

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		337435.46
(b) Cash on Hand at Beginning of Reporting Period.....	295103.85	
(c) Total Receipts (from Line 19)	46988.44	197621.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	342092.29	535057.34
7. Total Disbursements (from Line 31).....	24775.95	217741.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	317316.34	317316.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: / / To: / /

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).....	35442.58	149456.04
(ii) Unitemized	1300.00	2758.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36742.58	152214.71
(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)	36742.58	152214.71
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	5250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10245.86	40157.17
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 Transfers (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))..... ▶	46988.44	197621.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46988.44	197621.88

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	9775.95	21219.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9775.95	21219.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	190000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	500.00
(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	500.00
29. Other Disbursements	0.00	6021.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	24775.95	217741.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24775.95	217741.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	36742.58	152214.71
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36742.58	151714.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	9775.95	21219.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	9775.95	21219.60

**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 6 OF 18
	<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	

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

Full Name (Last, First, Middle Initial) A. Ajay Aggarwal MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2014 Transaction ID : SA11AI.11369
Mailing Address 4525 Teas St.		Amount of Each Receipt this Period 501.00
City Bellaire	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer AATX ABC MDPA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

Full Name (Last, First, Middle Initial) B. Ganesh Balu MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : SA11AI.11354
Mailing Address 240 Beiser Blvd. #201		Amount of Each Receipt this Period 500.00
City Dover	State DE	Zip Code 19904
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Pain Management and Recovery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas Brooks MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : SA11AI.11351
Mailing Address 619 S. 184 Street		Amount of Each Receipt this Period 250.00
City Elkhora	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1251.00
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: (check only one)	PAGE 7 OF 18
	<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. Jonathan Daitch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Cape View Drive
 City Fort Myers State FL Zip Code 33919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APMS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 30 / 2014**
Transaction ID : SA11AI.11375
 Amount of Each Receipt this Period **5000.00**
 Contribution

B. Miguel Dominguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12631 Baja Panorama
 City Santa Ana State CA Zip Code 92705
 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 **365.00**

Date of Receipt **12 / 30 / 2014**
Transaction ID : SA11AI.11376
 Amount of Each Receipt this Period **365.00**
 Contribution

C. Richard Epter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 211839
 City Augusta State GA Zip Code 30917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Augusta Pain Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **11 / 26 / 2014**
Transaction ID : SA11AI.11400
 Amount of Each Receipt this Period **500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	5865.00
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 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard Epter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 211839
 City Augusta State GA Zip Code 30917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Augusta Pain Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4500.00**

Date of Receipt **12 / 30 / 2014**
Transaction ID : SA11Al.11379
 Amount of Each Receipt this Period **500.00**
 Contribution

B. John Fairbanks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Frton St. Ste 2134
 City Vidalia State LA Zip Code 71273
 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 **515.00**

Date of Receipt **12 / 04 / 2014**
Transaction ID : SA11Al.11371
 Amount of Each Receipt this Period **150.00**
 Contribution

C. David Gale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9005 Nesbit Lakes Dr.
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physical Pain Specialists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **11 / 26 / 2014**
Transaction ID : SA11Al.11356
 Amount of Each Receipt this Period **5000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **5650.00**
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: (check only one)	PAGE 9 OF 18
	<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)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial) A. John Givorgre MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : SA11AI.11350
Mailing Address 1120 Springdale Rd		Amount of Each Receipt this Period 250.00
City Gainesville	State GA	Zip Code 30501
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Paul Hubbell MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2014 Transaction ID : SA11AI.11358
Mailing Address 236 W. Livingston Place		Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Southern Pain	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.33	

Full Name (Last, First, Middle Initial) C. Paul Hubbell MD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 Transaction ID : SA11AI.11378
Mailing Address 236 W. Livingston Place		Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Southern Pain	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
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: (check only one)	PAGE 10 OF 18
	<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

Full Name (Last, First, Middle Initial) A. Shailen Jalali MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2014 Transaction ID : SA11AI.11395
Mailing Address 700 Township Line Road 1st Floor		Amount of Each Receipt this Period 5000.00
City Havertown	State PA	Zip Code 19083
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Greater Philadelphia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Sten Kramer MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2014 Transaction ID : SA11AI.11357
Mailing Address 1401 Avocado Ave. #307		Amount of Each Receipt this Period 500.00
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kurt Krueger MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2014 Transaction ID : SA11AI.11398
Mailing Address 4624 N Davis Highway		Amount of Each Receipt this Period 365.00
City Pensacola	State FL	Zip Code 32503
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	5865.00
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: (check only one)	PAGE 11 OF 18
	<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

Full Name (Last, First, Middle Initial) A. Jonathan Kuo MD		Date of Receipt 11 / 25 / 2014 Transaction ID : SA11AI.11352
Mailing Address 350 Broadway Suite 200		Amount of Each Receipt this Period 730.00
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00	

Full Name (Last, First, Middle Initial) B. Benjamin Lampert MD		Date of Receipt 12 / 02 / 2014 Transaction ID : SA11AI.11366
Mailing Address 4367 E. Bogey Ct.		Amount of Each Receipt this Period 3650.00
City Springfield	State MO	Zip Code 65809
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer St. John's Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4650.00	

Full Name (Last, First, Middle Initial) C. Hector Miranda MD		Date of Receipt 12 / 02 / 2014 Transaction ID : SA11AI.11394
Mailing Address 4611 NW 53rd Avenue		Amount of Each Receipt this Period 1000.00
City Gainesville	State FL	Zip Code 32653
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Medical InjuryRehabSpecialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5380.00
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: (check only one)	PAGE 12 OF 18
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gordon Mortensen MD		Date of Receipt
Mailing Address 10438 N. Pine Tree Circle		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Mequon State WI Zip Code 53092		Transaction ID : SA11AI.11368
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer IPC Occupation Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Tejas Parikh MD		Date of Receipt
Mailing Address 309 E. Morehead St.		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Charlotte State NC Zip Code 28202		Transaction ID : SA11AI.11372
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CARolina Orthopaedic Occupation Physician		<input type="text" value="650.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>		

Full Name (Last, First, Middle Initial) C. Brian Richardson MD		Date of Receipt
Mailing Address 550 E 1400 N Ste X & Y		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Logan State UT Zip Code 84341		Transaction ID : SA11AI.11393
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Southwest Spine & Pain Occupation Physician		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 18
<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)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial) A. Francis Riegler MD		Date of Receipt 11 / 26 / 2014 Transaction ID : SA11AI.11360
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.62
City Malibu State CA Zip Code 90265	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Universal Pain Mgmt. Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1832.97

Full Name (Last, First, Middle Initial) B. Francis Riegler MD		Date of Receipt 12 / 30 / 2014 Transaction ID : SA11AI.11380
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.62
City Malibu State CA Zip Code 90265	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Universal Pain Mgmt. Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.59

Full Name (Last, First, Middle Initial) C. Morris Scherlis MD		Date of Receipt 11 / 25 / 2014 Transaction ID : SA11AI.11355
Mailing Address 3103 Providence Point SE		Amount of Each Receipt this Period 500.00
City Owens Cross Roads State AL Zip Code 35763	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.24
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: (check only one)	PAGE 14 OF 18
	<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

Full Name (Last, First, Middle Initial) A. Dennis Slavin MD			Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2014
Mailing Address 1401 Bella Vista			Transaction ID : SA11AI.11377
City Weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Trimba MD			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2014
Mailing Address 2417 Ocean Avenue			Transaction ID : SA11AI.11374
City Brooklyn	State NY	Zip Code 11229	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Advanced Pain Care Medical PC	Occupation Physician	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Ycaza			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2014
Mailing Address 1100 Tortuga Circle NE			Transaction ID : SA11AI.11373
City St. Petersburg	State FL	Zip Code 33702	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1865.00
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 15 OF 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
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Amy Yeatman MD
Full Name (Last, First, Middle Initial)
Mailing Address 3086 Buttercup Road
City Neenah State WI Zip Code 54956
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 ▼ 500.00

Date of Receipt 12 / 01 / 2014
Transaction ID : SA11AI.11361
Amount of Each Receipt this Period 500.00
Contribution

B. John Zipperer MD
Full Name (Last, First, Middle Initial)
Mailing Address 2560 Curlew Circle
City Anchorage State AK Zip Code 99502
FEC ID number of contributing federal political committee. **C**
Name of Employer Zipperer Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 09 / 2014
Transaction ID : SA11AI.11396
Amount of Each Receipt this Period 5000.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	35442.58

**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 16 OF 18
<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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014 Transaction ID : SA17.11404
Mailing Address 3151 Jackson Street		Amount of Each Receipt this Period 1.05
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 29912.36	
		Interest

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014 Transaction ID : SA17.11405
Mailing Address 3151 Jackson Street		Amount of Each Receipt this Period 10244.81
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40157.17	
		Dividends

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	10245.86
TOTAL This Period (last page this line number only).....▶	10245.86

**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)

<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)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2014

Transaction ID : SB21B.11401

Amount of Each Disbursement this Period

403.56

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SB21B.11402

Amount of Each Disbursement this Period

353.98

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Change in investment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SB21B.11403

Amount of Each Disbursement this Period

9018.41

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

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

9775.95

9775.95

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
Contribution

Candidate Name

WILLIAM CASSIDY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SB23.11343

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Mailing Address 608 MONTGOMERY AVENUE

City State Zip Code
ELIZABETHTOWN KY 42701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SB23.11346

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City State Zip Code
NEWPORT KY 41072

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SB23.11349

Amount of Each Disbursement this Period

5,000.00

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

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

15,000.00

15,000.00
