

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

**A. Vanila Singh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Bodega Court  
 City Fremont State CA Zip Code 94539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stanford University Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 10 / 2015**  
**Transaction ID : SA11AI.11506**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**B. Jan Slezak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 246  
 City Durham State NH Zip Code 03824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Interventional Spine Med. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2015**  
**Transaction ID : SA11AI.11498**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**C. Kevin Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2202 S. Milwaukee St.  
 City Denver State CO Zip Code 80210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metro Denver Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 02 / 2015**  
**Transaction ID : SA11AI.11496**  
 Amount of Each Receipt this Period **365.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1865.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	