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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKIN SX	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kentucky Medical Ass	sociation PAC(Kentud	cky Physicians PAC Fe	deral-KPPAC Federal)
ADDRESS (number and street)	4965 US Hwy 42		
▼ Check if different	Suite 2000		
than previously reported. (ACC)	Louisville		KY 46220
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00016444		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	ar 20 (M3) May 20 (M3) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (or 20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t .	ion on	in the State of
5. Covering Period 0	7 01 2017	through 12	M / D D / Y Y Y Y Y Y 31 2017
I certify that I have examined to	his Report and to the best of Tailor, Monalisa, , , MD	of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	or, Monalisa, , , MD	[Electronically Filed]	Date 01 18 2018
NOTE: Submission of false, error	neous, or incomplete informati	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X
Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

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

07 01 2017 12 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 65594.99 January 1. 2017 (b) Cash on Hand at 86004.64 Beginning of Reporting Period..... 28077.60 64126.41 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 129721.40 114082.24 6(a) and 6(c) for Column B)..... 35047.30 50686.46 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 79034.94 79034.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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. 05/2016)

Write or Type Committee Name

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

01 2017 31 2017 12 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 22852.96 51495.27 (i) Itemized (use Schedule A)..... 4215.33 11614.98 (ii) Unitemized (iii) TOTAL (add 63110.25 27068.29 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 1000.00 1000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 64110.25 28068.29 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.) 0.00 0.00 (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 (Dividends, Interest, etc.)..... 9.31 16.16 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (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))....... 64126.41 28077.60 20. Total Federal Receipts 28077.60 64126.41 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonida Tour to Date		
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	11047.30	24186.46		
(c) Total Operating Expenditures		0440040		
(add 21(a)(i), (a)(ii), and (b))▶	11047.30	24186.46		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
#	4 4	1 1 4 1 1 4 1 1 4		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including		20522.22		
Non-Federal Donations)	24000.00	26500.00		
Federal Election Activity (52 U.S.C. § 30101(2	(0))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) III oviali Classia		4 4		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,	7 7 7			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35047.30	50686.46		
Total Federal Disbursements	45	4 4		
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	35047.30	50686.46		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 28068.29 64110.25 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 64110.25 28068.29 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 11047.30 24186.46 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 11047.30 24186.46 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beattie, James, F., Doctor, Jr, MD Date of Receipt Mailing Address 796 Grider Pond Rd 2017 City Zip Code State Transaction ID: SA11AI.7134 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Bowling Green Associated Pathologists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bensema, David, J., Doctor, MD Date of Receipt Mailing Address 2108 Woodmont Drive 18 2017 City State Zip Code Transaction ID: SA11AI.7128 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 900.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Baptist Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bensema, Marian, E., Doctor, MD Date of Receipt Mailing Address 2108 Woodmont Drive 18 2017 City State Zip Code Transaction ID: SA11AI.7129 KY Lexington 40502 Amount of Each Receipt this Period FEC ID number of contributing 900.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology & Cytology Labs Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 2050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brabon, David, , , MD Date of Receipt Mailing Address 220 S. Lexington Ave. 15 2017 City Zip Code State Transaction ID: SA11AI.7277 KY Wilmore 40390 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Rockcastle Regional Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brabon, David, , , MD Date of Receipt Mailing Address 220 S. Lexington Ave. 15 2017 City State Zip Code Transaction ID: SA11AI.7314 KY Wilmore 40390 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Rockcastle Regional Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bunnell, Nancy, Mrs., MD Date of Receipt Mailing Address 3246 New Orleans 17 2017 City State Zip Code Transaction ID: SA11AI.7213 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 206.25 Other (specify) 88.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bunnell, Nancy, , Mrs., MD Date of Receipt Mailing Address 3246 New Orleans 16 2017 City Zip Code State Transaction ID: SA11AI.7242 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bunnell, Thomas, , Doctor, MD Date of Receipt Mailing Address 3246 New Orleans 07 2017 City State Zip Code Transaction ID: SA11AI.7214 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 206.25 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bunnell, Thomas, , Doctor, MD Date of Receipt Mailing Address 3246 New Orleans 10 16 2017 City State Zip Code Transaction ID: SA11AI.7243 KY Edgewood 41017 Amount of Each Receipt this Period FEC ID number of contributing C 68.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 206.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2017 City Zip Code State Transaction ID: SA11AI.7207 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2017 City State Zip Code Transaction ID: SA11AI.7119 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 583.31 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2017 City State Zip Code Transaction ID: SA11AI.7186 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.64 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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PAGE 10 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 16 2017 City Zip Code State Transaction ID: SA11AI.7244 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 749.97 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2017 City State Zip Code Transaction ID: SA11AI.7276 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 833.30 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 18 2017 City Zip Code State Transaction ID: SA11AI.7319 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 916.63 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crutcher, Douglas, , Doctor, MD Date of Receipt Mailing Address 1210 KY Hwy 36E 2017 City Zip Code State Transaction ID: SA11AI.7136 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Harrison Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cunningham, Larry, , Doctor, MD Date of Receipt Mailing Address 3651 Parkers Mill Road 2017 City State Zip Code Transaction ID: SA11AI.7139 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ganzel, Toni, , , MD Date of Receipt Mailing Address 2513 Poplar Crest Road 2017 City State Zip Code Transaction ID: SA11AI.7307 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gleis, Gregory, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 2017 City Zip Code State Transaction ID: SA11AI.7236 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 10 2017 City State Zip Code Transaction ID: SA11AI.7237 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 10 17 2017 City Zip Code State Transaction ID: SA11AI.7257 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Granacher, Robert, , Doctor, MD Date of Receipt Mailing Address 1401 Harrodsburg Road 2017 City Zip Code State Transaction ID: SA11AI.7278 KY Lexington 40504 Amount of Each Receipt this Period FEC ID number of contributing C 550.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harrison, William, C., Doctor, MD Date of Receipt Mailing Address 4045 Foxtail Place 10 15 2017 City State Zip Code Transaction ID: SA11AI.7240 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RIC Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Irwin, Leland, , Doctor, MD Date of Receipt Mailing Address 3800 Saddlecreek Lane 10 2017 City Zip Code State Transaction ID: SA11AI.7312 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Emergency Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jain, Subin, , , MD Date of Receipt Mailing Address 4003 Kresge Way Ste 312 2017 City Zip Code State Transaction ID: SA11AI.7260 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 15 2017 City State Zip Code Transaction ID: SA11AI.7187 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 16 2017 City State Zip Code Transaction ID: SA11AI.7245 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 15 2017 City Zip Code State Transaction ID: SA11AI.7275 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnstone, John, , Doctor, MD Date of Receipt Mailing Address 819 W. Main Street 15 2017 City State Zip Code Transaction ID: SA11AI.7313 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Knight, Robert, D., Doctor, MD Date of Receipt Mailing Address 4318 Spring Bank Drive 10 12 2017 City State Zip Code Transaction ID: SA11AI.7238 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEP-America Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kuduk, Michael, , Doctor, MD Date of Receipt Mailing Address 375 Bobwhite Lane 2017 City Zip Code State Transaction ID: SA11AI.7135 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lally, Michael, , Doctor, MD Date of Receipt Mailing Address 2120 Rollingdale Rd 2017 City State Zip Code Transaction ID: SA11AI.7137 KY Lexington 40513-1128 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UK Samaritan Hospital ED Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lydon, Eric, Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City Zip Code State Transaction ID: SA11AI.7204 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City Zip Code State Transaction ID: SA11AI.7121 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7188 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 10 16 2017 City State Zip Code Transaction ID: SA11AI.7246 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City Zip Code State Transaction ID: SA11AI.7274 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 18 2017 City State Zip Code Transaction ID: SA11AI.7323 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martins-Ruschman, Carroll, , , Date of Receipt Mailing Address 411 S. Cleveland Road 09 2017 City State Zip Code Transaction ID: SA11AI.7308 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 450.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Matar, Jacqueline, , , MD Date of Receipt Mailing Address 701 Bob-O-Link Drive #120 2017 City Zip Code State Transaction ID: SA11AI.7265 KY Lexington 40504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky One Cancer Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mazloomdoost, Danesh, , Doctor, MD Date of Receipt Mailing Address 715 Shaker Drive #132 2017 City State Zip Code Transaction ID: SA11AI.7132 KY Lexington 40504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Meadows, Cory, Mr., Date of Receipt Mailing Address 4965 US Hwy 42 23 2017 City State Zip Code Transaction ID: SA11AI.7130 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Theodore, H., Doctor, MD Date of Receipt Mailing Address 40 E. Fountain Ave 2017 City Zip Code State Transaction ID: SA11AI.7150 45246 OH Cincinnati Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Head & Neck Surgery Assoc PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Geraldine, , Mrs., Date of Receipt Mailing Address 6414 Stinespring Dr 10 2017 City State Zip Code Transaction ID: SA11AI.7234 KY Paducah 42001-8674 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1625.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montgomery, Wally, Doctor, MD Date of Receipt Mailing Address 117 N 2nd St Ste 2202 10 2017 City State Zip Code Transaction ID: SA11AI.7235 KY Paducah 42001-0741 Amount of Each Receipt this Period FEC ID number of contributing C 875.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Neils, Eric, , Doctor, MD Date of Receipt Mailing Address 904 Squire Oaks Dr 2017 City Zip Code State Transaction ID: SA11AI.7124 KY Villa Hills 41017-1371 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology Assoc of No KY Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 2017 City State Zip Code Transaction ID: SA11AI.7211 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 16 2017 Zip Code City State Transaction ID: SA11AI.7247 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 2017 City Zip Code State Transaction ID: SA11AI.7212 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 10 16 2017 City State Zip Code Transaction ID: SA11AI.7248 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 17 2017 City State Zip Code Transaction ID: SA11AI.7208 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City Zip Code State Transaction ID: SA11AI.7112 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City State Zip Code Transaction ID: SA11AI.7189 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 10 16 2017 City State Zip Code Transaction ID: SA11AI.7249 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City Zip Code State Transaction ID: SA11AI.7273 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 18 2017 City State Zip Code Transaction ID: SA11AI.7320 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 17 2017 City State Zip Code Transaction ID: SA11AI.7209 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City Zip Code State Transaction ID: SA11AI.7113 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pellegrini, Patricia, A., Mrs., Date of Receipt Mailing Address 2113 Shelton R 15 2017 City State Zip Code Transaction ID: SA11AI.7190 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 207.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pellegrini, Patricia, A., Mrs. Date of Receipt Mailing Address 2113 Shelton R 16 2017 City State Zip Code Transaction ID: SA11AI.7250 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 146.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pellegrini, Patricia, A., Mrs., Date of Receipt Mailing Address 2113 Shelton R 15 2017 City Zip Code State Transaction ID: SA11AI.7271 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 253.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pellegrini, Patricia, A., Mrs., Date of Receipt Mailing Address 2113 Shelton R 15 2017 City State Zip Code Transaction ID: SA11AI.7317 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 276.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pellegrini, Richard, Doctor, MD Date of Receipt Mailing Address 2113 Shelton R 15 2017 City State Zip Code Transaction ID: SA11AI.7191 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UK Healthcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 207.00 Other (specify) 69.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pellegrini, Richard, , Doctor, MD Date of Receipt Mailing Address 2113 Shelton R 16 2017 City Zip Code State Transaction ID: SA11AI.7251 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UK Healthcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pellegrini, Richard, Doctor, MD Date of Receipt Mailing Address 2113 Shelton R 15 2017 11 City State Zip Code Transaction ID: SA11AI.7272 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UK Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 253.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pellegrini, Richard, Doctor, MD Date of Receipt Mailing Address 2113 Shelton R 18 2017 City State Zip Code Transaction ID: SA11AI.7318 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UK Healthcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 276.00 Other (specify) 69.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Potter, John, R., Doctor, MD Date of Receipt Mailing Address 506 Amanda Furnace Circle 2017 City Zip Code State Transaction ID: SA11AI.7110 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Children Clinic PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reichard, K. Thomas, , Doctor, MD Date of Receipt Mailing Address 2425 Cherokee Pkwy 18 2017 City State Zip Code Transaction ID: SA11AI.7126 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reichard, Mary-Stuart, , Mrs. Date of Receipt Mailing Address 2425 Cherokee Pkwy 18 2017 City State Zip Code Transaction ID: SA11AI.7127 KY Louisville 40204-2216 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 2017 City Zip Code State Transaction ID: SA11AI.7133 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 15 2017 City State Zip Code Transaction ID: SA11AI.7192 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roberts, John, L., Doctor, MD Date of Receipt Mailing Address 6007 Two Springs Lane 16 2017 City State Zip Code Transaction ID: SA11AI.7252 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Neonatal Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City Zip Code State Transaction ID: SA11AI.7269 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 803.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 18 2017 City State Zip Code Transaction ID: SA11AI.7322 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 72.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 875.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tran, Tuyen, Doctor, MD Date of Receipt Mailing Address 216 Colonial Drive 2017 City State Zip Code Transaction ID: SA11AI.7131 KY Versailles 40383 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 2017 City Zip Code State Transaction ID: SA11AI.7210 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.31 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.7120 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 666.64 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.7196 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 749.97 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 16 2017 City Zip Code State Transaction ID: SA11AI.7255 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.7267 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 916.63 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 18 2017 City State Zip Code Transaction ID: SA11AI.7324 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Watson, Carolyn, , Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 2017 City Zip Code State Transaction ID: SA11AI.7263 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. White, John, , Doctor, MD Date of Receipt Mailing Address 712 Tamarack Ct 2017 City State Zip Code Transaction ID: SA11AI.7111 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Pulmonary Associates** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2017 City Zip Code State Transaction ID: SA11AI.7203 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 675.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2017 City Zip Code State Transaction ID: SA11AI.7152 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 09 2017 City State Zip Code Transaction ID: SA11AI.7184 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 28 2017 City Zip Code State Transaction ID: SA11AI.7202 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2017 City Zip Code State Transaction ID: SA11AI.7233 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 10 2017 City State Zip Code Transaction ID: SA11AI.7262 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 23 2017 City Zip Code State Transaction ID: SA11AI.7264 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1575.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentu Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Citizens for Affordable Healthcare Date of Receipt Mailing Address C/O 375 Thomas More Parkway 2017 Suite 209 10 City Zip Code State Transaction ID: SA11C.7229 KY Crestview Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)			EOD LINE	NUMBER: PAGE 44 OF 54							
ITEMIZED DISBURSEMENTS	-	Use separate schedule(s) (check on			L NOWIDEN.						
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NAME OF COMMITTEE (In Full)											
Kentucky Medical Association	on PAC	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)						
Full Name (Last, First, Middle Initial)					Data of Dishurranet						
A. Chalmers, Burch, & Adams,	LLC				Date of Disbursement						
Mailing Address 5805 State Bridge Road	#G77				12 07 2017						
City	15	State GA	Zip Code		FEC Identification Number						
Johns Creek Purpose of Disbursement		GA	30097								
Legal Fees to research PAC rules				001	C						
Candidate Name				Category/	Transaction ID: SB21B.7435 Amount of Each Disbursement this Period						
Office Cought: House	Diahumaan			Type	750.00						
Office Sought: House Senate	Disburser	Primary	General		730.00						
President		Other (spec									
State: District:		· ·	3, 4		Memo Item						
Full Name (Last, First, Middle Initial)											
B. Kentucky Medical Association	on (KM	A)			Date of Disbursement						
Mailing Address 4965 US Hwy 42 Suite 2000					07 15 2017						
City Louisville	(State KY	Zip Code 40222		FEC Identification Number						
Purpose of Disbursement July administration fee				001	С						
Candidate Name				Category/	Transaction ID: SB21B.7393 Amount of Each Disbursement this Period						
Office Coupling	Distance			Туре	917.00						
Office Sought: House Senate	Disburser	nent For: Primary	General		817.00						
President		Other (spec			П.,						
State: District:		(-	- ,,		Memo Item						
Full Name (Last, First, Middle Initial)					2						
C. Kentucky Medical Association	on (KM	A)			Date of Disbursement						
Mailing Address 4965 US Hwy 42 Suite 2000					07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City		State	Zip Code		FEC Identification Number						
Louisville		KY	40222								
Purpose of Disbursement KPPAC Giveaways for Annual Meeting				004	C Transaction ID : SB21B.7396						
Candidate Name				Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House	ment For:		71: -	929.62							
Senate	Primary	General									
President		Other (spec	cify) ▼		Memo Item						
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SUBTOTAL of Disbursements This Page (o	optional)			·····	2496.62						
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SCH	EDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 4						
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	commercial purposes, other than using the na									
NAM	ME OF COMMITTEE (In Full)									
$ \; angle$ Ke	entucky Medical Association PA	C(Kentud	cky Physicia	ans PAC Fe	deral-KPPAC Federal)					
	•	`			<u> </u>					
-	Name (Last, First, Middle Initial)				Data of Disham					
A. Ke	entucky Medical Association (KN	1A)			Date of Disbursement					
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ivial	ling Address 4965 US Hwy 42 Suite 2000				08 15 2017					
City		State	Zip Code		FF0.11 "" " N 1					
•	isville	KY	40222		FEC Identification Number					
- 1	pose of Disbursement				C					
	nting and Postage for KPPAC Contributor Solici	tatıon Mailing	g 	004	Transaction ID : SB21B.7400					
Can	didate Name	Category/	Amount of Each Disbursement this Period							
				Type	2075.05					
Offic	ce Sought: House Disburse		2675.65							
	Senate									
Stat	President District:	Other (spe	city) ▼		Memo Item					
	Name (Last, First, Middle Initial)									
_		10)			Date of Disbursement					
J. N	entucky Medical Association (KN	/IA)								
 Mai	ling Address 4965 US Hwy 42				08 15 2017					
···	Suite 2000				10 2011					
City		State	Zip Code		FEC Identification Number					
	isville	KY	40222							
	pose of Disbursement Inting of KPPAC Informational Brochures			001						
				004	Transaction ID : SB21B.7401					
Can	didate Name			Category/	Amount of Each Disbursement this Period					
Offi,	ce Sought: House Disburse	ement For:		Туре	208.59					
Onic	Senate	Primary	General		200.39					
	President	Other (spe								
Stat] (opo	,,		Memo Item					
	Name (Last, First, Middle Initial)									
_	entucky Medical Association (KN	(A)			Date of Disbursement					
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Mai	ling Address 4965 US Hwy 42				08 15 2017					
	Suite 2000		- ·							
City		State	Zip Code		FEC Identification Number					
	isville bose of Disbursement	KY	40222							
- 1	gust Administration fee			001	C					
Can	didate Name				Transaction ID: SB21B.7403 Amount of Each Disbursement this Period					
				Category/ Type	Amount of Each Dispulsement this Fellou					
Offic	ce Sought: House Disburse	ment For:	I		817.00					
	Senate	Primary	General		7 7 7					
	President	Other (spe	ecify) 🔻		Memo Item					
Stat	e: District:	-								
SUBT	OTAL of Disbursements This Page (optional).				3701.24					
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 46 OF 54					
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	Detailed Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and Stater	ments may not be sold or	used by any person	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
Kentucky Medical Association PAC	C(Kentucky Physic	ians PAC Fe	deral-KPPAC Federal)					
/	· , , , , , , , , , , , , , , , , , , ,		<u> </u>					
Full Name (Last, First, Middle Initial)								
A. Kentucky Medical Association (KM	IA)		Date of Disbursement					
Mailing Address 4005 LIC Live: 40			08 31 2017					
Mailing Address 4965 US Hwy 42 Suite 2000			00 31 2017					
	State Zip Code		550 H					
Louisville	KY 40222		FEC Identification Number					
Purpose of Disbursement			C					
Meeting Room and Food for KPPAC Contributors d	during Annual Meeting	001	Transaction ID : SB21B.7405					
Candidate Name	Category/	Amount of Each Disbursement this Period						
		Type	707.40					
Office Sought: House Disburser		767.48						
Senate		_						
State: District:	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)	4 A \		Data of Dishuraament					
B. Kentucky Medical Association (KM)	IA)		Date of Disbursement					
Mailing Address 4965 US Hwy 42			09 15 2017					
Suite 2000			00 10 2017					
	State Zip Code		EEC Identification Number					
Louisville	KY 40222		FEC Identification Number					
Purpose of Disbursement	'		C					
FedEx charges to mail contribution checks		001	Transaction ID : SB21B.7412					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Coughts Have		Туре	27.50					
	ment For:		27.50					
Senate President	Primary General Other (specify)							
State: District:	Onici (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C. Kentucky Medical Association (KM	1Δ)		Date of Disbursement					
Nertiacky wiedical Association (NW	ור)		M M / D D / Y Y Y Y					
Mailing Address 4965 US Hwy 42			09 15 2017					
Suite 2000								
,	State Zip Code		FEC Identification Number					
Louisville	KY 40222							
Purpose of Disbursement September Administration Fee		004	C					
Candidate Name		001	Transaction ID : SB21B.7414					
Candidate Ivallie		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburser	ment For:	Туре	817.00					
Senate Dispulser	Primary General		7 7 7					
President	Other (specify)							
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SCHEDULE B (FEC Form 3X)			FOR LINE					NUMBER: PAGE 47 OF 54								
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$ \rangle$	NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	:/Kentuc	ky Physicia	ne F	ΔΛ	F۵	dera	LKP	ΡΔΛ) F	- 60	1ers	al۱			
//	Northbory Medical Association FAC	Ziveniuc														
_	Full Name (Last, First, Middle Initial)															
A.	Kentucky Medical Association (KM	IA)						Date of Disbursement								
	Moiling Address 4065 US Hun 42						M	M		3U	1	Y		17	Υ	
	Mailing Address 4965 US Hwy 42 Suite 2000						09 30 2017									
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	Louisville	KY	40222					lucii	uncanc	,,,,,	vuii	IDEI		-		
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	Office Sought: House Disburser	ment For:		•	,,,,	\dashv	1 ,							11.3	4	
	Senate	Primary	General					_	7			7		- 40		4
	President	Other (spec	eify) 🔻				П	Memo) Item							
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R	Full Name (Last, First, Middle Initial)	١٨١					Date	of C	isburs	om/	ont					
υ.	Kentucky Medical Association (KM	IA)					Date	, OI L			- /	V	■ Y		V	
	Mailing Address 4965 US Hwy 42					\dashv	I IVI	0		15		Y)17		
	Suite 2000															
	,	State	Zip Code				FEC	Iden	tificatio	n N	Nun	nber				
	Louisville Purpose of Disbursement	KY	rges to mail thank you 001					Transaction ID : SB21B.7421 Amount of Each Disbursement this Period								
	FedEx charges to mail contributions and USPS charges	arges to mail														
	Candidate Name												Period			
		Category/ Type										1				
	Office Sought: House Disburser						223.2						7	L		
	Senate President	Primary	General													
	State: District:	Other (spec	ary)				Ш	Memo	ltem							
_	Full Name (Last, First, Middle Initial)															_
C.	Kentucky Medical Association (KM	A)					Date	of D	isburs	em	ent					
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	Mailing Address 4965 US Hwy 42						1	0		15			_20	17		
	Suite 2000	State	Zip Code			\dashv										
	Louisville	KY	40222				FEC	Iden	tificatio	n N	Nun	nber				
	Purpose of Disbursement		<u>'</u>		_	7	С				_					
	October administration fee			(001		-	Trans	sactio	n ID) : S	B21	B.74	123		
	Candidate Name				egory	/	Amo	unt o	f Each	ı Di	sbu	ırsem	ent	this F	Period	
	Office Sought: House Disburser	ment For:		- 1	уре	\dashv								817.0	0	1
	Senate	Primary	General					_	7			7		- 45		ı.
President Other (specify) ▼								Memo) Item							
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 48					
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		Summary Page	X 21b	22 23	26 27			
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Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Kentucky Medical Association PA	C(Kentu	ıcky Physicia	ns PAC Fe	ederal-KPPAC F	ederal)			
Full Name (Last, First, Middle Initial)	\			D . (D:)				
A. Kentucky Medical Association (KM	1A)			Date of Disbursement				
Mailing Address 4965 US Hwy 42 Suite 2000				10 30	2017			
City	State	Zip Code		FEC Identification N	umher			
Louisville	KY	40222		TEC Identification is	umber			
Purpose of Disbursement Quarter Page KPPAC advertisement in For the Re	cord public	ation	Tank T					
Candidate Name		ation	004	: SB21B.7427				
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period				
Office Sought: House Disburse	ment For:				450.00			
Senate	Primary	General						
State: District:	Other (sp	ecify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Kentucky Medical Association (KN	1Δ)			Date of Disburseme	ent			
Remacky Medical Association (RM	////			M M / D D	/			
Mailing Address 4965 US Hwy 42 Suite 2000				11 15	2017			
City	State	Zip Code		FEC Identification N	lumber			
Louisville Purpose of Disbursement	KY	40222						
November administration fee			001	C				
Candidate Name			Category/	Transaction ID	: SB21B.7426 sbursement this Period			
			Type	Amount of Lacif Dis	soursement this renou			
Office Sought: House Disburse	ment For:			1	817.00			
Senate	Primary	General			,			
President	Other (sp	ecify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) C. Kentucky Medical Association (KM	ΛA)			Date of Disburseme				
Mailing Address 4965 US Hwy 42				12 15	2017			
Suite 2000								
City	State	Zip Code		FEC Identification N	lumber			
Louisville Purpose of Disbursement	KY	40222						
December Administration Fee			001	Transaction ID	: SB21B.7438			
Candidate Name			Category/ Type		sbursement this Period			
Office Sought: House Disburse	ment For:		iype		817.00			
Senate	Primary	General			7 7			
President	Other (sp	ecify) 🔻		Memo Item				
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SUBTOTAL of Disbursements This Page (optional).					2084.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 49				
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only				
		Summary Page	X 21b	22 23 26 27 28b 28c 29 30b			
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Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
Kentucky Medical Association PAC	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)			
Full Name (Last, First, Middle Initial)	4.0.\			Date of Disbursement			
A. Kentucky Medical Association (KN	IA)				-		
Mailing Address 4965 US Hwy 42				12 31 2017			
Suite 2000							
City Louisville	State KY	Zip Code 40222		FEC Identification Number			
Purpose of Disbursement		40222		C			
FedEx charges to mail contribution checks			001	Transaction ID : SB21B.7436			
Candidate Name			Category/	Amount of Each Disbursement this Per	riod		
0/5			Type	42.79			
Office Sought: House Disburse Senate	ment For: Primary	General		42.73	ш.		
President	Other (spe			D Marrie Barri			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
В.				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y	1		
Mailing Address					4		
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				0			
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Candidate Name			Category/	Amount of Each Disbursement this Per	riod		
			Type				
Office Sought: House Disburse Senate	ment For: Primary	General			_		
President	Other (spe			п.,			
State: District:	(-1-	3,		Memo Item			
Full Name (Last, First, Middle Initial)							
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City	State	Zip Code		FEC Identification Number			
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			Type				
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President	Primary Other (spe	General		п.,			
State: District:	(op	· · J / ▼		Memo Item			
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 50 OF 54					
ITEMIZED DISBURSEMENTS	Use separate schedule(s		R LINE NUMBER: PAGE 50 OF 54 eck only one)					
	for each category of the Detailed Summary Page	21h	22 23 26 27					
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NAME OF COMMITTEE (In Full)	to and address of any pon	ioar committee to	Const. Sommonione from Such Committee.					
Kentucky Medical Association PAC	:(Kentucky Physici	ans PAC Fe	ederal-KPPAC Federal)					
/	(Rentaoky i Hyoloi		derai iti i 710 i ederai)					
Full Name (Last, First, Middle Initial)			Date of Dishursement					
A. Alice Forgy Kerr for State Senate			Date of Disbursement					
Mailing Address PO Box 910342			09 21 2017					
,	State Zip Code KY 40591		FEC Identification Number					
Lexington Purpose of Disbursement	40091		C					
Campaign contribution to Senator Kerr campaign fu	ind	011						
Candidate Name		Category/	Transaction ID : SB29.7409 Amount of Each Disbursement this Period					
		Type						
0	ment For: 2018		2000.00					
X Senate President	Primary General Other (specify) ▼		П					
State: KY District: 12			Memo Item					
Full Name (Last, First, Middle Initial)								
B. Alvarado for Sate Senate			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
Mailing Address 3250 McClure Road			10 15 2017					
City	State Zip Code		FEC Identification Number					
Winchester Purpose of Disbursement	KY 40391							
Campaign contribution for Senator Alvarado campa	ign fund	011	C					
Candidate Name		Category/	Transaction ID : SB29.7419 Amount of Each Disbursement this Period					
		Type						
	nent For: 2018	•	2000.00					
Senate x President	Other (specify) General							
State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C. Citizens for Addia Wuchner State F	Representative		Date of Disbursement					
	-		M M / D D / Y Y Y Y					
Mailing Address P.O. Box 911			10 15 2017					
City	State Zip Code		FEC Identification Number					
Burlington	KY 41005							
Purpose of Disbursement Campaign contribution to Representative Wuchner	campaign fund	011	C					
Candidate Name	. ~		Transaction ID : SB29.7420					
		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser	nent For: 2018	1 **	2000.00					
Senate x	Primary General		, , , , , , , , , , , , , , , , , , , ,					
State: President State:	Other (specify) ▼		Memo Item					
State. District.								
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SCHEDULE B (FEC Form 3X)	llee	unto nale a della ()	FOR LINE	NUMBER:	PAGE 51 OF 54
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		00
		Summary Page	21b 28a	22 28b	23 26 27 28c x 29 30b
Any information copied from such Reports and Statem	ı nents may n	ot be sold or use	ed by any perso	on for the purp	
or for commercial purposes, other than using the nam	e and addre	ess of any politic	al committee to	solicit contrib	utions from such committee.
NAME OF COMMITTEE (In Full)	/// c.a.t	- ! - ! مراطر م	ma DAO E :	طميدا الالت	NO Foderall
Kentucky Medical Association PAC	(Kentuc	ky Pnysicia	ns PAC Fe	uerai-KPF	AC rederal)
Full Name (Last, First, Middle Initial)				D-1- (D'	h
A. Julia Adams for State Senator			Date of Dis		
Mailing Address 213 South Lyndon Lane			09	05 2017	
,	State	Zip Code		FEC Identif	ication Number
Louisville Purpose of Disbursement	KY	40222			
Campaign Contribution to Senator Adams campaign	n fund		011	C	otion ID - CD00 7400
Candidate Name			Category/		ction ID : SB29.7406 Each Disbursement this Period
Office Sought House Bishurses	nont For: 0	010	Type		2000.00
	Office Sought: House Disbursement For: 2018 Senate Primary General			2000.00	
President	Other (specify)			Memo	Item
State: KY District:				Ц	
Full Name (Last, First, Middle Initial)				Date of Dis	hureamant
B. Kentucky Democratic Party			M M /	D D / Y Y Y Y	
Mailing Address PO Box 694				12	04 2017
•	State KY	Zip Code		FEC Identif	ication Number
Frankfort Purpose of Disbursement	K1	40602		С	
Campaign contribution to Kentucky Democratic Party 011				ction ID : SB29.7429	
Candidate Name			Category/		Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2	018	Туре		1000.00
	Primary General			F - 4	
	Other (specify)			Memo	Item
State: District: Full Name (Last, First, Middle Initial)					
C. Kentucky House Republican Caucu	ıs Camn	aign Comm	nittee	Date of Dis	sbursement
			M = M /	D D / Y Y Y Y Y	
Mailing Address PO Box 1068				08	15 2017
City	State	Zip Code		FEC Identif	ication Number
Frankfort Purpose of Disbursement	KY	40502			
Contribution to Kentucky House Majority Trust			C	estion ID - CD00 7000	
Candidate Name Category/				ction ID: SB29.7399 Each Disbursement this Period	
Office Sought: Hence	nont Farr	0.4.0	Type		2500.00
Office Sought: House Disbursement For: 2018 Senate Primary General				2300.00	
<u> </u>	Other (spec			Memo	Item
State: District:				Wichio	
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SCHEDULE B (FEC Form 3X)	Hoo consists astroduct (1)	FOR LINE		PAGE 52 OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	26 27
	Detailed Summary Page	210 28a	28b 28c x	29 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politi	cai committee to	solicit contributions fro	m such committee.
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)	0	- 144	Date of Disburseme	ot
A. Kentucky House Republican Caucus Campaign Committee			M M / D D	/ Y Y Y Y
Mailing Address PO Box 1068			09 21	2017
Frankfort	State Zip Code KY 40502		FEC Identification N	umber
Purpose of Disbursement Campaign contribution to Kentucky House Majority	Trust	011	C	
Candidate Name Category/			Transaction ID Amount of Each Dis	: SB29.7410 bursement this Period
Office Sought: House Disbursem	nent For: 2018	Туре		2500.00
Senate x	Primary General		_	7 4
State: President State:	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B. Mark Hart for State Representative			Date of Disburseme	nt
Mailing Address 202 W. Fourth Street			12 04	2017
,	State Zip Code KY 41040		FEC Identification N	umber
Purpose of Disbursement			С	
Campaign contribution to Representative Hart campaign fund Candidate Name			Transaction ID :	
		Category/ Type	Amount of Each Dis	bursement this Period
	nent For: 2018			1000.00
	Primary General Other (specify)		П .и и	
State: KY District:			Memo Item	
Full Name (Last, First, Middle Initial) C. Max Wise for Kentucky State Sens:	to		Date of Disburseme	nt
C. Max Wise for Kentucky State Senate			M M / D D	/ Y Y Y Y Y
Mailing Address 130 High Point Crossing			09 21	2017
,	State Zip Code		FEC Identification N	umber
Campbellsville Purpose of Disbursement	KY 42718			
Campaign contribution for Senator Wise campaign fund 011			C Transaction ID	: SB29.7411
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period
Office Sought: House Disbursem	nent For: 2018	туре		2000.00
				7
State: KY District:	Other (specify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)		·····•		5500.00
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 53 (check only one)	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC	•		
Full Name (Last, First, Middle Initial) A. Melinda Prunty for State Represent	Date of Disbursement		
Mailing Address PO Box 411			12 04 2017
Greenville	State Zip Code KY 42345		FEC Identification Number
Purpose of Disbursement Campaign contribution to Representative Prunty campaign fund Candidate Name Category/			Transaction ID : SB29.7431 Amount of Each Disbursement this Period
Type Office Sought: Senate President Disbursement For: 2018			2000.00 Memo Item
State: KY District: Full Name (Last, First, Middle Initial) B. Republican Party of Kentucky Mailing Address 105 West 3rd Street			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code KY 40601	011	FEC Identification Number
Candidate Name Category/ Type			Transaction ID : SB29.7432 Amount of Each Disbursement this Period
Senate x	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item
Full Name (Last, First, Middle Initial) Senate Democratic Caucus Campa	aign Committee		Date of Disbursement
Mailing Address 467 Indian Gap Road			12 04 2017
Frankfort Purpose of Disbursement	State Zip Code KY 40601		FEC Identification Number
Campaign contribution to Senate Minority Trust Candidate Name Category/ Type			Transaction ID: SB29.7433 Amount of Each Disbursement this Period
Senate x	ment For: 2018 Primary General Other (specify) ▼	71.	1500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 54 OF 54		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and Statem	ents may not be sold or u			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)	
Full Name (Last, First, Middle Initial)			B (B)	
A. Senate Republican Caucus Campaign Committee			Date of Disbursement	
Mailing Address PO Box 1068			09 05 2017	
,	State Zip Code		FEC Identification Number	
. raintoit	KY 40602			
Purpose of Disbursement Campaign contribution to Kentucky Senate Majority Trust 011			C	
Candidate Name Category/			Transaction ID: SB29.7408 Amount of Each Disbursement this Period	
		Type	2500.00	
	Primary General Other (specify) ▼			
State: District:	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
		M M / D D / Y Y Y Y		
Mailing Address				
City	State Zip Code		FEC Identification Number	
Duving on of Dishuran and				
Purpose of Disbursement	C			
Candidate Name	Amount of Each Disbursement this Period			
Category/ Type			Amount of Each Disbursement this Period	
	Primary General			
President State: District:	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code		FEC Identification Number	
Disperse of Disharman				
Purpose of Disbursement			C	
Candidate Name			Amount of Each Disbursement this Period	
		Category/ Type	Amount of Each Dispursement this Period	
Office Sought: House Disbursem	nent For:			
	Primary General			
	Other (specify) ▼		Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)			2500.00	
The rage (optional)			7 7	
TOTAL This Period (last page this line number only).			24000.00	