



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

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 border="1"><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		374826.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	239480.85									
(c) Total Receipts (from Line 19) .....	33467.37	189130.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	272948.22	563956.77								
7. Total Disbursements (from Line 31) .....	2029.32	293037.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	270918.90	270918.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
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) .....	29198.32	130623.28
(ii) Unitemized .....	225.00	3011.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29423.32	133634.94
(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) .....	29423.32	133634.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	16975.89
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	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4044.05	28519.79
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)) .....	33467.37	189130.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33467.37	189130.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	13169.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	13169.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	260500.00
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.....	2029.32	19368.05
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))..	2029.32	293037.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2029.32	293037.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	29423.32	133634.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29423.32	133634.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	13169.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	13169.82

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

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

FOR LINE NUMBER: PAGE 6 / 18  
(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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.** Full Name (Last, First, Middle Initial)  
Sairam Atluri MD  
Mailing Address 8200 Muchmore Point Lane  
City State Zip Code  
Cincinnati OH 45243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Tri-State Pain Management Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 12 / 30 / 2010  
Transaction ID: SA11AI.9640  
Amount of Each Receipt this Period 5000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Barbara Bryce  
Mailing Address 7329 Summit Ridge Road  
City State Zip Code  
Middleton WI 53562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 12 / 30 / 2010  
Transaction ID: SA11AI.9641  
Amount of Each Receipt this Period 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
David Bryce, MD  
Mailing Address 7329 Summit Ridge Rd.  
City State Zip Code  
Middletown, WI 53562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Advanced Pain Management Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00  
Date of Receipt 12 / 30 / 2010  
Transaction ID: SA11AI.9642  
Amount of Each Receipt this Period 2000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**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 / 18  
(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

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)  
**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Clark, MD</p> <p>Mailing Address 3735 Norton Hills Road</p> <hr/> <p>City State Zip Code <b>Norton Shores MI 49441</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation UAP Clinic Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">865.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>11 / 30 / 2010</b></p> <p><b>Transaction ID: SA11AI.9625</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">365.00</span></p> <p>Contribution</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Dean, DO</p> <p>Mailing Address 3076 Hyde Park Place</p> <hr/> <p>City State Zip Code <b>Koswille VA 22947</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>12 / 30 / 2010</b></p> <p><b>Transaction ID: SA11AI.9645</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>Contribution</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Pearl Friedlis</p> <p>Mailing Address 9500 Lost Trail Way</p> <hr/> <p>City State Zip Code <b>Potomac MD 20854</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>12 / 30 / 2010</b></p> <p><b>Transaction ID: SA11AI.9648</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">3000.00</span></p> <p>Contribution</p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">8365.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 18  
(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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.** Full Name (Last, First, Middle Initial)  
John Givorgre, MD  
Mailing Address 1120 Springdale Rd  
City Gainesville State GA Zip Code 30501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: SA11AI.9662  
Amount of Each Receipt this Period 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Abigail Hubbell  
Mailing Address 236 W. Livingston Place  
City Metairie State LA Zip Code 70005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.02  
Date of Receipt 11 / 27 / 2010  
Transaction ID: SA11AI.9620  
Amount of Each Receipt this Period 416.67  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Abigail Hubbell  
Mailing Address 236 W. Livingston Place  
City Metairie State LA Zip Code 70005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2916.69  
Date of Receipt 12 / 27 / 2010  
Transaction ID: SA11AI.9634  
Amount of Each Receipt this Period 416.67  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1333.34  
**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 9 / 18  
(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

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)  
**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paul Hubbell, MD</p> <p>Mailing Address 236 W. Livingston Place</p> <p>City State Zip Code <b>Metairie LA 70005</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Southern Pain Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2500.02</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 7 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.9621</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.67</span></p> <p>Contribution</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Paul Hubbell, MD</p> <p>Mailing Address 236 W. Livingston Place</p> <p>City State Zip Code <b>Metairie LA 70005</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Southern Pain Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2916.69</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 7 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.9635</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.67</span></p> <p>Contribution</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Hurd, MD</p> <p>Mailing Address 4709 Talleybrook Drive</p> <p>City State Zip Code <b>Kennesaw GA 30152</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pain Solutions Treatment Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 8 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.9638</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p>Contribution</p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2833.34</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18  
(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

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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sherry Jose, MD

Mailing Address 2 Rachel Drive

City State Zip Code  
Media PA 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2010

**Transaction ID:** SA11AI.9651

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Magdalene Kerschner

Mailing Address 3441 Ivy Hills Blvd.

City State Zip Code  
Cincinnati OH 45244

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2010

**Transaction ID:** SA11AI.9622

Amount of Each Receipt this Period  
166.66

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Magdalene Kerschner

Mailing Address 3441 Ivy Hills Blvd.

City State Zip Code  
Cincinnati OH 45244

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2010

**Transaction ID:** SA11AI.9636

Amount of Each Receipt this Period  
166.66

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.32**

**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 11 / 18  
(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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.** Full Name (Last, First, Middle Initial)  
David Kloth, MD

Mailing Address 4 Old Bedow Mountain Road

City Ridgehold State CT Zip Code 00877

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Pain Care, PC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 27 / 2010  
**Transaction ID:** SA11AI.9623  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Todd Koppel, MD

Mailing Address 721 Clifton Avenue

City Clifton State NJ Zip Code 07013

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 30 / 2010  
**Transaction ID:** SA11AI.9653  
 Amount of Each Receipt this Period 550.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Marion Lee, MD

Mailing Address 2233 Arabi-Warwick Road

City Cordele State GA Zip Code 31015

FEC ID number of contributing federal political committee. **C**

Name of Employer Attrinity Health Group Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 27 / 2010  
**Transaction ID:** SA11AI.9624  
 Amount of Each Receipt this Period 416.66  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1966.66

**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 12 / 18

(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

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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marion Lee, MD

Mailing Address 2233 Arabi-Warwick Road

City State Zip Code  
Cordele GA 31015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Attrinity Health Group Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4999.92

Date of Receipt

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

Transaction ID: SA11AI.9637

Amount of Each Receipt this Period

416.66

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Edward Magaziner, MD

Mailing Address 2186 Route 27

City State Zip Code  
New Brunswick NJ 08902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.9663

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael Prater, MD

Mailing Address 2650 Crimson Canyon Drive

City State Zip Code  
Las Vegas NV 89128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: SA11AI.9632

Amount of Each Receipt this Period

250.00

Contribution

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

1166.66

**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 13 / 18

(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

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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Provenzano, MD

Mailing Address 702 Augusta Drive

City State Zip Code  
Bridgeville PA 15017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.9633

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Vijay Singh, MD

Mailing Address 1601 Roosevelt Road

City State Zip Code  
Niagra WI 54151

FEC ID number of contributing federal political committee. **C**

Name of Employer Pain Diagnostic Associates 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  
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.9657

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Anne Stilwell

Mailing Address 38 Grymes Hill Road

City State Zip Code  
Staten Island NY 10301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.9658

Amount of Each Receipt this Period

250.00

Contribution

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

950.00

**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 14 / 18  
(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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.** Full Name (Last, First, Middle Initial)  
John Swicegood, MD  
Mailing Address P.O. Box 10206

City State Zip Code  
Fort Smith AR 72917

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 30 / 2010  
Transaction ID: SA11AI.9660  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Waling, MD  
Mailing Address 3188 Brookfield

City State Zip Code  
Newburgh IN 47630

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 30 / 2010  
Transaction ID: SA11AI.9661  
Amount of Each Receipt this Period: 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Arthur Watanabe, MD  
Mailing Address 528 E. Spokane Falles Blvd.  
Ste 114

City State Zip Code  
Spokane WA 99202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2010  
Transaction ID: SA11AI.9667  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ► 29198.32

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 18  
(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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 24476.69

Date of Receipt 11 / 30 / 2010  
**Transaction ID:** SA17.9626

Amount of Each Receipt this Period 0.95

Monthly earned interest

**B.**

Full Name (Last, First, Middle Initial)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 24763.60

Date of Receipt 11 / 30 / 2010  
**Transaction ID:** SA17.9627

Amount of Each Receipt this Period 286.91

Dividends earned

**C.**

Full Name (Last, First, Middle Initial)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 24764.70

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** SA17.9668

Amount of Each Receipt this Period 1.10

Monthly interest earned

**SUBTOTAL** of Receipts This Page (optional) ..... ► 288.96

**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 16 / 18

(check only one)

<input 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 checked="" type="checkbox"/> 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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26779.05

Date of Receipt

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

Transaction ID: SA17.9670

Amount of Each Receipt this Period

2014.35

Dividends earned

**B.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28519.79

Date of Receipt

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

Transaction ID: SA17.9671

Amount of Each Receipt this Period

1740.74

Change in investment

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

3755.09

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

4044.05

**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 17 / 18

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9628</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 180.51</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Change in investment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9629</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1441.88</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Brokerage fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9630</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 283.37</p>

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

1905.76

**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 18 / 18

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.9672

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

123.56

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

123.56

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

2029.32