

**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="2012"/>		299846.98
(b) Cash on Hand at Beginning of Reporting Period.....	277315.33	
(c) Total Receipts (from Line 19)	26811.02	188031.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	304126.35	487878.17
7. Total Disbursements (from Line 31).....	4177.73	187929.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	299948.62	299948.62
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).....	20195.75	146407.62
(ii) Unitemized	650.00	4850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20845.75	151257.62
(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)	20845.75	151257.62
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5965.27	31773.57
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))..... ▶	26811.02	188031.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26811.02	188031.19

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	4177.73	5109.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4177.73	5109.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	167500.00
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	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	0.00	15319.61
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)) ..	4177.73	187929.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4177.73	187929.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	20845.75	151257.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20845.75	151257.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4177.73	5109.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4177.73	5109.94

**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 17
<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. Neerja Baijal PT
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Greenway Dr.
 City State Zip Code
 Rockville Centre NY 11570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physical Therapist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.10470
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Cyrus Bakhit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1316 S. Jefferson St.
 City State Zip Code
 Roanoke VA 24016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pain Management Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012
Transaction ID : SA11AI.10456
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Ganesh Balu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Beiser Blvd. #201
 City State Zip Code
 Dover DE 19904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pain Management and Recovery Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : SA11AI.10438
 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).....▶	

**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 17
	<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. Miguel Dominguez MD		Date of Receipt
Mailing Address 12631 Baja Panorama		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Santa Ana	CA	92705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	
		Transaction ID : SA11AI.10457
		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. Scott Glaser MD		Date of Receipt
Mailing Address 134 E 4th Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hinsdale	IL	60521
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pain Spec.of Greater Chicago	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1824.96"/>	
		Transaction ID : SA11AI.10441
		Amount of Each Receipt this Period
		<input type="text" value="304.16"/>
		Contribution

Full Name (Last, First, Middle Initial) C. Scott Glaser MD		Date of Receipt
Mailing Address 134 E 4th Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hinsdale	IL	60521
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pain Spec.of Greater Chicago	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2129.12"/>	
		Transaction ID : SA11AI.10461
		Amount of Each Receipt this Period
		<input type="text" value="304.16"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="973.32"/>
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: PAGE 8 OF 17
(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. Jay Grider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Rose St. N-201
 City Lexington State KY Zip Code 40509
 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 ▼ 2000.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.10473
 Amount of Each Receipt this Period 2000.00
 Contribution

B. Hans Hansen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Commerce St. SW
 City Concover State NC Zip Code 28613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pain Relief Centers Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 27 / 2012
Transaction ID : SA11AI.10442
 Amount of Each Receipt this Period 250.00
 Contribution

C. Hans Hansen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Commerce St. SW
 City Concover State NC Zip Code 28613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pain Relief Centers Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 12 / 28 / 2012
Transaction ID : SA11AI.10462
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 17
	<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"/>	<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. Paul Hubbell MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : SA11AI.10443
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 412.88
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4587.13	Contribution	

Full Name (Last, First, Middle Initial) B. Paul Hubbell MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : SA11AI.10463
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 412.88
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.01	Contribution	

Full Name (Last, First, Middle Initial) C. Scott Jahnke MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.10465
Mailing Address 424 Orchard Ridge Road			Amount of Each Receipt this Period 500.00
City KalisPELL	State MT	Zip Code 59901	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Grizzle Spine Pain & Rehab	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution	

SUBTOTAL of Receipts This Page (optional).....▶	1325.76
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 17
	<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. William Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address 19 Green Way

City State Zip Code
Ruc NY 11570

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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012
Transaction ID : SA11AI.10474

Amount of Each Receipt this Period
1000.00

Contribution

B. Demetrios Kaiafas MD
Full Name (Last, First, Middle Initial)

Mailing Address 430 Morton Plant St.

City State Zip Code
Clearwater FL 33756

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

Name of Employer Occupation
Clearwater Pain Management Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2012
Transaction ID : SA11AI.10444

Amount of Each Receipt this Period
50.00

Contribution

C. Peter Kosek MD
Full Name (Last, First, Middle Initial)

Mailing Address 674 Deertrail Rd.

City State Zip Code
Eugene OR 97405

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 ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2012
Transaction ID : SA11AI.10458

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 6050.00

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 17
<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. Kalyan Krishnan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Woodsedge Drive
 City Milton State PA Zip Code 17847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Health System Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2012**
Transaction ID : SA11AI.10476
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Benjamin Lampert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4367 E. Bogey Ct.
 City Springfield State MO Zip Code 65809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John's Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **11 / 27 / 2012**
Transaction ID : SA11AI.10436
 Amount of Each Receipt this Period **2000.00**
 Contribution

C. Navin Mallavaram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5924 Stoneridge Dr. #206
 City Pleasanton State CA Zip Code 94588
 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 / 04 / 2012**
Transaction ID : SA11AI.10454
 Amount of Each Receipt this Period **365.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	3365.00
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 17
<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. Gordon Mortensen MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2012 Transaction ID : SA11AI.10459
Mailing Address 10438 N. Pine Tree Circle		Amount of Each Receipt this Period 1000.00
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer IPC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John Paggioli MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : SA11AI.10437
Mailing Address 190 West Town Street		Amount of Each Receipt this Period 365.00
City Norwich	State CT	Zip Code 06360
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 ▼ 730.00	

Full Name (Last, First, Middle Initial) C. Harlan Ribnik MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : SA11AI.10439
Mailing Address P.O. Box 628		Amount of Each Receipt this Period 250.00
City Cheyenne	State WY	Zip Code 82003
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer Pain Consultants	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
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 13 OF 17
<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 M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 Transaction ID : SA11AI.10460
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.67
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 ▼ 2000.01	

Full Name (Last, First, Middle Initial) B. Alan Siegel MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2012 Transaction ID : SA11AI.10440
Mailing Address 680 N.W. 110 Ave.		Amount of Each Receipt this Period 1000.00
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Inventional Pain Rehab.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Howard Weiss MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2012 Transaction ID : SA11AI.10455
Mailing Address 934 Woodlyn Crossing		Amount of Each Receipt this Period 200.00
City Belvidere	State IL	Zip Code 61008
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Rockford Anesthesia Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1366.67
TOTAL This Period (last page this line number only).....▶	20195.75

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 17
<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
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10477
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1.07"/>
Receipt For:	Aggregate Year-to-Date ▼	monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25809.37"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10479
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="244.51"/>
Receipt For:	Aggregate Year-to-Date ▼	dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="26053.88"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10482
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="528.96"/>
Receipt For:	Aggregate Year-to-Date ▼	change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="26582.84"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="774.54"/>
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 15 OF 17
<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
Mailing Address 3151 Jackson Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.		Transaction ID : SA17.10478
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2.75"/>
Name of Employer		monthly earned interest
Occupation		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="26585.59"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.		Transaction ID : SA17.10481
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5187.98"/>
Name of Employer		dividends earned
Occupation		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="31773.57"/>
<input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5190.73"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5965.27"/>

**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
payment for credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SB21B.10485

Amount of Each Disbursement this Period

365.60

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SB21B.10483

Amount of Each Disbursement this Period

311.82

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SB21B.10484

Amount of Each Disbursement this Period

3145.78

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

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

3823.20

**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
payment for credit card fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SB21B.10486

Amount of Each Disbursement this Period

354.53

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

354.53

4177.73