

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00016444

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 01 2017

through

M M / D D / Y Y Y Y Y Y
12 31 2017M M / D D / Y Y Y Y Y Y
12 31 2017M M / D D / Y Y Y Y Y Y
12 31 2017

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

Taylor, Monalisa, , MD

Type or Print Name of Treasurer

Signature of Treasurer

Taylor, Monalisa, , MD

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 18 2018M M / D D / Y Y Y Y Y Y
01 18 2018M M / D D / Y Y Y Y Y Y
01 18 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
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)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

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

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22852.96	51495.27
(ii) Unitemized	4215.33	11614.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27068.29	63110.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28068.29	64110.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9.31	16.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	28077.60	64126.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28077.60	64126.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11047.30	24186.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11047.30	24186.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	24000.00	26500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35047.30	50686.46
32. Total Federal Disbursements (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

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

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

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

FOR LINE NUMBER: PAGE 6 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beattie, James, F., Doctor, Jr, MD

Mailing Address 796 Grider Pond Rd

City
Bowling Green

State
KY

Zip Code
42104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bowling Green Associated Pathologists

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11Al.7134

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bensema, David, J., Doctor, MD

Mailing Address 2108 Woodmont Drive

City
Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Baptist Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : SA11Al.7128

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bensema, Marian, E., Doctor, MD

Mailing Address 2108 Woodmont Drive

City
Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pathology & Cytology Labs

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : SA11Al.7129

Amount of Each Receipt this Period

900.00

☐ Memo Item

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

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

2050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brabon, David, , , MD

Mailing Address 220 S. Lexington Ave.

City
Wilmore

State
KY

Zip Code
40390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Rockcastle Regional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 15 / 2017

Transaction ID : SA11Al.7277

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brabon, David, , , MD

Mailing Address 220 S. Lexington Ave.

City
Wilmore

State
KY

Zip Code
40390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Rockcastle Regional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 15 / 2017

Transaction ID : SA11Al.7314

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bunnell, Nancy, , Mrs., MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.25

Date of Receipt

07 / 17 / 2017

Transaction ID : SA11Al.7213

Amount of Each Receipt this Period

68.75

☐ Memo Item

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

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

88.75

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bunnell, Nancy, , Mrs., MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7242

Amount of Each Receipt this Period

68.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bunnell, Thomas, , Doctor, MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Elizabeth

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

Transaction ID : SA11Al.7214

Amount of Each Receipt this Period

68.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bunnell, Thomas, , Doctor, MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Elizabeth

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7243

Amount of Each Receipt this Period

68.75

☐ Memo Item

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

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

206.25

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 9 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

07 / 17 / 2017

Transaction ID : SA11AI.7207

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 15 / 2017

Transaction ID : SA11AI.7119

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 15 / 2017

Transaction ID : SA11AI.7186

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.7244

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11AI.7276

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Frank, , MD

Mailing Address 301 Pepperbush Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11AI.7319

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 11 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crutcher, Douglas, , Doctor, MD

Mailing Address 1210 KY Hwy 36E

City
Cynthiana

State
KY

Zip Code
41031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harrison Memorial Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11AI.7136

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cunningham, Larry, , Doctor, MD

Mailing Address 3651 Parkers Mill Road

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ganzel, Toni, , , MD

Mailing Address 2513 Poplar Crest Road

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Surgical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : SA11AI.7307

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

850.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gleis, Gregory, , Doctor, MD

Mailing Address 531 Primrose Way

City
Louisville

State
KY

Zip Code
40206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : SA11AI.7236

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gleis, Linda, , Doctor, MD

Mailing Address 531 Primrose Way

City
Louisville

State
KY

Zip Code
40206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : SA11AI.7237

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gleis, Linda, , Doctor, MD

Mailing Address 531 Primrose Way

City
Louisville

State
KY

Zip Code
40206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2017

Transaction ID : SA11AI.7257

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Granacher, Robert, , Doctor, MD

Mailing Address 1401 Harrodsburg Road

City
LexingtonState
KYZip Code
40504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : SA11Al.7278

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harrison, William, C., Doctor, MD

Mailing Address 4045 Foxtail Place

City

Owensboro

State
KYZip Code
42303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RICOccupation (for Individual)
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2017

Transaction ID : SA11Al.7240

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Irwin, Leland, , Doctor, MD

Mailing Address 3800 Saddlecreek Lane

City

Lexington

State
KYZip Code
40515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Central Emergency Physicians

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2017

Transaction ID : SA11Al.7312

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 14 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jain, Subin, , , MD

Mailing Address 4003 Kresge Way
Ste 312

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : SA11AI.7260

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnstone, John, , Doctor, MD

Mailing Address 819 W. Main Street

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11AI.7187

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnstone, John, , Doctor, MD

Mailing Address 819 W. Main Street

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.7245

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 15 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnstone, John, , Doctor, MD

Mailing Address 819 W. Main Street

City
Richmond

State
KY

Zip Code
40475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11AI.7275

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnstone, John, , Doctor, MD

Mailing Address 819 W. Main Street

City
Richmond

State
KY

Zip Code
40475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2017

Transaction ID : SA11AI.7313

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Knight, Robert, D., Doctor, MD

Mailing Address 4318 Spring Bank Drive

City
Owensboro

State
KY

Zip Code
42303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CEP-America

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2017

Transaction ID : SA11AI.7238

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kuduk, Michael, , Doctor, MD

Mailing Address 375 Bobwhite Lane

City
Winchester

State
KY

Zip Code
40391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2017

Transaction ID : SA11Al.7135

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lally, Michael, , Doctor, MD

Mailing Address 2120 Rollingdale Rd

City
Lexington

State
KY

Zip Code
40513-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Samaritan Hospital ED

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2017

Transaction ID : SA11Al.7137

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 15 / 2017

Transaction ID : SA11Al.7204

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

600.00

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

PAGE 17 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	15	2017

Transaction ID : SA11Al.7121

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	15	2017

Transaction ID : SA11Al.7188

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	16	2017

Transaction ID : SA11Al.7246

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 18 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11AI.7274

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lydon, Eric, , Doctor, MD

Mailing Address 2000 Long Knife Ct

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Psychiatric Services

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11AI.7323

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martins-Ruschman, Carroll, , ,

Mailing Address 411 S. Cleveland Road

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2017

Transaction ID : SA11AI.7308

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

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

650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matar, Jacqueline, , MD

Mailing Address 701 Bob-O-Link Drive #120

City
Lexington

State
KY

Zip Code
40504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kentucky One Cancer Care

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2017

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mazloomdoost, Danesh, , Doctor, MD

Mailing Address 715 Shaker Drive #132

City
Lexington

State
KY

Zip Code
40504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2017

Transaction ID : SA11AI.7132

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meadows, Cory, , Mr.,

Mailing Address 4965 US Hwy 42

City
Louisville

State
KY

Zip Code
40222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kentucky Medical Association

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : SA11AI.7130

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 20 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Theodore, H., Doctor, MD

Mailing Address 40 E. Fountain Ave

City
Cincinnati

State
OH

Zip Code
45246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Head & Neck Surgery Assoc PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11AI.7150

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montgomery, Geraldine, , Mrs.,

Mailing Address 6414 Stinespring Dr

City
Paducah

State
KY

Zip Code
42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired - Self

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : SA11AI.7234

Amount of Each Receipt this Period

875.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Montgomery, Wally, , Doctor, MD

Mailing Address 117 N 2nd St Ste 2202

City
Paducah

State
KY

Zip Code
42001-0741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : SA11AI.7235

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

2750.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neils, Eric, , Doctor, MD

Mailing Address 904 Squire Oaks Dr

City
Villa Hills

State
KY

Zip Code
41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Assoc of No KY

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : SA11Al.7124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oakley, Judy, , Mrs.,

Mailing Address 205 Bellefonte Drive

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

Transaction ID : SA11Al.7211

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oakley, Judy, , Mrs.,

Mailing Address 205 Bellefonte Drive

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7247

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oakley, Maurice, , Doctor, MD

Mailing Address 205 Bellefonte Drive

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashland Advanced Eye Care Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

Transaction ID : SA11AI.7212

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oakley, Maurice, , Doctor, MD

Mailing Address 205 Bellefonte Drive

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashland Advanced Eye Care Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.7248

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

Transaction ID : SA11AI.7208

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2017

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 15 / 2017

Transaction ID : SA11AI.7189

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2017

Transaction ID : SA11AI.7249

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 24 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2017

Transaction ID : SA11AI.7273

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oghia, H, Michael, Doctor, MD

Mailing Address 4538 Highway 15 South

City
Jackson

State
KY

Zip Code
41339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Urology Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 18 / 2017

Transaction ID : SA11AI.7320

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Papp, Charles, L., Doctor, MD

Mailing Address 2620 Wilhite Drive

City
Lexington

State
KY

Zip Code
40503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorectal Surgical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 17 / 2017

Transaction ID : SA11AI.7209

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papp, Charles, L., Doctor, MD

Mailing Address 2620 Wilhite Drive

City
Lexington

State
KY

Zip Code
40503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorectal Surgical Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : SA11Al.7113

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pellegrini, Patricia, A., Mrs.,

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11Al.7190

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pellegrini, Patricia, A., Mrs.,

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7250

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

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

146.00

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

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

FOR LINE NUMBER: PAGE 26 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pellegrini, Patricia, A., Mrs.,

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11Al.7271

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pellegrini, Patricia, A., Mrs.,

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : SA11Al.7317

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pellegrini, Richard, , Doctor, MD

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Healthcare

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11Al.7191

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

69.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pellegrini, Richard, , Doctor, MD

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Healthcare

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7251

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pellegrini, Richard, , Doctor, MD

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Healthcare

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11Al.7272

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pellegrini, Richard, , Doctor, MD

Mailing Address 2113 Shelton R

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Healthcare

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11Al.7318

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

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

69.00

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

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

FOR LINE NUMBER: PAGE 28 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Potter, John, R., Doctor, MD

Mailing Address 506 Amanda Furnace Circle

City
Ashland

State
KY

Zip Code
41101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashland Children Clinic PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2017

Transaction ID : SA11AI.7110

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reichard, K. Thomas, , Doctor, MD

Mailing Address 2425 Cherokee Pkwy

City
Louisville

State
KY

Zip Code
40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2017

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reichard, Mary-Stuart, , Mrs.,

Mailing Address 2425 Cherokee Pkwy

City
Louisville

State
KY

Zip Code
40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2017

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11Al.7133

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11Al.7192

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
LouisvilleState
KYZip Code
40207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7252

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1200.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 54

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

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

A. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11Al.7270

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roberts, John, L., Doctor, MD

Mailing Address 6007 Two Springs Lane

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neonatal Associates PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11Al.7316

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruschman, Eric, , MD

Mailing Address 411 South Cleveland Road

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Baptist Hospital

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2017

Transaction ID : SA11Al.7310

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

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

650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sonnier, George, B., Doctor, MD

Mailing Address 6410 Lime Ridge Pl

City
Louisville

State
KY

Zip Code
40222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2017

Transaction ID : SA11Al.7230

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sonnier, Karin, L., ,

Mailing Address 6410 Lime Ridge Pl

City
Louisville

State
KY

Zip Code
40222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2017

Transaction ID : SA11Al.7231

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2017

Transaction ID : SA11Al.7205

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

973.00

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

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

FOR LINE NUMBER: PAGE 32 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : SA11Al.7122

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11Al.7193

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7253

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

219.00

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

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

FOR LINE NUMBER: PAGE 33 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2017

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Donald, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Elizabeth Family Practice Residency

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : SA11AI.7321

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
UnionState
KYZip Code
41091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2017

Transaction ID : SA11AI.7206

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

218.00

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

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

FOR LINE NUMBER: PAGE 34 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : SA11AI.7123

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11AI.7194

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired Physician

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.7254

Amount of Each Receipt this Period

73.00

☐ Memo Item

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

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

219.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired Physician

Occupation (for Individual)
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

11 / 15 / 2017

Transaction ID : SA11AI.7269

Amount of Each Receipt this Period

73.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swikert, Nancy, , Doctor, MD

Mailing Address 10003 Country Hills Ct

City
Union

State
KY

Zip Code
41091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired Physician

Occupation (for Individual)
Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

12 / 18 / 2017

Transaction ID : SA11AI.7322

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tran, Tuyen, , Doctor, MD

Mailing Address 216 Colonial Drive

City
Versailles

State
KY

Zip Code
40383

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2017

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1145.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physician

Occupation (for Individual)

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 17 / 2017

Transaction ID : SA11AI.7210

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physician

Occupation (for Individual)

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2017

Transaction ID : SA11AI.7120

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physician

Occupation (for Individual)

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 15 / 2017

Transaction ID : SA11AI.7196

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11Al.7255

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : SA11Al.7267

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waid, Thomas, , , MD

Mailing Address 4768 Firebrook Blvd

City
Lexington

State
KY

Zip Code
40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11Al.7324

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watson, Carolyn, , Doctor, MD

Mailing Address 2501 Kentucky Ave

City
Paducah

State
KY

Zip Code
42003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pathology Associates of Paducah PSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : SA11Al.7263

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, John, , Doctor, MD

Mailing Address 712 Tamarack Ct

City
Richmond

State
KY

Zip Code
40475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pulmonary Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2017

Transaction ID : SA11Al.7111

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2017

Transaction ID : SA11Al.7203

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

675.00

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

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

FOR LINE NUMBER: PAGE 39 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2017

Transaction ID : SA11Al.7224

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2017

Transaction ID : SA11Al.7108

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
HazardState
KYZip Code
41702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : SA11Al.7125

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

225.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : SA11Al.7152

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : SA11Al.7184

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : SA11Al.7202

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2017

Transaction ID : SA11Al.7233

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

Transaction ID : SA11Al.7262

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2017

Transaction ID : SA11Al.7264

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2017

Transaction ID : SA11Al.7315

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicker, Mitchell, , Doctor, MD

Mailing Address P.O. Box 719

City
Hazard

State
KY

Zip Code
41702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hazard Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2017

Transaction ID : SA11Al.7325

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Williams, Fred, A., Doctor, Jr, MD

Mailing Address 430 Twinbrook Rd

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endocrine & Diabetes Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2017

Transaction ID : SA11Al.7151

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

400.00

22852.96

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

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

FOR LINE NUMBER: PAGE 43 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Citizens for Affordable Healthcare

Mailing Address C/O 375 Thomas More Parkway
Suite 209

City
Crestview Hills

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : SA11C.7229

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 44 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chalmers, Burch, & Adams, LLC

Mailing Address 5805 State Bridge Road #G77

City
Johns CreekState
GAZip Code
30097Purpose of Disbursement
Legal Fees to research PAC rules

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.7435

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
July administration fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.7393

Amount of Each Disbursement this Period

817.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
KPPAC Giveaways for Annual Meeting

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.7396

Amount of Each Disbursement this Period

929.62

☐ Memo Item

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

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

2496.62

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

PAGE 45 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Printing and Postage for KPPAC Contributor Solicitation Mailing

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7400

Amount of Each Disbursement this Period

2675.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Printing of KPPAC Informational Brochures

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7401

Amount of Each Disbursement this Period

208.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
August Administration fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7403

Amount of Each Disbursement this Period

817.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3701.24

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

PAGE 46 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Meeting Room and Food for KPPAC Contributors during Annual Meeting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7405

Amount of Each Disbursement this Period

767.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
FedEx charges to mail contribution checks

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7412

Amount of Each Disbursement this Period

27.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
September Administration Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7414

Amount of Each Disbursement this Period

817.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1611.98

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

PAGE 47 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Mileage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7418

Amount of Each Disbursement this Period

11.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
FedEx charges to mail contributions and USPS charges to mail thank you letters

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7421

Amount of Each Disbursement this Period

223.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
October administration fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7423

Amount of Each Disbursement this Period

817.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1051.61

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

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

PAGE 48 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Quarter Page KPPAC advertisement in For the Record publication

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7427

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
November administration fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7426

Amount of Each Disbursement this Period

817.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5			2	0	1	7		

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
December Administration Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7438

Amount of Each Disbursement this Period

817.00

☐ Memo Item

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

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

2084.00

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

PAGE 49 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2017					

Mailing Address 4965 US Hwy 42
Suite 2000City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
FedEx charges to mail contribution checks

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.7436

Amount of Each Disbursement this Period

42.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

42.79

10988.24

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

PAGE 50 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Alice ForgY Kerr for State Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Mailing Address PO Box 910342

City
LexingtonState
KYZip Code
40591

Purpose of Disbursement

Campaign contribution to Senator Kerr campaign fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 12

FEC Identification Number

C

Transaction ID : SB29.7409

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alvarado for Sate Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Mailing Address 3250 McClure Road

City
WinchesterState
KYZip Code
40391

Purpose of Disbursement

Campaign contribution for Senator Alvarado campaign fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7419

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Addia Wuchner State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Mailing Address P.O. Box 911

City
BurlingtonState
KYZip Code
41005

Purpose of Disbursement

Campaign contribution to Representative Wuchner campaign fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7420

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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

PAGE 51 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Julia Adams for State Senator

Mailing Address 213 South Lyndon Lane

City
LouisvilleState
KYZip Code
40222Purpose of Disbursement
Campaign Contribution to Senator Adams campaign fund

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB29.7406

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Democratic Party

Mailing Address PO Box 694

City
FrankfortState
KYZip Code
40602Purpose of Disbursement
Campaign contribution to Kentucky Democratic Party

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.7429

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky House Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City
FrankfortState
KYZip Code
40502Purpose of Disbursement
Contribution to Kentucky House Majority Trust

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB29.7399

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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

PAGE 52 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kentucky House Republican Caucus Campaign Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

Mailing Address PO Box 1068

City
FrankfortState
KYZip Code
40502Purpose of Disbursement
Campaign contribution to Kentucky House Majority Trust

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7410

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Hart for State Representative

Date of Disbursement

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

Mailing Address 202 W. Fourth Street

City
FalmouthState
KYZip Code
41040Purpose of Disbursement
Campaign contribution to Representative Hart campaign fund

001

Category/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District:

FEC Identification Number

C

Transaction ID : SB29.7430

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Max Wise for Kentucky State Senate

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

Mailing Address 130 High Point Crossing

City
CampbellsvilleState
KYZip Code
42718Purpose of Disbursement
Campaign contribution for Senator Wise campaign fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District:

FEC Identification Number

C

Transaction ID : SB29.7411

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

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

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

PAGE 53 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Melinda Prunty for State Representative

Mailing Address PO Box 411

City
GreenvilleState
KYZip Code
42345Purpose of Disbursement
Campaign contribution to Representative Prunty campaign fund

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				04				2017					

FEC Identification Number

C

Transaction ID : SB29.7431

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Republican Party of Kentucky

Mailing Address 105 West 3rd Street

City
FrankfortState
KYZip Code
40601Purpose of Disbursement
Campaign contribution to Kentucky Republican Party

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				04				2017					

FEC Identification Number

C

Transaction ID : SB29.7432

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Senate Democratic Caucus Campaign Committee

Mailing Address 467 Indian Gap Road

City
FrankfortState
KYZip Code
40601Purpose of Disbursement
Campaign contribution to Senate Minority Trust

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				04				2017					

FEC Identification Number

C

Transaction ID : SB29.7433

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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

PAGE 54 OF 54

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Senate Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City
FrankfortState
KYZip Code
40602Purpose of Disbursement
Campaign contribution to Kentucky Senate Majority Trust

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

FEC Identification Number

C

Transaction ID : SB29.7408

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

24000.00