

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

Office Use Only

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

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

ADDRESS (number and street)

4965 US Highway 42

Suite 2000

☐ Check if different  
than previously  
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00016444

3. IS THIS  
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  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE**-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

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

Type or Print Name of Treasurer

David R Watkins, MD

Signature of Treasurer Electronically Filed by David R Watkins, MD

Date

04

13

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		<table><tr><td>5</td><td>4</td><td>0</td><td>3</td><td>4</td><td>.</td><td>6</td><td>3</td></tr></table>	5	4	0	3	4	.	6	3
Y	Y	Y	Y															
2	0	1	0															
5	4	0	3	4	.	6	3											
(b) Cash on Hand at Beginning of Reporting Period .....	<table><tr><td>5</td><td>4</td><td>0</td><td>3</td><td>4</td><td>.</td><td>6</td><td>3</td></tr></table>	5	4	0	3	4	.	6	3									
5	4	0	3	4	.	6	3											
(c) Total Receipts (from Line 19) .....	<table><tr><td>8</td><td>5</td><td>7</td><td>3</td><td>.</td><td>6</td><td>0</td></tr></table>	8	5	7	3	.	6	0	<table><tr><td>8</td><td>5</td><td>7</td><td>3</td><td>.</td><td>6</td><td>0</td></tr></table>	8	5	7	3	.	6	0		
8	5	7	3	.	6	0												
8	5	7	3	.	6	0												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table><tr><td>6</td><td>2</td><td>6</td><td>0</td><td>8</td><td>.</td><td>2</td><td>3</td></tr></table>	6	2	6	0	8	.	2	3	<table><tr><td>6</td><td>2</td><td>6</td><td>0</td><td>8</td><td>.</td><td>2</td><td>3</td></tr></table>	6	2	6	0	8	.	2	3
6	2	6	0	8	.	2	3											
6	2	6	0	8	.	2	3											
7. Total Disbursements (from Line 31) .....	<table><tr><td>7</td><td>1</td><td>5</td><td>6</td><td>.</td><td>6</td><td>4</td></tr></table>	7	1	5	6	.	6	4	<table><tr><td>7</td><td>1</td><td>5</td><td>6</td><td>.</td><td>6</td><td>4</td></tr></table>	7	1	5	6	.	6	4		
7	1	5	6	.	6	4												
7	1	5	6	.	6	4												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>5</td><td>5</td><td>4</td><td>5</td><td>1</td><td>.</td><td>5</td><td>9</td></tr></table>	5	5	4	5	1	.	5	9	<table><tr><td>5</td><td>5</td><td>4</td><td>5</td><td>1</td><td>.</td><td>5</td><td>9</td></tr></table>	5	5	4	5	1	.	5	9
5	5	4	5	1	.	5	9											
5	5	4	5	1	.	5	9											
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0														
0	0	0																
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0														
0	0	0																

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 11

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	W	Y
0	1	0	1	2	0	1	0

To:

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

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) .....	3150.00	3150.00
(ii) Unitemized .....	5400.00	5400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8550.00	8550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8550.00	8550.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	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.) .....	23.60	23.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8573.60	8573.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8573.60	8573.60

## DETAILED SUMMARY PAGE

of Disbursements

4 / 11

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7156.64	7156.64	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7156.64	7156.64	
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 Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7156.64	7156.64	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7156.64	7156.64	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

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) .....	8550.00	8550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8550.00	8550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7156.64	7156.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7156.64	7156.64

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 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)

**A.**

Full Name (Last, First, Middle Initial)

Kent J. Kessler, Md

Mailing Address 200 Hagan Hill Rd

City

Richmond

State

KY

Zip Code

40475-9619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central KY Surgery PSC

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6B11CA75749A4B7AABC

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Beasley, Md

Mailing Address 132 Arbor Crest Dr

City

Mayfield

State

KY

Zip Code

42066-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayfield Radiologists PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A6A7AE2916CB1481DAE0

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

C. William Briscoe, Md

Mailing Address 775 Scuffletown Rd

City

Corbin

State

KY

Zip Code

40701-9584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corbin Psychiatric & Counseling Service

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A42110A61F4EA4746A38

Amount of Each Receipt this Period

300.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Andrew R. Pulito, Md

Mailing Address 809 Westchester Drive

City

Lexington

State

KY

Zip Code

40502-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Kentucky

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A46FB079BD7A44905AA6

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marian E. Bensema

Mailing Address 2108 Woodmont Drive

City

Lexington

State

KY

Zip Code

40502-3062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chippes, Caffrey, Dubilier,  
PSC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AECCBD215FF6F4635A95

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William C. Harrison

Mailing Address 4045 Foxtail PI

City

Owensboro

State

KY

Zip Code

42303-2277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology PSC

Occupation  
Self-employed physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: ADDFCA83FBC0243FEBA2

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kenneth J. S. DeSimone

Mailing Address PO Box 180

City

Greensburg

State

KY

Zip Code

42743-0180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenneth J. DeSimone, MD

Occupation

Physician

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A5C2BBF18E0024366A0C

Amount of Each Receipt this Period

300.00

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

300.00

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

3150.00



**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 9 / 11

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mountjoy Chilton Medley LLP

Mailing Address 2000 Meidinger Tower  
462 South Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Audit Progress Billing #1

Candidate Name

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

State: District:

Transaction ID: B00C5D332F26044CCBFE

Date of Disbursement

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

Amount of Each Disbursement this Period

1335.00

**B.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
Jan 2010 Admin Fee

Candidate Name

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

State: District:

Transaction ID: BC0D49B971F8D4C569DC

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

**C.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
Phone conferencing, Fedex Charges

Candidate Name

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

State: District:

Transaction ID: B5EBF6517FA7B4B67AA3

Date of Disbursement

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

Amount of Each Disbursement this Period

57.09

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

2083.09

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

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

PAGE 10 / 11

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
Feb 2010 Admin Fee

Candidate Name

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

State: District:

Transaction ID: B5490B2A6E4014204860

Date of Disbursement

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

Amount of Each Disbursement this Period

691.00

**B.**

Full Name (Last, First, Middle Initial)

Kentucky Medical Association

Mailing Address 4965 US Highway 42  
Suite 2000

City Louisville State KY Zip Code 40222-6379

Purpose of Disbursement  
Phone Conferencing

Candidate Name

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

State: District:

Transaction ID: B676B2D63E6BB4C4E8E4

Date of Disbursement

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

Amount of Each Disbursement this Period

21.29

**C.**

Full Name (Last, First, Middle Initial)

Mountjoy Chilton Medley LLP

Mailing Address 2000 Meidinger Tower  
462 South Fourth Street

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Audit Expense - Progress Billing #2

Candidate Name

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

State: District:

Transaction ID: B7CA99FF3D9594632989

Date of Disbursement

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

Amount of Each Disbursement this Period

1335.00

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

2047.29

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Marshall E. White, III	<b>Transaction ID:</b> BE2C9BB8192AD4EA2B51 <b>Date of Disbursement</b>																				
Mailing Address 1304 S. 6th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Louisville State KY Zip Code 40208-2248	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement March Political Consultant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SA Creative	<b>Transaction ID:</b> BD755AE26487343E5A97 <b>Date of Disbursement</b>																				
Mailing Address 10801 Electron Drive, Suite 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Louisville State KY Zip Code 40299-3880	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Design, Print, Postage of KPPAC Mailing Candidate Name	<table border="1"> <tr> <td colspan="10">1962.26</td> </tr> </table>	1962.26																			
1962.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kentucky Medical Association	<b>Transaction ID:</b> B7E05DD1616054B288F5 <b>Date of Disbursement</b>																				
Mailing Address 4965 US Highway 42 Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Louisville State KY Zip Code 40222-6379	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement March Admin Fee Candidate Name	<table border="1"> <tr> <td colspan="10">691.00</td> </tr> </table>	691.00																			
691.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

2753.26

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

6883.64