

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 54

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

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

A. Bunnell, Nancy, , Mrs., MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11AI.7242

Amount of Each Receipt this Period

68.75

☐ Memo Item

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

B. Bunnell, Thomas, , Doctor, MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Elizabeth

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

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

Transaction ID : SA11AI.7214

Amount of Each Receipt this Period

68.75

☐ Memo Item

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

C. Bunnell, Thomas, , Doctor, MD

Mailing Address 3246 New Orleans

City
Edgewood

State
KY

Zip Code
41017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Elizabeth

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11AI.7243

Amount of Each Receipt this Period

68.75

☐ Memo Item

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

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

206.25