates of
Northern KYOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	8

Transaction ID: A52D036D25651402782D

Amount of Each Receipt this Period

500.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

William C. Harrison

Mailing Address 4045 Foxtail Place

City

Owensboro

State

KY

Zip Code

42303-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology PSC

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: A1C5F1F77367F47139DE

Amount of Each Receipt this Period

1000.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

Marian E. Bensema

Mailing Address 2108 Woodmont Dr

City

Lexington

State

KY

Zip Code

40502-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chippes, Caffrey, Dubilier,
PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: AE6B8C1B070634CC6952

Amount of Each Receipt this Period

500.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Baretta R. Casey, Md, Mph

Mailing Address 171 Cedar Hills Dr

City

Pikeville

State

KY

Zip Code

41501

FEC ID number of contributing
federal political committee.

C

Name of Employer
UK Center for Rural Health

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 2 / 0 5 / 2 0 0 8

Transaction ID: AC5ABD23C201F4237BA3

Amount of Each Receipt this Period

500.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 21

(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)

Linda H. Gleis, Md

Mailing Address 531 Primrose Way

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: ACEC0AE2744A348BEA88

Amount of Each Receipt this Period

300.00

2008 contribution

B.

Full Name (Last, First, Middle Initial)

Gregory E. Gleis, Md

Mailing Address 531 Primrose Way

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellis & Badenhausen Ortho-
paedics PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A5677AED5938B4936910

Amount of Each Receipt this Period

300.00

2008 contribution

C.

Full Name (Last, First, Middle Initial)

Philip B. Hurley

Mailing Address 4171 Tan Bark Place

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho & Sports Medicine
Owensboro PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A68E0A969E7AA4F0B833

Amount of Each Receipt this Period

300.00

2008 contribution

SUBTOTAL of Receipts This Page (optional)

900.00

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 14 / 21

(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 Nunneley, Jr. Md

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
Central Baptist Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AFEC7568BB5664B6494C

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Lela C. Maynard, Md

Mailing Address PO Box 2288

City

Pikeville

State

KY

Zip Code

41502-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer
East KY Medical Group

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 2 / 2 6 / 2 0 0 8

Transaction ID: A0EAC4D6539634F7E864

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

James C. Dodson

Mailing Address 147 E. 5th St

City

Russellville

State

KY

Zip Code

42276-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
james dodson

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 2 / 2 7 / 2 0 0 8

Transaction ID: AC3E2491CD032496D88E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

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 15 / 21

(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)

Gordon R. Tobin, II MD

Mailing Address 1505 Northwind Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Surgical Assoc-
iates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: A1BC34E77376041A3986

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. James F. Beattie

Mailing Address 796 Grider Pond Rd

City

Bowling Green

State

KY

Zip Code

42104-0808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowling Green Associated
Pathologists

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 3 / 0 6 / 2 0 0 8

Transaction ID: A38C66DAD506341F7AC1

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

13800.00

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

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)

Kentucky Medical Association

Mailing Address 4965 US Highway 42
Suite 2000

City	State	Zip Code
Louisville	KY	40222-6379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	8

Transaction ID: AB4D7EEF19CB34BFABF5

Amount of Each Receipt this Period

1728.31

Refund for Dinner (Ref INV
DLO

SUBTOTAL of Receipts This Page (optional)

1728.31

TOTAL This Period (last page this line number only)

1728.31

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

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

State: District:

11386.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Chilton & Medley PLC	Transaction ID: B0B23E1DE7F784CD5820 Date of Disbursement
Mailing Address 2500 Meidinger Tower 462 S. 4th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 9 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40202-3466	Amount of Each Disbursement this Period
Purpose of Disbursement Progress billing #2 Yr End 2007 Audit/CI	<div>1260.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BC393A8545AFA4F2CB64 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 9 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement 2/08 Admin Fee, postage, printing, salar	<div>2588.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kentucky Medical Association	Transaction ID: BDFA70B9A7DAD4C65B21 Date of Disbursement
Mailing Address 4965 US Highway 42 Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40222-6379	Amount of Each Disbursement this Period
Purpose of Disbursement March Admin fee, funeral flowers	<div>545.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4393.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

<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)

Chilton & Medley PLC

Mailing Address 2500 Meidinger Tower
462 S. 4th St

City State Zip Code
Louisville KY 40202-3466

Purpose of Disbursement
Progress billing #3 Yr End 2007 Audit/CI

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BC9C42BF9066F4AE1AA4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

815.00

B.

Full Name (Last, First, Middle Initial)

Marshall E. White, III

Mailing Address 1304 S. 6th St

City State Zip Code
Louisville KY 40206

Purpose of Disbursement
3/08 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BD3AFEBE5C09E47C5A65

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

915.00

TOTAL This Period (last page this line number only)

16694.97

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

<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 to KPPAC-State Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BE3C34FFE912243A6823

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BA4467262B18A4B7EA80

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2008

Amount of Each Disbursement this Period

5970.00

C.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
Transfer to Federal Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BB83432F554564195A4B

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2008

Amount of Each Disbursement this Period

4450.00

SUBTOTAL of Disbursements This Page (optional)

15420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
transfer to affiliated pac

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B19B3F3FBD98849A99AC

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

16170.00