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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) 4965 US Highway 42 ADDRESS (number and street) Suite 2000 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00016444 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Susan Bornstein Type or Print Name of Treasurer Electronically Filed by Susan Bornstein 04 22 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Kentucky Medical Association PAC (Kentucky Physicians PAC Federal-KPPAC Federal) D D " D 0 1 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 26643.47 January 1 (b) Cash on Hand at 26643.47 Begining of Reporting Period 43815.65 43815.65 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 70459.12 70459.12 6(a) and 6(c) for Column B) 33248.75 33248.75 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 37210.37 37210.37 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

0 1 м N 0 1 М М 3^D1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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 (iii) TOTAL (add 42015.00 42015.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 42015.00 42015.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1728.31 1728.31 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 72.34 72.34 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 43815.65 43815.65 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 43815.65 43815.65 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** 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..... (b) Other Federal Operating 17078.75 17078.75 Expenditures..... (c) Total Operating Expenditures 17078.75 17078.75 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 16170.00 16170.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 33248.75 33248.75 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 33248.75 33248.75 from Line 31).....

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

FE6AN026

	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) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and addre	ess of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Alvin D. Perkins, Md Mailing Address 1324 Hwy 192 City Somerset FEC ID number of contributing federal political committee. Name of Employer Alvin D. Perkins, MD Receipt For: Primary General Other (specify)	- ' 	Zip Code 42501 yed physician ear-to-Date ▼ 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) John W. McClellan, Jr. Md Mailing Address 848 Woodspoint Dr City Henderson FEC ID number of contributing federal political committee. Name of Employer John W. McClellan, Jr. MD PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate Ye	Zip Code 42420 ear-to-Date ▼ 500.00	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Sandra K. Frost Mailing Address 488 Leaf Ln City Somerset FEC ID number of contributing federal political committee. Name of Employer Homemaker Receipt For: Primary General Other (specify)	State KY C Occupation Homemake Aggregate Ye	Zip Code 42503-4662 er ear-to-Date ▼ 1000.00	Date of Receipt M M M 22 2 2008 Transaction ID: A17A11E5DEA14476A9C6 Amount of Each Receipt this Period 1000.00 2008
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			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 7 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	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	e name and ado	dress of any political committee to	o solicit contributions from such committee.
Δ A .	Full Name (Last, First, Middle Initial) Thomas E. Bunnell Mailing Address 3246 New Orleans Dr City Edgewood FEC ID number of contributing federal political committee. Name of Employer Internal Medicine of Northern KY Receipt For: Primary General Other (specify)	State KY C Occupation Retired P Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Steven Joseph Stack Mailing Address 2083 Bridgeport Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer St Joseph East Receipt For: Primary General Other (specify)	State KY C Occupation ER Physi Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) David L. Blandford, Md Mailing Address 2229 Guilford Ln City Lexington FEC ID number of contributing federal political committee. Name of Employer Kentucky Eye Institute Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Walter R. Eiseman, Md Mailing Address 39 Marian Dr City Lakeside	State Zip Code KY 41017	Date of Receipt 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 Radiology Associates of Northern KY Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Self-employed physician Aggregate Year-to-Date ▼ 300.00	2008 contribution
Full Name (Last, First, Middle Initial) Wally O. Montgomery Mailing Address 6414 Stinespring City Paducah FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	Dr State Zip Code KY 42001-8674 C Occupation Retired Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert C. Zoller Mailing Address 6601 Mint Spring City Prospect FEC ID number of contributing federal political committee. Name of Employer Partners in Womens Health Receipt For: Primary General Other (specify)	State Zip Code KY 40059-9639 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optic	nal)	1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Material Page 1)	e name and add	ress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Donald C. Barton, Md Mailing Address 1014 Circle Dr City Corbin FEC ID number of contributing federal political committee. Name of Employer Donald C. Barton, MD Receipt For:	State KY C Occupation Retired Pl Aggregate		Date of Receipt M M M / 29 / 2008 Transaction ID: A138E2C55C799441B99E Amount of Each Receipt this Period 250.00 2008 contribution
– B.	Primary General Other (specify) Full Name (Last, First, Middle Initial) David J. Bensema	0 0	250.00	Date of Receipt
	Mailing Address 2108 Woodmont Dr 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 Occupation Physician Aggregate		Transaction ID: AC743F6C376DF47D88B 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 FEC ID number of contributing federal political committee. Name of Employer Graves Gilbert Clinic Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt M M M / 29 / 2008 Transaction ID: A5D47FC6992E6478DB19 Amount of Each Receipt this Period 500.00 2008 contribution
	SUBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any period 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) John E. Downing, Md Mailing Address 985 Matlock Pike City Bowling Green FEC ID number of contributing federal political committee. Name of Employer John E. Downing, MD Receipt For: Primary General Other (specify)	State Zip Code KY 42104-7408 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M 29 2008 Transaction ID: ACF0A88AB61FB492EA Amount of Each Receipt this Period 500.00 2008 contribution
Full Name (Last, First, Middle Initial) Vesna M. Kriss Mailing Address 6690 Delaney Ferr City Versailles FEC ID number of contributing federal political committee. Name of Employer UK Medical Center Receipt For: Primary General Other (specify)	State Zip Code KY 40383-9015 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 29 2008 Transaction ID: AB082277AD2F84E7E80 Amount of Each Receipt this Period 500.00 2008 contribution
Full Name (Last, First, Middle Initial) Wayne E. Williams, Md Mailing Address 110 S. 9th St City Mayfield FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code KY 42066-2208 C Occupation Self-employed physician Aggregate Year-to-Date 300.00	Date of Receipt O 1
SUBTOTAL of Receipts This Page (option	al)	1300.00

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) 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 addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald J. Swikert Mailing Address 10003 Country Hill C City Union FEC ID number of contributing federal political committee. Name of Employer Donald J. Swikert, MD Receipt For: Primary General Other (specify)	State KY C Occupation Physician	Zip Code 41091-9774 ear-to-Date ▼ 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Nancy C. Swikert, Md Mailing Address 10003 Country Hill C 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 KY C Occupation Physician	Zip Code 41091 ear-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Eric W. Neils Mailing Address 904 Squire Oaks Dr City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Radiology Associates of Northern KY Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate Y	Zip Code 41017-1371 ear-to-Date ▼ 700.00	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 (optional))	2000.00

	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) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and addr	ress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) William C. Harrison Mailing Address 4045 Foxtail Place City Owensboro FEC ID number of contributing federal political committee. Name of Employer Radiology PSC Receipt For: Primary General Other (specify)	, '	Zip Code 42303-2277 Dyed physician Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Marian E. Bensema Mailing Address 2108 Woodmont Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer Chipps, Caffrey, Dubilier, PSC Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate	Zip Code 40502-3062 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Baretta R. Casey, Md, Mph Mailing Address 171 Cedar Hills Dr City Pikeville FEC ID number of contributing federal political committee. Name of Employer UK Center for Rural Health Receipt For: Primary General Other (specify)	State KY C Occupation Physician Aggregate	Zip Code 41501 Year-to-Date ▼	Date of Receipt M M O D D O D O D O D O D O D O D O D O
	SUBTOTAL of Receipts This Page (optional)			2000.00

	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) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (K	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Linda H. Gleis, Md Mailing Address 531 Primrose Way City Louisville FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Receipt For: Primary General Other (specify)	State KY C Occupatio Physician Aggregate		Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Gregory E. Gleis, Md Mailing Address 531 Primrose Way City Louisville FEC ID number of contributing federal political committee. Name of Employer Ellis & Badenhausen Orthopaedics PSC Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial Aggregate		Date of Receipt M M / D D / Y Y Y Y Y D 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 FEC ID number of contributing federal political committee. Name of Employer Ortho & Sports Medicine Owensboro PSC Receipt For: Primary General Other (specify)	State KY C Occupatio Physicial Aggregate		Date of Receipt M M D D C 2 0 0 8
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		•	900.00

SCHEDULE A (FEC Form	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any using the name and address of any political commit PAC (Kentucky Physicians PAC Federal-KF	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Preston Nunnelley, Jr. Md Mailing Address 3000 Brookmo City Lexington FEC ID number of contributing federal political committee. Name of Employer Central Baptist Hospital Receipt For: Primary General Other (specify)	· · · · · · · · · · · · · · · · · · ·	Date of Receipt M M
Full Name (Last, First, Middle Initial Lela C. Maynard, Md Mailing Address PO Box 2288 City Pikeville FEC ID number of contributing federal political committee. Name of Employer East KY Medical Group Receipt For: Primary General Other (specify)	State Zip Code KY 41502-2288 C Occupation Self-employed physician Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial James C. Dodson Mailing Address 147 E. 5th St City Russellville FEC ID number of contributing federal political committee. Name of Employer james dodson Receipt For: Primary General Other (specify)	State Zip Code KY 42276-1903 C Occupation Self-employed physician Aggregate Year-to-Date 300.06	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (c	ptional)	900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 21 (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	Statements mage	y not be sold or used by any p dress of any political committe	erson for the purpose of soliciting contributions se to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (kg)	Kentucky Phy	rsicians PAC Federal-KP	PAC Federal)
A .	Full Name (Last, First, Middle Initial) Gordon R. Tobin, II MD			Date of Receipt
	Mailing Address 1505 Northwind Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A1BC34E77376041A3986
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Surgical Assoc- iates PSC	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	1
- В.	Full Name (Last, First, Middle Initial) Dr. James F. Beattie			Date of Receipt
	Mailing Address 796 Grider Pond Rd			03 06 7 9 9 9
	City	State	Zip Code	Transaction ID: A38C66DAD506341F7AC
	Bowling Green	KY	42104-0808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bowling Green Associated Pathologists	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)		13800.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	se separate schedule(s) reach category of the stailed Summary Page	FOR LINE NUMBER: PAGE 16 / 21 (check only one) 11a 11b 11c 12 13 14 X 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 (Kentucky Physicia	ns PAC Federal-KPPAC	C Federal)
Full Name (Last, First, Middle Initial) Kentucky Medical Association Mailing Address 4965 US Highway 42			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 2000 City Louisville		Zip Code 40222-6379	Transaction ID: AB4D7EEF19CB34BFABF9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1728.31
Name of Employer	Occupation	_	Refund for Dinner (Ref INV DL0
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 1728.31	

CURTOTAL of Possints This Page (entional)		1728.31
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	1728.31

SCHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS		arate schedule(s) category of the		FOR LINE (check onl	y one)	R: <u>—</u>	<u>P</u>	AGE 17/	21
	Detailed	Summary Page		X 21b 27	22 28a	23 28b	24 28c		26 30
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)		, , ,							
Kentucky Medical Association PAC (Kentu	ucky Physic	cians PAC Fed	leral-	-KPPAC I	ederal)				
Full Name (Last, First, Middle Initial) Aristotle International, Inc.						action ID f Disburs		3DF192)D45A2
Mailing Address Accounting Dept 205 Pennsylvannia Ave,	SE				01	/ D	3 1	žoŏ	8 ^Y
City Washington	State DC	Zip Code 20003			Amour	nt of Each	Disburs	ement this	
Purpose of Disbursement PAC Software (Inv # 060810192/Customer #								9600.0	00
Candidate Name				tegory/ Type					
Senate President	ement For: Primary Other (spe	General ▼							
State: District: Full Name (Last, First, Middle Initial)					_		Door	D. A. E. A. A.	FF 4000
Kentucky Medical Association						f Disburs	ement	BAAEAA	
Mailing Address 4965 US Highway 42 Suite 2000				0 1	່] ′ _ ້3	3 1	žoŏ	8 '	
City Louisville	State KY	Zip Code 40222-6379			Amour	nt of Each	Disburs	ement this	
Purpose of Disbursement 1/08 Admin Fee & travel expense Candidate Name		Cate					•	526.4	+0
Candidate Name				itegory/ Γype					
Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼							
Full Name (Last, First, Middle Initial) Chilton & Medley PLC					Date of	f Disburs		2F143C <i>F</i>	
Mailing Address 2500 Meidinger Tower 462 S. 4th St					01	/ D	3 1 /	žoŏ	8 ^Y
City Louisville	State KY	Zip Code 40202-3466			Amour	nt of Each	Disburs	ement this	
Purpose of Disbursement Progress Billing #1 Yr End 2007 Audit/Cl				tons mil	L.			1260.0	ν̈́Ο
Candidate Name				itegory/ Γype					
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ▼							
State: District:									
SUBTOTAL of Disbursements This Page (optional)				▶				11386.4	10
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only X 21b 27	one) 22
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NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentucky)	cky Physicians PAC Fede	ral-KPPAC Fe	ederal)
Full Name (Last, First, Middle Initial) Chilton & Medley PLC			Transaction ID: BC9C42BF9066F4AE1AA
Mailing Address 2500 Meidinger Tower 462 S. 4th St			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 1 \\ & 3 & 1 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & 0 & 8 \\ & 2 & 0 & 0 & 8 \end{bmatrix} $
,	State Zip Code KY 40202-3466		Amount of Each Disbursement this Period
Purpose of Disbursement Progress billing #3 Yr End 2007 Audit/Cl			815.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Marshall E. White, III			Transaction ID: BD3AFEBE5C09E47C5A Date of Disbursement
Mailing Address 1304 S. 6th St			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & 1 \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} 1 & 1 & 1 \\ 2 & 1 & 1 \end{bmatrix} 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	State Zip Code KY 40206		Amount of Each Disbursement this Period
Purpose of Disbursement 3/08 Political Consultant Fee			100.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	915.00
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	full Name (Last, First, Middle Initial) Kentucky Medical Association PAC (Kenti PAC Federal-KPPAC Federal)	ucky Physicia	ans					Date o	action of Disbu	ırseme				3A6
M	Mailing Address 4965 US Highway 42 Suite 2000							0 1		0 4	Ľ	20	ď8 [°]	
	City Louisville		Zip Code 40222					Amou	int of Ea	ach Dis	burser			riod
T	Purpose of Disbursement Transfer to KPPAC-State Account							L.				500	0.00	•
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	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specif	General fy) ▼											
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M	Mailing Address 25 Massachusetts Ave, NW Suite 600							0 ^M 2	M /	^D 2 9	/ Y	ž 0	8 0	
	City Vashington		Zip Code 20001-7400					Amou	int of Ea	ach Dis	burser	ment th	nis Pe	riod
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	City Vashington	State Z DC	Zip Code 20001-7400					Amou	int of Ea	ch Dis	burser	ment th	nis Pe	riod
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_	Candidate Name				tego Type	•								
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specif	General ▼											
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\setminus	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC (Kentu	cky Physic	ians PAC Feder	ral-KPPAC F	ederal)
_		Orty 1 Hyoro	14110 1 710 1 0401		·
	Full Name (Last, First, Middle Initial) American Medical Association PAC				Transaction ID: B19B3F3FBD98849A99A0 Date of Disbursement
	Mailing Address 25 Massachusetts Ave, N Suite 600	٧W			03
	City Washington	State DC	Zip Code 20001-7400		Amount of Each Disbursement this Period
	Purpose of Disbursement tansfer to affiliated pac				750.00
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