PAGE 1 / 41

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An	Authorized Committee	Office \	Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, tover the lines.	ype 12FE4M5	
Kentucky Medical As	sociation PAC(Ker	ntucky Physicians PAC	Federal-KPPAC Fed	eral)
ADDRESS (number and street)	4965 US Hwy 42			
Check if different than previously reported. (ACC)	Suite 2000 Louisville		KY 4622	20
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲	STATE ▲	ZIP CODE ▲
C C00016444		3. IS THIS REPORT NEW (N)	OR AMENDED	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  July 31 Mid-Year Report (Non-elect Year Only) (MY)  Termination Report (TER)	(Q2) PRE-Electic Report for to the string (Q3)  (YE) (d) 30-Day POST-Elect Report for the string (Post-Elect	Mar 20 (M3)  Apr 20 (M4)  Primary (12P)  On the:  Convention (12C)  Election on  General (30G)	20 (M5) Aug 20 (M8) 20 (M6) Sep 20 (M9) 0 (M7) Oct 20 (M10 General (12G) Special (12S)  Runoff (30R)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period		through		017
I certify that I have examined Type or Print Name of Treasu	Tailor, Monalisa, , , M	est of my knowledge and belie D	f it is true, correct and compl	ete.
Signature of Treasurer	tilor, Monalisa, , , MD	[Electronically File		2017
NOTE: Submission of false, err	oneous, or incomplete infor	mation may subject the person	signing this Report to the penal	ities of 52 U.S.C. § 30109
Office Use			FE(	C FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 65594.99 January 1. 2017 (b) Cash on Hand at 65594.99 Beginning of Reporting Period..... 36048.81 36048.81 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 101643.80 101643.80 6(a) and 6(c) for Column B)..... 15639.16 15639.16 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 86004.64 86004.64 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 28642.31 28642.31 (i) Itemized (use Schedule A)..... 7399.65 7399.65 (ii) Unitemized ..... (iii) TOTAL (add 36041.96 36041.96 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 36041.96 36041.96 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 6.85 (Dividends, Interest, etc.)..... 6.85 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 36048.81 36048.81 20. Total Federal Receipts 36048.81 36048.81 (subtract Line 18(c) from Line 19) .......▶

#### **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
Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa. Toda to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	13139.16	13139.16
(c) Total Operating Expenditures	10100 10	12120.16
(add 21(a)(i), (a)(ii), and (b))	13139.16	13139.16
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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
Other Disbursements (Including		
Non-Federal Donations)	2500.00	2500.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15639.16	15639.16
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15639.16	15639.16

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 36041.96 36041.96 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 36041.96 36041.96 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 13139.16 13139.16 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 13139.16 13139.16 (subtract Line 37 from Line 36) ......

Use separate schedule(s) for each category of the

F	OR	LINE	:	PAGE	6	OF	41		
(0	(check only one)								
	×	11a		11b		11c	12	2	
	13 14					15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Afzal, Mohammad, , , MD Date of Receipt Mailing Address 110 Hardin Lane Suite 2B 10 2017 City Zip Code State Transaction ID: SA11AI.7050 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, William, , , MD Date of Receipt Mailing Address 204 Betsy Lane 05 2017 City State Zip Code Transaction ID: SA11AI.6994 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Commonwealth Urology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Alvarado, Ralph, Doctor, MD Date of Receipt Mailing Address 3520 McClure Road 26 2017 City State Zip Code Transaction ID: SA11AI.6971 KY Winchester 40391 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	7	OF	41
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Baker, Brian, , Doctor, MD Date of Receipt Mailing Address 3 Tower Circle 10 2017 City Zip Code State Transaction ID: SA11AI.7104 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dermotology of Southern Kentucky Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Broster, Cheryl, , Mrs., Date of Receipt Mailing Address 3629 Winding Woods Ln. 04 2017 City State Zip Code Transaction ID: SA11AI.6963 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 15 2017 City State Zip Code Transaction ID: SA11AI.6914 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 833.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	:	PAGE		8	OF		41
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 2017 City Zip Code State Transaction ID: SA11AI.6950 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Frank, , , MD Date of Receipt Mailing Address 301 Pepperbush Road 05 15 2017 City State Zip Code Transaction ID: SA11AI.6989 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Burton, Bruce, E., Doctor, MD Date of Receipt Mailing Address 3106 Oakridge Court 12 2017 City State Zip Code Transaction ID: SA11AI.6941 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Radiology PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	9	OF	41
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cooper, J., Gregory, Doctor, MD Date of Receipt Mailing Address 386 Culpepper Drive 2017 City Zip Code State Transaction ID: SA11AI.6910 KY Cynthiana 41031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Care Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 2017 City State Zip Code Transaction ID: SA11AI.6909 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emerg Med Specialists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Couch, Robert, H., Doctor, MD Date of Receipt Mailing Address 10606 Hobbs Station Road 30 2017 City Zip Code State Transaction ID: SA11AI.6993 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southern Emerg Med Specialists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **X** 11a 11b 11c

10 OF

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dave, Aroona, , Mrs., Date of Receipt Mailing Address 807 Shamrock Dr 2017 City Zip Code State Transaction ID: SA11AI.6968 KY Madisonville 42431-8646 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eres, Avi, , , MD Date of Receipt Mailing Address 161 N. Eagle Creek Drive 10 2017 Suite 400 City State Zip Code Transaction ID: SA11AI.7043 KY Lexington 40509 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Cardiology PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Francis, James, Michael, Doctor, MD Date of Receipt Mailing Address 3824 Wyse Square 2017 City Zip Code State Transaction ID: SA11AI.6893 KY Lexington 40510 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lexington Nephrology Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	FOF	R LINE	NUMBER	:  P	AGE	11 OF	41			
	(check only one)									
	×	11a	11b	11	с [	12				
		13	14	15		16	17			

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Francis, Tracy, Lee, Mrs., Date of Receipt Mailing Address 3824 Wyse Square 2017 City Zip Code State Transaction ID: SA11AI.6894 KY Lexington 40510 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) None Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fulcher, Eric, , , MD Date of Receipt Mailing Address PO Box 786 04 2017 City State Zip Code Transaction ID: SA11AI.6960 KY 40059 Prospect Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gleis, Gregory, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 30 2017 City State Zip Code Transaction ID: SA11AI.7004 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	:	PAGE	 12	OF	4	1
(0	che	ck only	or	ıe)						
	X	11a		11b		11c	12			
		13		14		15	16		-	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gleis, Linda, , Doctor, MD Date of Receipt Mailing Address 531 Primrose Way 2017 City Zip Code State Transaction ID: SA11AI.7005 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harrison, William, C., Doctor, MD Date of Receipt Mailing Address 4045 Foxtail Place 15 2017 City State Zip Code Transaction ID: SA11AI.6895 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RIC Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Irwin, Leland, , Doctor, MD Date of Receipt Mailing Address 3800 Saddlecreek Lane 2017 City State Zip Code Transaction ID: SA11AI.6866 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Emergency Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Evelyn, Montgomery, Doctor, MD Date of Receipt Mailing Address 8 West Vale 2017 City Zip Code State Transaction ID: SA11AI.6961 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase Dermatology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Shawn, C., Doctor, MD Date of Receipt Mailing Address 8 West Vale 04 2017 City State Zip Code Transaction ID: SA11AI.6965 KY Paducah 42001 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Purchase ENT Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kumar, Rishi, Doctor, MD Date of Receipt Mailing Address 1809 Round Ridge Road 26 2017 City Zip Code State Transaction ID: SA11AI.6964 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:						 14	OF	41
(check only one)									
	X	11a		11b		11c	12		
	13 14					15	16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 2017 City Zip Code State Transaction ID: SA11AI.6952 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 05 2017 City State Zip Code Transaction ID: SA11AI.6983 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lydon, Eric, , Doctor, MD Date of Receipt Mailing Address 2000 Long Knife Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7059 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Psychiatric Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

ı	FOR	LINE	PAGE	ıo	OF	41			
	(che								
	X	11a	11b		11c	12			
		13	14		15	16	Γ	17	,

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Kevin, , Doctor, MD Date of Receipt Mailing Address 5788 Brookstone Dr 13 2017 City Zip Code State Transaction ID: SA11AI.6943 OH Cincinnati 45230-3596 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Cranley Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCay, David, , , Date of Receipt Mailing Address 441 Carter Sims Road 2017 City State Zip Code Transaction ID: SA11AI.7039 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McCay and Association Insurance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McCay, Julie, , , MD Date of Receipt Mailing Address 441 Carter Sims Road 02 2017 City State Zip Code Transaction ID: SA11AI.7038 KY **Bowling Green** 42104 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Center Pahtologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

F	OR	LINE	:	PAGE	_ ′	16	OF	41		
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Monnig, William, , , MD Date of Receipt Mailing Address 111 Crystal Lane 2017 City Zip Code State Transaction ID: SA11AI.6966 KY Covington 41015 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Urology Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Geraldine, , Mrs., Date of Receipt Mailing Address 6414 Stinespring Dr 05 2017 City State Zip Code Transaction ID: SA11AI.6996 KY Paducah 42001-8674 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montgomery, Wally, Doctor, MD Date of Receipt Mailing Address 117 N 2nd St Ste 2202 30 2017 City State Zip Code Transaction ID: SA11AI.6997 KY Paducah 42001-0741 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	•	17	OF	41
(0	che	ck only								
	×	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2017 City Zip Code State Transaction ID: SA11AI.6917 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 04 2017 City State Zip Code Transaction ID: SA11AI.6955 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2017 City State Zip Code Transaction ID: SA11AI.6980 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

F							_ ′	18	OF	41
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moser, Neal, J., Doctor, MD Date of Receipt Mailing Address 3216 High Ridge Drive 15 2017 City Zip Code State Transaction ID: SA11AI.7056 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oakley, Judy, , Mrs., Date of Receipt Mailing Address 205 Bellefonte Drive 04 2017 City State Zip Code Transaction ID: SA11AI.6958 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oakley, Maurice, , Doctor, MD Date of Receipt Mailing Address 205 Bellefonte Drive 17 2017 Zip Code City State Transaction ID: SA11AI.6959 KY Ashland 41101 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ashland Advanced Eye Care Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **X** 11a 11b 11c

41

19 OF

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City Zip Code State Transaction ID: SA11AI.6918 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 04 2017 City State Zip Code Transaction ID: SA11AI.6944 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City State Zip Code Transaction ID: SA11AI.6988 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

41

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oghia, H, Michael, Doctor, MD Date of Receipt Mailing Address 4538 Highway 15 South 15 2017 City Zip Code State Transaction ID: SA11AI.7064 KY Jackson 41339 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Jackson Urology Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Padgett, Patrick, T., Mr., Date of Receipt Mailing Address 8422 Biggin Hill Lane 2017 City State Zip Code Transaction ID: SA11AI.6927 KY Louisville 40220 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City State Zip Code Transaction ID: SA11AI.6919 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) **X** 11a 11b 11c

PAGE 21 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 2017 City Zip Code State Transaction ID: SA11AI.6945 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 05 15 2017 City State Zip Code Transaction ID: SA11AI.6987 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papp, Charles, L., Doctor, MD Date of Receipt Mailing Address 2620 Wilhite Drive 15 2017 City State Zip Code Transaction ID: SA11AI.7063 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorectal Surgical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

TOTT EITE HOWBETT.						PAGE	2	22	OF	41
(check only one)										
lſ	X	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 Paris, Kristie, , , MD Date of Receipt Mailing Address 2803 Alta Vista Way 2017 City Zip Code State Transaction ID: SA11AI.7041 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentuckiana Cancer Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Park, Richard, E., Doctor, MD Date of Receipt Mailing Address 11299 Ross Court 04 2017 City State Zip Code Transaction ID: SA11AI.6929 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Independent Anesthesiologists PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Proudfoot, Glenn, , , MD Date of Receipt Mailing Address 225 Horizon Hills Drive 19 2017 City State Zip Code Transaction ID: SA11AI.6887 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Proudfoot, Sonia, , , MD Date of Receipt Mailing Address 225 Horizon Hills Drive 19 2017 City Zip Code State Transaction ID: SA11AI.6885 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Qazi, Mubashir, , , MD Date of Receipt Mailing Address 161 N. Eagle Creek Drive 10 2017 Suite 400 City State Zip Code Transaction ID: SA11AI.7045 KY Lexington 40509 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Cardiology PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rhodes, John, , , MD Date of Receipt Mailing Address 3615 Woodside Place 26 2017 City Zip Code State Transaction ID: SA11AI.6973 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

41 FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rhodes, Rhonda, K., Mrs., Date of Receipt Mailing Address 3615 Woodside Place 2017 City Zip Code State Transaction ID: SA11AI.6972 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shively, Eugene, H, Doctor, MD Date of Receipt Mailing Address 803 Lebanon Ave 05 18 2017 City State Zip Code Transaction ID: SA11AI.6991 KY Campbelsville 42718 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Surgical Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.6923 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) 573.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

EOD LINE NUMBER: DAGE 25 OF Use separate schedule(s)

١, ١	UΠ	LIIVL	IVO	IVIDEN		IAGL	- 4	5 0		71
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 2017 City Zip Code State Transaction ID: SA11AI.6953 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Donald, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 05 15 2017 City State Zip Code Transaction ID: SA11AI.6981 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Donald, Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.7057 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 438.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

41

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City Zip Code State Transaction ID: SA11AI.6924 41091 KY Union Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 04 2017 City State Zip Code Transaction ID: SA11AI.6954 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 292.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City State Zip Code Transaction ID: SA11AI.6982 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

41

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swikert, Nancy, , Doctor, MD Date of Receipt Mailing Address 10003 Country Hills Ct 15 2017 City Zip Code State Transaction ID: SA11AI.7058 41091 KY Union Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 438.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vora, Kishor, , , MD Date of Receipt Mailing Address 4204 Hunter Pointe 04 10 2017 City State Zip Code Transaction ID: SA11AI.6931 KY Owensboro 42303 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Owensbor Medical Practice, PLL Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.6925 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 656.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 2017 City Zip Code State Transaction ID: SA11AI.6951 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.6986 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Waid, Thomas, , , MD Date of Receipt Mailing Address 4768 Firebrook Blvd 15 2017 City State Zip Code Transaction ID: SA11AI.7062 KY Lexington 40513 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:						2	29 OI	=	41
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Watson, Carolyn, , Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 19 2017 City Zip Code State Transaction ID: SA11AI.6889 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Watson, Carolyn, , Doctor, MD Date of Receipt Mailing Address 2501 Kentucky Ave 05 18 2017 City State Zip Code Transaction ID: SA11AI.6992 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Paducah PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 23 2017 City State Zip Code Transaction ID: SA11AI.6911 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F						PAGE	3	30 O	F	41
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2017 City Zip Code State Transaction ID: SA11AI.6912 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 16 2017 City State Zip Code Transaction ID: SA11AI.6926 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 30 2017 City Zip Code State Transaction ID: SA11AI.6928 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER, DACE 24 OF Use separate schedule(s) for each category of the

-	Un	LIINE	INO	INIDEU		FAGL	- `	וכ	Oi		<del>-</del> 1
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 2017 City Zip Code State Transaction ID: SA11AI.6942 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 04 2017 City State Zip Code Transaction ID: SA11AI.6975 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 11 2017 City Zip Code State Transaction ID: SA11AI.6977 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

F							. 3	32	OF		41
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 10 2017 City Zip Code State Transaction ID: SA11AI.7047 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wicker, Mitchell, , Doctor, MD Date of Receipt Mailing Address P.O. Box 719 06 2017 City State Zip Code Transaction ID: SA11AI.7075 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 825.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wright, R., Brent, Doctor, MD Date of Receipt Mailing Address 104 Northwood Drive 10 2017 Zip Code City State Transaction ID: SA11AI.7048 KY Glasgow 42141 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Louisville Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

ı	FOF	PAGE		33 OF	=	41				
	(check only one)									
	×	11a	1	1b		11c		12		
		13	1	4		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zalla, Mark, J., Doctor, MD Date of Receipt Mailing Address 1018 Colina Drive 2017 City Zip Code State Transaction ID: SA11AI.6938 KY Villa Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dermatology Associates of Northern KY, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zaring, Robert, , Doctor, MD Date of Receipt Mailing Address 200 Abraham Flexner Way 05 2017 City State Zip Code Transaction ID: SA11AI.6978 KY Louisville 40202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Louisville Pathology Associates PSC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 28642.31 TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 34 OF 41				
ΙT	EMIZED DISBURSEMENTS		rate schedule(s)	(check only	TOMBET.				
-			category of the Summary Page	<b>X</b> 21b	22 23 26 27				
_				28a	28b 28c 29 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
	Kentucky Medical Association PAC	C(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)				
۸	Full Name (Last, First, Middle Initial)				Date of Disbursement				
Α.	Kentucky Medical Association (KM	(A)			Mam / Dad / Yayayay				
	Mailing Address 4965 US Hwy 42 Suite 2000				01 15 2017				
	,	State	Zip Code		FEC Identification Number				
	Louisville Purpose of Disbursement	KY	40222		0				
	January Administrative Fee			001	C				
	Candidate Name				Transaction ID : SB21B.7012  Amount of Each Disbursement this Period				
				Category/ Type	, and an end biggardenient this I endu				
	Office Sought: House Disburser	ment For:			639.00				
	Senate	Primary	General						
	President State: District:	Other (spec	city) 🔻		Memo Item				
_	Full Name (Last, First, Middle Initial)								
В.	Kentucky Medical Association (KM	IA)			Date of Disbursement				
	Tremtacky Wedical 7.0300iation (110)	· · · · ·			M = M / D = D / Y = Y = Y				
	Mailing Address 4965 US Hwy 42 Suite 2000		01 31 2017						
	,	State	Zip Code		FEC Identification Number				
	Louisville Purpose of Disbursement	KY	40222		Transaction ID : SB21B.7026 Amount of Each Disbursement this Period				
	KPPAC Mailing Labels - 500 Large Labels Printed			001					
	Candidate Name			Category/					
				Type					
	Office Sought: House Disburser				170.66				
	Senate President	Primary	General						
	State: District:	Other (spec	шу)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
C.	Kentucky Medical Association (KM	A)			Date of Disbursement				
	Mailing Address 4965 US Hwy 42 Suite 2000				01 31 2017				
		State	Zip Code		FEC Identification Number				
	Louisville	KY	40222						
	Purpose of Disbursement KPPAC Advertisement in For the Record Publicatio	n		004	C				
	Candidate Name				Transaction ID : SB21B.7027				
				Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		71: -	450.00				
	Senate	Primary	General		7 7 7				
	President	Other (spec	cify) 🔻		Memo Item				
_	State: District:								
5	SUBTOTAL of Disbursements This Page (optional)			······	1259.66				
Γ,	OTAL This Period (last page this line number only)	1							
	I IIIO I OIIOG (IGOL PAGO LIIO IIIO IIGIIIDOI OIII)	,							

# 17

SCHEDULE B (FEC Form 3X)			FOR LINE	OR LINE NUMBER: PAGE 35 OF 41					
ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only						
		category of the Summary Page	` <b>X</b> 21b	22 23 26 27					
	Dotalled	Janimary I aye	28a	28b 28c 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name									
	ie aliu dudr	coo oi aiiy politi	cai committee to	Solicit Continuutions Horn Such Committee.					
NAME OF COMMITTEE (In Full)  Kentucky Medical Association PAC	:(Kentuc	ky Physicia	ns PAC Fe	deral-KPPAC Federal)					
Tortuoty Medical Association FAC	/(T.GITTUC	ny i Hysicie							
Full Name (Last, First, Middle Initial)				Date of Dishumannant					
A. Kentucky Medical Association (KM)	A)			Date of Disbursement					
Mailing Address 4965 US Hwy 42				01 31 2017					
Suite 2000									
,	State	Zip Code		FEC Identification Number					
Louisville  Purpose of Dishursement	KY	40222							
Purpose of Disbursement KPPAC Lapel Pins for 2017 Contributors			001	C					
Candidate Name				Transaction ID : SB21B.7028  Amount of Each Disbursement this Period					
	Category/ Type			Amount of Lacif Dispulsement this Period					
Office Sought: House Disburser	nent For:			773.03					
Senate	Primary	General							
State: President State:	Other (spec	city) 🔻		Memo Item					
Full Name (Last, First, Middle Initial)									
B. Kentucky Medical Association (KM	Δ١			Date of Disbursement					
	, <i>(</i> )			M M / D D / Y Y Y Y					
Mailing Address 4965 US Hwy 42		02 15 2017							
Suite 2000	<u> </u>	I =							
City Louisville	State KY	Zip Code 40222		FEC Identification Number					
Purpose of Disbursement	151	40222		C Transaction ID : SB21B.7014					
February Administrative Fee			001						
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Country			Type	200.00					
Office Sought: House Disbursen Senate	nent For: Primary	General		639.00					
President	Other (spec								
State: District:	551 (opoo			Memo Item					
Full Name (Last, First, Middle Initial)									
C. Kentucky Medical Association (KM	A)			Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address 4965 US Hwy 42 Suite 2000				03 15 2017					
	State	Zip Code		CCO Identification Number					
Louisville	KY	40222		FEC Identification Number					
Purpose of Disbursement March Administrative Fee				C					
Candidate Name			001	Transaction ID : SB21B.7018					
Candidate Ivallie			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser	nent For:		Type	639.00					
Senate	Primary	General		4 4					
President	Other (spec	cify) 🔻		Memo Item					
State: District:				ш					
				2054.02					
SUBTOTAL of Disbursements This Page (optional)			·····	2051.03					
TOTAL This Period (last nage this line number only)			_						

### S 17

SCHEDULE B (FEC Form 3X)  FOR LINE NUMBER:					NUMBER:	PAGE 36 OF 41			
ITEMIZEI	D DISBURSEMENTS		parate schedule(s) n category of the	(check only	· — · — -				
			d Summary Page	<b>X</b> 21b 28a	22 23 28c 28c	26 27 29 30b			
Any informat	ion copied from such Reports and State	ments may	not be sold or us						
	ercial purposes, other than using the na								
I \	COMMITTEE (In Full)								
/ Kentud	cky Medical Association PA	C(Kentu	ıcky Physicia	ns PAC Fe	ederal-KPPAC F	ederal)			
	e (Last, First, Middle Initial)	4.0.\			Date of Disbursement				
A. Kentud	cky Medical Association (KN	/IA)			M M / D D / Y Y Y				
Mailing Ad	ddress 4965 US Hwy 42 Suite 2000				04 07 2017				
City		State	Zip Code		FEC Identification Number				
Louisville	of Diaburaamant	KY 40222							
	of Disbursement Solicitation Mailing			003	C				
Candidate	e Name			Category/		D: SB21B.7029 isbursement this Period			
				Type	Lacit B				
Office Sou		ement For:	0			39.10			
	Senate President	Primary Other (sp	General		п.,				
State:	District:	(op	<i>J</i> / <b>V</b>		Memo Item				
	e (Last, First, Middle Initial)								
B. Kentud	cky Medical Association (KN	ЛA)			Date of Disbursem	ent			
Mailing Ad	ddress 4965 US Hwy 42 Suite 2000		04 07 2017						
City Louisville		State KY	Zip Code 40222		FEC Identification	Number			
Purpose of	of Disbursement	IXI	40222		Transaction ID : SB21B.7030				
_	of Thank You Letters			001					
Candidate	Name			Category/	Amount of Each D	isbursement this Period			
Office Sou	ught: House Disburse	ement For:		Туре		28.63			
	Senate	Primary	General			7 1 4			
_	President	Other (sp	ecify)		Memo Item				
State:	District:								
	e (Last, First, Middle Initial) cky Medical Association (KN	ΛA)			Date of Disbursem				
Mailing Ad	ddress 4965 US Hwy 42 Suite 2000				04 15	2017			
City		State	Zip Code		FEC Identification	Number			
Louisville	of Dichuraamant	KY	40222						
April Adn	of Disbursement ninistrative Fee		001	Transaction II	D : SB21B.7022				
Candidate	e Name			Category/ Type		isbursement this Period			
Office Sou	ught: House Disburse	ement For:		639.00					
	Senate	Primary	General	eneral					
State:	President	Other (sp	ecify) $\blacktriangledown$		Memo Item				
Sidle.	District:								
SUBTOTAL	. of Disbursements This Page (optional)					706.73			
I TOTAL This	s Period (last page this line number only	/)							

SCHEDULE B (FEC Form 3X)			EOD LINE	NE NUMBER: PAGE 37 OF 41					
ITEMIZED DISBURSEMENTS		parate schedule(s)	(check only	TOWNE .					
TILMILLD DIODONOLNILINIO		category of the Summary Page	` <b>X</b> 21b	22 23 26 27					
	Dotalieu		28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)					
Full Name (Last, First, Middle Initial)				Data of Disbursoment					
A. Kentucky Medical Association (KN	<b>ЛА)</b>			Date of Disbursement					
Mailing Address 4965 US Hwy 42 Suite 2000	0	7.01		05 15 2017					
City Louisville	State KY	Zip Code 40222		FEC Identification Number					
Purpose of Disbursement		40222		C					
May Administrative Fee			001	Transaction ID : SB21B.7024					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		Турс	639.00					
Senate	Primary	General							
State: President State:	Other (spe	ecify) 🔻		Memo Item					
Full Name (Last, First, Middle Initial)									
B. Kentucky Medical Association (KI	MA)			Date of Disbursement					
Mailing Address 4965 US Hwy 42 Suite 2000				05 31 2017					
City Louisville	State KY	Zip Code 40222		FEC Identification Number					
Purpose of Disbursement Printing and Postage for KPPAC Contribution Sol	icitation Maili	ing	003	C					
Candidate Name			Category/	Transaction ID : SB21B.7078 Amount of Each Disbursement this Period					
			Type						
Office Sought: House Disburse Senate	ement For: Primary	General		3095.59					
President	Other (spe			Maria Ham					
State: District:	_			Memo Item					
Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KN	40)			Date of Disbursement					
Reflucky Medical Association (Ri	vi <i>r</i> ()			M M / D D / Y Y Y Y					
Mailing Address 4965 US Hwy 42 Suite 2000				06 15 2017					
City	State	Zip Code		FEC Identification Number					
Louisville Purpose of Disbursement	KY	40222							
Purchase of Stock Image for Flyer			004	Transaction ID : SB21B.7086					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		71	10.59					
Senate	Primary	General							
State: District:	Other (spe	ecify) 🔻		Memo Item					
Grate. District.									
SUBTOTAL of Disbursements This Page (optional)				3745.18					
, (April 10)									
TOTAL This Period (last page this line number onli	y)								

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 OF 41								
ITEMIZED DISBURSEMENTS	MIZED DISPLIPSEMENTS Use separate s			one)							
		category of the Summary Page	<b>X</b> 21b	22 23 26 27							
			28a	28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	deral-KPPAC Federal)							
Full Name (Last, First, Middle Initial)		Data of Dishursament									
A. Kentucky Medical Association (KN		Date of Disbursement									
Mailing Address 4965 US Hwy 42 Suite 2000				06 15 2017							
City	State	Zip Code		FEC Identification Number							
Louisville Purpose of Disbursement	KY	40222									
June Admistration Fee			001	C							
Candidate Name				Transaction ID: SB21B.7088 Amount of Each Disbursement this Period							
			Category/ Type								
Office Sought: House Disburse	ement For:			639.00							
Senate	Primary	General		7							
President	Other (spe	ecify) 🔻		Memo Item							
State: District:											
Full Name (Last, First, Middle Initial)  B. Kontucky Modical Association (KN	40)			Date of Disbursement							
B. Kentucky Medical Association (KI	vi <i>A)</i>			M M / D D / Y Y Y							
Mailing Address 4965 US Hwy 42 Suite 2000	·										
City	State	Zip Code 40222		FEC Identification Number							
Louisville Purpose of Disbursement	KY										
Ribbons for KMA Annual Meeting	004	C									
Candidate Name	Transaction ID: SB21B.7090  Amount of Each Disbursement this Period										
		Amount of Each dispulsement this Feriou									
Office Sought: House Disburse	ement For:			98.48							
Senate	Primary	General									
President	Other (spe	ecify)		Memo Item							
	State: District:										
Full Name (Last, First, Middle Initial)  C. Kentucky Medical Association (KM		Date of Disbursement									
Mailing Address 4965 US Hwy 42		06 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
Suite 2000 City	State	Zip Code									
Louisville	KY	40222		FEC Identification Number							
Purpose of Disbursement	rpose of Disbursement PPAC Board Conference Call Indidate Name  Category/ Type										
Candidate Name											
Office Sought: House Disburse											
Office Sought: House Dispurse Senate	Primary	General		20.60  Memo Item							
President	Other (spe										
State: District:		• •									
SUBTOTAL of Disbursements This Page (optional)				758.08							
305101AL of Dispulsements This Page (optional)			·····								
TOTAL This Period (last page this line number onl	y)										

S	CHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 39 OF 41										
IT	EMIZED DISBURSEMENTS	Use sepa				y one)										
			for each category of the Detailed Summary Page			21b	22		23		26		27			
						28a	28b		28c	Ш	29		30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full)	S // 4		_		_			<b>.</b>	_						
	Kentucky Medical Association PAC	C(Kentuc	cky Physiciar	ns P	AC	Fed	deral-k	(PF	PAC	Fe	dera	al) ——				
Α.	Full Name (Last, First, Middle Initial)  Mountjoy Chilton Medley							Date of Disbursement								
						M = M	_ /	D	D	/ Y	Υ	YY				
	Mailing Address 2000 Meidinger Tower 462 S Fourth Street						03 01 2017									
	,	State	·					lentii	fication	n Nu	mber					
	Louisville Purpose of Disbursement	KY	KY 40202													
	Audit Fee for Audit Ending December 31, 2016		0	01		C										
	Candidate Name			Cate	egon	//	Transaction ID : SB21B.7019 Amount of Each Disbursement this Period									
					/pe	, .										
		ment For:	General				4500.00									
	Senate President	Other (spec														
	State: District:	Julion (Spec	Other (specify) ▼						Item							
	Full Name (Last, First, Middle Initial)													_		
В.									Date of Disbursement							
	Matter Address						M = M / D = D / Y = Y = Y									
	Mailing Address															
	City	State	tate Zip Code				FEC Id	lenti	fication	n Nu	mber					
	Purpose of Disbursement															
	,							C								
	Candidate Name		Category/					t of	Each	Disb	ursem	ent t	his Period			
	05													ĺ		
	Office Sought: House Disburser Senate	ment For:					7 7 7									
	President	Primary General Other (specify)														
	State: District:	(Sp30						Memo Item								
	Full Name (Last, First, Middle Initial)													_		
C.	<b>&gt;.</b>							Date of Disbursement								
	Mailing Address						M = M / D = D / Y = Y = Y									
								-	_			_				
	City	ity State Zip Code					FEC Identification Number									
	Purpose of Disbursement						С									
							<u> </u>									
	Candidate Name	Category/ Type					Amount of Each Disbursement this Period									
	Office Sought: House Disburse															
	Senate Dispurse	ment For:    Primary   General   Gen														
	President	Other (specify)					Memo Item									
_	State: District:						I Wellio Itelli									
	IIDTOTAL of Dishumanata This Day ( )								-			Δι	500.00	1		
Ls	UBTOTAL of Disbursements This Page (optional)					<u> </u>	-	÷		-	7		300.00	ļ		
Т	OTAL This Period (last page this line number only)	)				<b>•</b>						130	020.68			

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 40 OF	41					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)						
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>y</b> 29 30b						
Any information conicd from such Departs and Otata	monto mo::	not be sold as								
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
Kentucky Medical Association PA	C(Kentu	cky Physicia	ns PAC Fe	ederal-KPPAC Federal)						
Full Name (Last, First, Middle Initial)				Deta of Dishuraement						
A. Jeffery Hoover for State Represer	Date of Disbursement									
Mailing Address PO Box 985				01 23 2017						
City	State	Zip Code		FEC Identification Number						
Jamestown	KY	42629								
Purpose of Disbursement  Refund of campaign contribution because account	closed		010	C						
Candidate Name				Transaction ID : SB29.7102						
-			Category/ Type	Amount of Each Disbursement this Period	ou					
Office Sought:     House   Disburse	ement For:	2016	· · · · · · · · · · · · · · · · · · ·	- 1000.00						
Senate	Primary	<b>✗</b> General								
State: KY District: 83	Other (spe	ecify) 🔻		Memo Item						
Full Name (Last, First, Middle Initial)				_						
B. John Bam Carney Campaign Fundament	Ч			Date of Disbursement						
John Bam Gamey Campaign run	M M / D D / Y Y Y Y									
Mailing Address 202 Southside Ave	Mailing Address 202 Southside Ave									
City	State	Zip Code		FEC Identification Number						
Campbellsville Purpose of Disbursement	Campbellsville KY 42718									
Void Check # 1445 because it was never cashed										
Candidate Name	Category/	Transaction ID : SB29.7032  Amount of Each Disbursement this Period								
	Type									
Office Sought: House Disburse		- 500.00								
	Senate Primary General Other (specify)									
State: KY District: 51		Memo Item								
Full Name (Last, First, Middle Initial)										
C. Kentucky House Democratic Cauc	cus Cam	paign Comn	nittee	Date of Disbursement						
Mailing Address PO Box 4204				06 07 2017						
City	State	Zip Code		FEC Identification Number						
Frankfort Purpose of Disbursement	KY	40604		C						
Contribution to the House Minority Caucus	Contribution to the House Minority Caucus 011									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period	od					
Office Sought: House Disburse	Type	1500.00								
Senate	Primary	General		4 4						
President		Memo Item								
State: District:	-			L Monto Rom						
SUBTOTAL of Disbursements This Page (optional).			·····	0.00						
			<u> </u>		「					
I TOTAL This Period (last page this line number only	/)									

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 OF 41						
ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	NOMBETT.					
II LIVIIZED DISBURSEIVIEN IS	for each category of the Detailed Summary Page								
	Detailed S	ouninary Page	28a	28b 28c <b>x</b> 29 30b					
Any information copied from such Reports and Stater									
or for commercial purposes, other than using the nam	ne and addre	ess of any polition	cal committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	\// <b>/</b> ~ (= 4 )	la (Dheesta's	DAO E	daval KDDAC Easterall					
Kentucky Medical Association PAC	(Kentucl	ky Pnysicia	ins PAC Fe	derai-KPPAC Federal)					
Full Name (Last, First, Middle Initial)									
A. Senate Republican Caucus Campa	aign Com	nmittee		Date of Disbursement					
Mailing Address PO Box 1068				06 02 2017					
Mailing Address 1 0 Box 1000				ţ					
,	State	Zip Code		FEC Identification Number					
Frankfort Purpose of Disbursement	KY	40602							
Contribution to the Senate Majority Caucus			011	C					
Candidate Name				Transaction ID: SB29.7084  Amount of Each Disbursement this Period					
			Category/ Type	Amount of Lacif Dispulsement this Pellod					
Office Sought: House Disburser	ment For:			2500.00					
Senate	Primary	General							
President  State: District:	Other (speci	iiy) <b>▼</b>		Memo Item					
Full Name (Last, First, Middle Initial)									
B.				Date of Disbursement					
	M = M / D = D / Y = Y = Y								
Mailing Address									
City	City State Zip Code								
				FEC Identification Number					
Purpose of Disbursement									
Candidate Name		Amount of Each Disbursement this Period							
Canada Harro	Cate Ty								
Office Sought: House Disburser	ment For:		71	1   1   1   1   1   1   1   1   1   1					
Senate	Primary	General		7 7 7					
President	Other (speci	ify)		Memo Item					
State: District:  Full Name (Last, First, Middle Initial)									
C.		Date of Disbursement							
				M M / D D / Y Y Y Y					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
Durnage of Dishuragment									
Purpose of Disbursement		C							
Candidate Name	Cotocomil	Amount of Each Disbursement this Period							
			Category/ Type	AMOUNT OF EACH DISDUISEMENT THIS PERIOD					
Office Sought: House Disburser									
Senate	Primary	General							
President  State: District:	Other (speci	lty) ▼		Memo Item					
oldio.									
SUBTOTAL of Disbursements This Page (optional)				2500.00					
TOTAL This Period (last page this line number only)				2500.00					