REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM
APR 2 2 20 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Kentucky Educational Medical Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
301 N. Hurstbourne Pkwy, Suite 200

CITY, STATE and ZIP CODE
Louisville, KY 40222

2. FEC IDENTIFICATION NUMBER
C00016444

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

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 152,183.77
(b) Cash on Hand at Beginning of Reporting Period	$ 152,183.77	
(c) Total Receipts (from Line 19)	$ 29,203.16	$ 29,203.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 181,386.93	$ 181,386.93
7. Total Disbursements (from Line 30)	$ 17,492.86	$ 17,492.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 163,894.07	$ 163,894.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Preston P. Nunnelley, MD

Signature of Treasurer

Date
3/29/96

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

FEC FORM 3X
(revised 8/93)

FEC/W3X

9 6 0 3 0 0 7 3 9 7 9

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Kentucky Educational Medical Political Action Committee

REPORT COVERING PERIOD FROM 1/1/96 TO: 3/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	$27,813.00	$27,813.00	11(a)(ii)
iii. Total (add i and ii) ➤	27,813.00	27,813.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	27,813.00	27,813.00	11(d)
12. Transfers From Affiliated/Other Party Committees	120.00	120.00	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,270.16	1,270.16	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$29,203.16	$29,203.16	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	$13,665.00	$13,665.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	3,827.86	3,827.86	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$17,492.86	$17,492.86	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$27,813.00	$27,813.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE5A Note

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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 Educational Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AMPAC 1101 Vermont Ave. NW Washington, DC 20005 Receipt For: [ ] Primary [ ] General [xx] Other (specify): Joint Fundraising	Name of Employer Occupation Aggregate Year-to-Date $ 120.	2/8/96	$120.
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$120.00
TOTAL This Period (last page this line number only)	120.00

9 6 0 3 0 3 7 3 9 2 1

FIMAN068

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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 Educational Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kentucky Telco Federal Credit Union 3740 Bardstown Road Louisville, KY 40218 Receipt For: [ ] Primary [ ] General [x] Other (specify): Interest	Aggregate Year-to-Date $ 431.78	12/31/95	$431.78
B. Same as Above Receipt For: [ ] Primary [ ] General [xx] Other (specify): Interest	Aggregate Year-to-Date $ 867.35	1/31/96	435.57
C. Same as Above Receipt For: [ ] Primary [ ] General [x] Other (specify): Interest	Aggregate Year-to-Date $ 1,270.16	2/29/96	402.81
D. Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$1,270.16
TOTAL This Period (last page this line number only)	1,270.16

FE5AN065

9 5 0 3 0 1 7 3 9 0 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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 Educational Medical Political ACtion Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. AMPAC 1101 Vermont Ave. NW Washington, DC 20005	Transfer to Federal PAC Disbursement for: [ ] Primary [ ] General [XX] Other (specify) Transfer	1/31/96	$3,800.
B. SAME AS ABOVE	Transfer to Federal PAC Disbursement for: [ ] Primary [ ] General [XX] Other (specify) Transfer	2/29/96	$1,750.
C. SAME AS ABOVE	Transfer to Federal PAC Disbursement for: [ ] Primary [ ] General [XX] Other (specify) Transfer	3/29/96	$8,115.
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$13,665.00
TOTAL This Period (last page this line number only)	13,665.00

9 5 0 3 0 3 7 3 9 0 3

FE8AN066

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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 Educational Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. William B. Monnig, MD 20 Medical Village Dr. #308 Edgewood, KY 41017	Reimburse for expenses to attend political education seminar 11/95 Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Reimburse	1/31/96	$320.
B. Kentucky Medical Association 301 N. Hurstbourne Pkwy #200 Louisville, KY 40222	Reimburse for expenses of political education seminar 11/95 Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Reimburse	1/31/96	$867.
C. Kentucky Medical Association 301 N. Hurstbourne Pkwy #200 Louisville, KY 40222	7% administration fee for dues collected Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Admin. fee	1/31/96	$272.86
D. Roger Thomas Campaign Fund 345 Elkins Road Smiths Grove, KY 42171	Campaign contribution-Special Election-House District #21 Disbursement for: [ ] Primary [ ] General [xx] Other (specify) campaign cont.	2/5/96	$500.
E. National City Bank 329 Whittington Pkwy Louisville, KY 40222	Federal Tax Coupon Deposit-1995 Federal Taxes Disbursement for: [ ] Primary [ ] General [xx] Other (specify) 1995 Taxes	2/29/96	$1,138.
F. Kentucky Medical Association 301 N. Hurstbourne Pkwy #200 Louisville, KY 40222	7% Administration Fee for Dues Collected Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Admin. fee	2/29/96	$ 122.50
G. Kentucky State Treasurer c/o KY Registry of Election Finance 140 Walnut St. Frankfort, KY 40601	Annual Registration Fee of $200 less $187.50 credit at Registry Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Registration fee	3/29/96	$ 12.50
H. Kentucky Medical Association 301 N. Hurstbourne Pkwy. #200 Louisville, KY 40222	7% Administration Fee for Dues Collected Disbursement for: [ ] Primary [ ] General [xx] Other (specify) Admin. fee	3/29/96	$595.
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$3,827.86
TOTAL This Period (last page this line number only)	3,827.86

9 6 0 3 0 1 7 3 9 0 4

FEBAN060

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 3-28-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SEY — PREPARER

4-2-96 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 2 7 3 9 7 5