



**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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		266532.09
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	313498.64									
(c) Total Receipts (from Line 19) .....	127190.37	247863.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	440689.01	514395.32								
7. Total Disbursements (from Line 31) .....	65862.86	139569.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	374826.15	374826.15								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	98631.00	186522.68
(ii) Unitemized .....	2395.00	9807.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	101026.00	196330.67
(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) .....	101026.00	196330.67
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 .....	7000.00	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	19164.37	39532.56
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)) .....	127190.37	247863.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	127190.37	247863.23

**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.....	12862.86	26869.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12862.86	26869.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53000.00	112500.00
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	200.00
(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	200.00
29. Other Disbursements.....	0.00	0.00
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))..	65862.86	139569.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65862.86	139569.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	101026.00	196330.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	101026.00	196130.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12862.86	26869.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12862.86	26869.17

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Sairam Alturi, MD</p> <p>Mailing Address 8200 Muamore Point</p> <p>City State Zip Code <b>Cincinnati OH 45243</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 Self 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;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 28 / 2009</b></p> <p><b>Transaction ID: SA11AI.9029</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Cyrus Bakhit, MD</p> <p>Mailing Address 5417 Villiage Run</p> <p>City State Zip Code <b>Roanoke VA 24018</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 Management Center 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> <b>12 / 16 / 2009</b></p> <p><b>Transaction ID: SA11AI.9110</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Ball, MD</p> <p>Mailing Address 4099 Hidden Creek Drive</p> <p>City State Zip Code <b>Traverse City MI 49684</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 Self 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;">1100.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>07 / 06 / 2009</b></p> <p><b>Transaction ID: SA11AI.8940</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">600.00</span></p> <p>Contribution Payments for July 2009 - December 2009</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2600.00</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 7 / 56  
(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)  
Richard Ball, MD  
Mailing Address 4099 Hidden Creek Drive  
City State Zip Code  
Traverse City MI 49684  
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 ▼ 1200.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: SA11AI.9113  
Amount of Each Receipt this Period 100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leland Berkwits  
Mailing Address 9 Stuart Circle  
City State Zip Code  
Asheville NC 28804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Center for Spine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 08 / 18 / 2009  
Transaction ID: SA11AI.8996  
Amount of Each Receipt this Period 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Vidya Bethi, MD  
Mailing Address 1224 Highway 149  
City State Zip Code  
Clarksville TN 37040  
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 ▼ 565.00  
Date of Receipt 11 / 10 / 2009  
Transaction ID: SA11AI.9076  
Amount of Each Receipt this Period 200.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00  
**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 / 56  
(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)  
Lora Brown, MD  
 Mailing Address 341 4th Ave. S  
 City State Zip Code  
 St. Petersburg FL 33701  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.9134  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coastal Pain Management Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
David Bryce  
 Mailing Address 7329 Summit Ridge Rd.  
 City State Zip Code  
 Middletown, WI 53562  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 0 6 / 2 0 0 9  
**Transaction ID:** SA11AI.8941  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ADM Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Bult, MD  
 Mailing Address 4431 S. Riverridge Lane  
 City State Zip Code  
 Rogersville MO 65742  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.9007  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pain Management Associates SW Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00  
**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 / 56
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Burdine, MD		Date of Receipt
	Mailing Address 2267 Cedardale		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Baton Rouge	LA	70808
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.9077
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) John Bursanti, MD		Date of Receipt
	Mailing Address 1501 Maple Avenue Ste. 301		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Richmond	VA	23226
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.9035
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Castle, MD		Date of Receipt
	Mailing Address 21857 State Rt 676		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Marietta	OH	45750
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.9053
Name of Employer Marietta Pain Services		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> 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 10 / 56  
(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)  
Kenneth Chapman, MD

Mailing Address 8 fort Hill Park

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 ▼ **1000.00**

Date of Receipt MM / DD / YYYY  
**11 / 17 / 2009**

**Transaction ID: SA11AI.9085**

Amount of Each Receipt this Period **1000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steven Charapata, MD

Mailing Address 18118 S Sunset Drive

City State Zip Code  
**Olatie KS 66002**

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

Name of Employer AAKC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt MM / DD / YYYY  
**08 / 18 / 2009**

**Transaction ID: SA11AI.8998**

Amount of Each Receipt this Period **200.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kevin Coleman

Mailing Address 12700 Alswell Lane

City State Zip Code  
**St. Louis MO 63128**

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

Name of Employer South Conty Anesthesia Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY  
**08 / 25 / 2009**

**Transaction ID: SA11AI.8999**

Amount of Each Receipt this Period **1000.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

**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 11 / 56

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Crapanzano		Date of Receipt
	Mailing Address 282 Glenwood Dr.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Metairie	LA	70005
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.8978
Name of Employer Parish Pain Specialists		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) John Culclasure		Date of Receipt
	Mailing Address 3325 Love Circle		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37212
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.8979
Name of Employer Nerosurgical Assc.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="167.00"/>
		<input type="text" value="1169.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) John Culclasure		Date of Receipt
	Mailing Address 3325 Love Circle		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37212
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.9008
Name of Employer Nerosurgical Assc.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="167.00"/>
		<input type="text" value="1336.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1334.00"/>
<b>TOTAL</b> 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 12 / 56  
(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 Culclasure  
 Mailing Address 3325 Love Circle  
 City Nashville State TN Zip Code 37212  
 Date of Receipt 09 / 30 / 2009  
**Transaction ID:** SA11AI.9011  
 Amount of Each Receipt this Period 167.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Nerosurgical Assc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1503.00

**B.** Full Name (Last, First, Middle Initial)  
John Culclasure  
 Mailing Address 3325 Love Circle  
 City Nashville State TN Zip Code 37212  
 Date of Receipt 10 / 30 / 2009  
**Transaction ID:** SA11AI.9048  
 Amount of Each Receipt this Period 167.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Nerosurgical Assc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1670.00

**C.** Full Name (Last, First, Middle Initial)  
John Culclasure  
 Mailing Address 3325 Love Circle  
 City Nashville State TN Zip Code 37212  
 Date of Receipt 11 / 29 / 2009  
**Transaction ID:** SA11AI.9097  
 Amount of Each Receipt this Period 167.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Nerosurgical Assc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1837.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 501.00  
**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 13 / 56  
(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)  
James David, MD  
 Mailing Address 3312 N. University Suite J  
 City State Zip Code  
 Nacogdoches TX 75965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Interventional Pain Management Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 865.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 10 / 2009  
**Transaction ID:** SA11AI.8952  
 Amount of Each Receipt this Period  
 365.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Miles Day  
 Mailing Address 5005 cr 1430  
 City State Zip Code  
 Lubbock TX 79407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Tech University Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 13 / 2009  
**Transaction ID:** SA11AI.8992  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Timothy Deer  
 Mailing Address 400 Court Street, Suite 100  
 City State Zip Code  
 Charleston WV 25301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Center for Pain Relief Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2009  
**Transaction ID:** SA11AI.9037  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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 14 / 56  
(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)  
Michael Drass, MD

Mailing Address 1023 Penn View Lane

City State Zip Code  
Duncansville PA 16635

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

Name of Employer Alleghen Pain Management Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2009

**Transaction ID:** SA11AI.9114

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

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

Mailing Address 9005 Nesbit Lakes Dr.

City State Zip Code  
Alpharetta GA 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 ▼ 1225.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.8980

Amount of Each Receipt this Period  
175.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Geer, MD

Mailing Address 844 Sheldon Road

City State Zip Code  
Charleston SC 29407

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  
MM / DD / YYYY  
12 / 09 / 2009

**Transaction ID:** SA11AI.9108

Amount of Each Receipt this Period  
365.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1540.00**

**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 / 56  
(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)  
Dr. Gary Glaze, MD

Mailing Address 380 Sierra College Dr. #200

City State Zip Code  
Grass Valley CA 95945

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: 10 / 28 / 2009  
Transaction ID: SA11AI.9040  
Amount of Each Receipt this Period: 365.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Howell Goldfarb, MD

Mailing Address 17112 Gulf Pine Circle

City State Zip Code  
Wellington FL 33414

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: 11 / 02 / 2009  
Transaction ID: SA11AI.9054  
Amount of Each Receipt this Period: 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark Goodson

Mailing Address 116 Rose St.

City State Zip Code  
 Mooresville NC 28117

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

Name of Employer Rehab Med & Pain Center Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 29 / 2009  
Transaction ID: SA11AI.9118  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2365.00

**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 16 / 56  
(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)  
Kenneth Gossler, MD

Mailing Address 4582 N. 1st Ave. Suite 170

City State Zip Code  
Tuscon AZ 85718

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

Name of Employer PISA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 13 / 2009  
Transaction ID: SA11AI.8994  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gregory Gullo, MD

Mailing Address 24076 SE Stark St. #320

City State Zip Code  
Gresham OR 97030

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 ▼ 600.00

Date of Receipt: 08 / 05 / 2009  
Transaction ID: SA11AI.8990  
Amount of Each Receipt this Period: 400.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Hambleton, M.D.

Mailing Address 5007 Channel View Lane

City State Zip Code  
Anacortes WA 98221

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 ▼ 300.00

Date of Receipt: 12 / 02 / 2009  
Transaction ID: SA11AI.9105  
Amount of Each Receipt this Period: 300.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**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 17 / 56  
(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)  
Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** SA11AI.8972

Amount of Each Receipt this Period  
300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2009

**Transaction ID:** SA11AI.9004

Amount of Each Receipt this Period  
300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA11AI.9012

Amount of Each Receipt this Period  
300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 18 / 56

(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)

Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9049

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.9100

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Perry Haney, MD

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9129

Amount of Each Receipt this Period

300.00

Contribution

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

900.00

**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 19 / 56  
(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)  
Steven Helland, MD  
Mailing Address 2151 Ridge Dr.  
City Pinetop State AZ Zip Code 85935  
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 07 / 16 / 2009  
Transaction ID: SA11AI.8963  
Amount of Each Receipt this Period 365.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Standiford Helm II  
Mailing Address 1808 Calle de La Alamos  
City San Clemente State CA Zip Code 92672  
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 ▼ 3000.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: SA11AI.9119  
Amount of Each Receipt this Period 3000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kevin Henry  
Mailing Address 5401 N. Knosville, Suite 416  
City Peoria State IL Zip Code 61614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Illinois Reg. Pain Inst. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 07 / 06 / 2009  
Transaction ID: SA11AI.8943  
Amount of Each Receipt this Period 365.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3730.00  
**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 20 / 56
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Henry		Date of Receipt
	Mailing Address 5401 N. Knoxville, Suite 416		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2009
	City	State	Zip Code
	Peoria	IL	61614
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9078
Name of Employer Illinois Reg. Pain Inst.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 565.00	<input type="text"/> 200.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Hogan, DO		Date of Receipt
	Mailing Address 3935 E Rough Road #1074		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	Phoenix	AZ	85050
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8981
Name of Employer Valley Pain Specialist		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 217.00	<input type="text"/> 31.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Hogan, DO		Date of Receipt
	Mailing Address 3935 E Rough Road #1074		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2009
	City	State	Zip Code
	Phoenix	AZ	85050
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9009
Name of Employer Valley Pain Specialist		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.00	<input type="text"/> 31.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 262.00
<b>TOTAL</b> 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 21 / 56

(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)  
Patrick Hogan, DO

Mailing Address 3935 E Rough Road #1074

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
Valley Pain Specialist Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 279.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: SA11AI.9013

Amount of Each Receipt this Period

31.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Hogan, DO

Mailing Address 3935 E Rough Road #1074

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
Valley Pain Specialist Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2009

Transaction ID: SA11AI.9050

Amount of Each Receipt this Period

31.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Hogan, DO

Mailing Address 3935 E Rough Road #1074

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
Valley Pain Specialist Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 341.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2009

Transaction ID: SA11AI.9101

Amount of Each Receipt this Period

31.00

Contribution

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

93.00

**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 22 / 56

(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)  
Patrick Hogan, DO

Mailing Address 3935 E Rough Road #1074

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
Valley Pain Specialist Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 372.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9130

Amount of Each Receipt this Period  
31.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Hurd, MD

Mailing Address 4709 Talleybrook Drive

City State Zip Code  
Kennesaw GA 30152

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

Name of Employer Occupation  
Pain Solutions Treatment Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.9057

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
William Jones, MD

Mailing Address 165 North village Avenue, suite 5

City State Zip Code  
Rockville NY 11570

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

Name of Employer Occupation  
Rockville Pain Management Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9044

Amount of Each Receipt this Period  
365.00

Contribution

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

1396.00

**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 23 / 56  
(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)  
Nathan Jorgensen, MD

Mailing Address 112 Highland Street

City State Zip Code  
Portsmouth NH 03801

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

Name of Employer Atlantic Anesthesia PA      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2009  
Transaction ID: SA11AI.8982  
Amount of Each Receipt this Period: 30.00  
Contribution

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

Mailing Address 1341 Old Georgetown Road

City State Zip Code  
Mt. Pleasant SC 29464

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

Name of Employer Anesthesia Assoc of Charleston      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 29 / 2009  
Transaction ID: SA11AI.9121  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Laurie Kabins, MD

Mailing Address 6308 8th Avenue

City State Zip Code  
Kenosha WI 53143

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

Name of Employer United Hospital      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: SA11AI.8968  
Amount of Each Receipt this Period: 365.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 895.00

**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 24 / 56  
(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)  
Laurie Kabins, MD

Mailing Address 6308 8th Avenue

City State Zip Code  
Kenosha WI 53143

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

Name of Employer United Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1365.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.8991

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Richard Kaul MD

Mailing Address 111 Wanaque Avenue

City State Zip Code  
Pompton Lakes NJ 07442

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  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** SA11AI.8946

Amount of Each Receipt this Period  
365.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Zdenko Korunda, MD

Mailing Address 3089 The Lane

City State Zip Code  
Naples FL 34109

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  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.9024

Amount of Each Receipt this Period  
1000.00

Contribution

**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 25 / 56  
(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)  
Stephen Kramarich, MD

Mailing Address 7207 Golden Wings Road

City State Zip Code  
Jacksonville FL 32244

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

Name of Employer Occupation  
Riverside Spine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.9003

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin Lampert, MD

Mailing Address 4367 E. Bogey Ct.

City State Zip Code  
Springfield MO 65809

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

Name of Employer Occupation  
St. John's Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.8953

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Eric Loudermilk, MD

Mailing Address 112 Carter Oak Rdg.

City State Zip Code  
Anderson SC 29621

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** SA11AI.8947

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 26 / 56

(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)  
Eric Loudermilk, MD

Mailing Address 112 Carter Oak Rdg.

City State Zip Code  
Anderson SC 29621

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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.9025

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gene Mahaney

Mailing Address 15131 Intracoastal Ct.

City State Zip Code  
Ft. Meyers FL 33908

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

Name of Employer MAPMC, PA Occupation MD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.8954

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Chandrakala Manchikanti

Mailing Address 2075 Natchez Lane

City State Zip Code  
Paducah KY 42001

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

Name of Employer KSA Enterprises, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.9111

Amount of Each Receipt this Period

5000.00

Contribution

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

7000.00

**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 27 / 56  
(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)  
Laxmaiah Manchikanti

Mailing Address 2075 Natchez Lane

City Paducah State KY Zip Code 42001

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

Name of Employer PMCP PSC Occupation Medical Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 17 / 2009  
**Transaction ID:** SA11AI.9112  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
David McKeller, MD

Mailing Address 179 Churchwell Road

City Purvis State MS Zip Code 39475

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

Name of Employer Pain Consultants od S. Mi-ss. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 01 / 2009  
**Transaction ID:** SA11AI.9104  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Rafael Miguel, MD

Mailing Address 12901 Bruce B Downs Blvd. MDC 59

City Tampa State FL Zip Code 33612

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

Name of Employer U. South Florida Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 21 / 2009  
**Transaction ID:** SA11AI.9017  
 Amount of Each Receipt this Period: 365.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6365.00**

**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 28 / 56  
(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)  
Marshall Millman, MD

Mailing Address 2005 Maplemere Drive

City State Zip Code  
Nashville TN 37215

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

Name of Employer: Anesthesia/Pain Manag Services  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID:** SA11AI.9063  
 Amount of Each Receipt this Period: 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Matthew Mitchell, MD

Mailing Address 805 Farminton Drive

City State Zip Code  
Lafayette LA 70503

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

Name of Employer: Anesthesiology & Pain Consultant  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
565.00

Date of Receipt: 10 / 21 / 2009  
**Transaction ID:** SA11AI.9018  
 Amount of Each Receipt this Period: 365.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Scott Mitchell, MD

Mailing Address 14201 Rouen Ct

City State Zip Code  
Oklahoma City OK 73142

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

Name of Employer: Self  
Occupation: Pain Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID:** SA11AI.9065  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1465.00**

**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 29 / 56  
(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)  
Michael Papenfuse, DO  
Mailing Address 1291 Kennedy Road  
City State Zip Code  
Saginaw WI 48609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Matrix Pain Management Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 28 / 2009  
Transaction ID: SA11AI.9047  
Amount of Each Receipt this Period 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Andrea Parks  
Mailing Address 934 N. Preserve Ct.  
City State Zip Code  
Wichita KS 67206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: SA11AI.9122  
Amount of Each Receipt this Period 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jon Parks  
Mailing Address 934 N. Preserve Ct.  
City State Zip Code  
Wichita KS 67206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Pain Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 12 / 29 / 2009  
Transaction ID: SA11AI.9123  
Amount of Each Receipt this Period 2000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**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 30 / 56

(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)  
Allan Parr, MD, MD

Mailing Address 7015 Highway 190 East Service Road

City State Zip Code  
Covington LA 70433

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

Name of Employer Occupation  
Premier Pain Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9135

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Nazmi Peyman

Mailing Address 3420 Pump Road #160

City State Zip Code  
Richmond VA 23233

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

Name of Employer Occupation  
Richmond Spin Institute Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.8956

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Elmer Pinzon, MD

Mailing Address 1300 Watersong Lane

City State Zip Code  
Knoxville TN 37922

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

Name of Employer Occupation  
University Spine and Sports Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.9086

Amount of Each Receipt this Period

500.00

Contribution

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

6500.00

**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 31 / 56

(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)  
Michael Poss, MD

Mailing Address 1818 Amherst Street

City	State	Zip Code
Winchester	VA	22601

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

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 ▼ 1683.35
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.8974

Amount of Each Receipt this Period

850.00

Contribution Payments for  
July 2009 - November 2009

B.

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

Mailing Address 1818 Amherst Street

City	State	Zip Code
Winchester	VA	22601

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

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 ▼ 1853.35
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2009

Transaction ID: SA11AI.9132

Amount of Each Receipt this Period

170.00

Contribution

C.

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

Mailing Address 8004 Marbella Circle

City	State	Zip Code
Las Vegas	NV	89128

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

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 ▼ 865.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2009

Transaction ID: SA11AI.9079

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

1320.00

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 32 / 56
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) David Provenzano, MD	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 3056 Estate Drive	<b>Transaction ID:</b> SA11AI.9066
	City State Zip Code Oakdale PA 15071	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 350.00

<b>B.</b>	Full Name (Last, First, Middle Initial) John Prunskis, MD	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 431 Summit St.	<b>Transaction ID:</b> SA11AI.8983
	City State Zip Code Elgin IL 60120	Amount of Each Receipt this Period 305.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2135.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis Riegler, MD	Date of Receipt MM / DD / YYYY 11 / 29 / 2009
	Mailing Address 3827 Castlerock Rd.	<b>Transaction ID:</b> SA11AI.9103
	City State Zip Code Malibu CA 90265	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 875.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>680.00</b>
<b>TOTAL</b> 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 33 / 56

(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)  
Francis Riegler, MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code  
Malibu CA 90265

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

Name of Employer Occupation  
Universal Pain Mgmt. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9133

Amount of Each Receipt this Period  
125.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Roberts, MD

Mailing Address 200 Governors Drive Suite 400

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
Tennessee Valley Pain Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8965

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Steven Rupert, MD

Mailing Address 2330 Lynch Road

City State Zip Code  
Evansville IN 47711

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 ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.8957

Amount of Each Receipt this Period  
1000.00

Contribution

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

1625.00

**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 34 / 56  
(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)  
Dr. Francis Saldanha, MD  
Mailing Address 4507 Staunton Avenue

City State Zip Code  
Charleston WV 25304

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 ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2009

Transaction ID: SA11AI.9125

Amount of Each Receipt this Period  
2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mahendra Sanapati, MD  
Mailing Address 1101 Professional Blvd.

City State Zip Code  
Evansville IN 47714

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

Name of Employer Advanced Pain Care Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

Transaction ID: SA11AI.8960

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jean Santo, MD  
Mailing Address 18 Stone Spring Lane

City State Zip Code  
Camp Hill PA 17011

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  
MM / DD / YYYY  
11 / 10 / 2009

Transaction ID: SA11AI.9082

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**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 35 / 56

(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)

Dr. David Schultz

Mailing Address 5950 Ridge Road

City State Zip Code  
Shorewood MN 55331

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

Name of Employer Occupation  
MAPS Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.9126

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Peggy Schultz

Mailing Address 5950 Ridge Road

City State Zip Code  
Shorewood MN 55331

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

Name of Employer Occupation  
Dermatology Specialists Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.9127

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Timothy Smyth, MD

Mailing Address 381 Chestnut Grove Church Rd.

City State Zip Code  
Jonesborough TN 37659

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

Name of Employer Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.9026

Amount of Each Receipt this Period

500.00

Contribution

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

10500.00

**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 36 / 56  
(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)  
Amol Soin, MD

Mailing Address 2201 Annandale Place

City State Zip Code  
Xenia OH 45385

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

Name of Employer Occupation  
Ohio Pain Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** SA11AI.9093

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

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 Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** SA11AI.8948

Amount of Each Receipt this Period  
365.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Swicegood, MD

Mailing Address 12 Berry Hill Rd.

City State Zip Code  
Fort Smith AR 72903

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

Name of Employer Occupation  
AIPD Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** SA11AI.9073

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2365.00**

**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 37 / 56  
(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)  
Dr. Roy Talley

Mailing Address 1622 Mars Hill Road  
Suite C

City State Zip Code  
Watkinsville GA 30677

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** SA11AI.8969

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Marvin Tark, MD

Mailing Address 400 Tower Road North East Ste 350

City State Zip Code  
Marietta GA 30060

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** SA11AI.9096

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Trimba, MD

Mailing Address 341 Mayfair Dr. South

City State Zip Code  
Brooklyn NY 11234

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

Name of Employer Advanced Pain Care Medical PC Occupation  
PC Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** SA11AI.9068

Amount of Each Receipt this Period  
1000.00

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: PAGE 38 / 56

(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)  
Saman Virk

Mailing Address 33 East 28th St.  
Apt. 9E

City State Zip Code  
New York NY 10016

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

Name of Employer Occupation  
Orthopedic Association of Du Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.9074

Amount of Each Receipt this Period

365.00

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 Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.8986

Amount of Each Receipt this Period

100.00

Contribution

**C.**

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 Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9010

Amount of Each Receipt this Period

100.00

Contribution

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

565.00

**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 39 / 56

(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)

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 ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: SA11AI.9015

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code  
Thomasville GA 31792

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

Name of Employer South Georgia Anes. Assn. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA11AI.8987

Amount of Each Receipt this Period

950.00

Contribution Payments for July 2009 - December 2009

**C.**

Full Name (Last, First, Middle Initial)

Howard Weiss, MD

Mailing Address 934 Woodlyn Crossing

City State Zip Code  
Belvidere IL 61008

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

Name of Employer Rockford Anesthesia Assoc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2009

Transaction ID: SA11AI.9027

Amount of Each Receipt this Period

500.00

Contribution

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

1550.00

**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 40 / 56	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dean Willis, MD		Date of Receipt		
	Mailing Address 1620 Chandler Road SE		M M / D D / Y Y Y Y 07 / 06 / 2009		
	City Huntsville	State AL	Zip Code 35801	<b>Transaction ID:</b> SA11AI.8950	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00		
	Name of Employer Self	Occupation Physician		Contribution	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	98631.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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)  
CITIZENS FOR BUNNING

Mailing Address 1717 DIXIE HIGHWAY SUITE 180

City State Zip Code  
FT WRIGHT KY 41011

FEC ID number of contributing federal political committee. **C** C00197152

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA16.9193

Amount of Each Receipt this Period

5000.00

Refund of general contribution

**B.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197  
P O BOX 118

City State Zip Code  
LITTLE ROCK AR 72203

FEC ID number of contributing federal political committee. **C** C00255463

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA16.9201

Amount of Each Receipt this Period

1000.00

Voiced Check

**C.**

Full Name (Last, First, Middle Initial)  
Jack Conway for Attorney General

Mailing Address PO Box 70107

City State Zip Code  
Louisvill KY 40270

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2009

Transaction ID: SA16.9195

Amount of Each Receipt this Period

1000.00

Reimbursement for overpayment

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

7000.00

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

7000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 56

(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"/> 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 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 ▼

20381.24

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: SA17.9198

Amount of Each Receipt this Period

63.05

Monthly earned interest

**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 ▼

20689.74

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: SA17.9199

Amount of Each Receipt this Period

308.50

Dividends earned

**C.**

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 ▼

26967.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: SA17.9200

Amount of Each Receipt this Period

6277.51

Change in investment

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

6649.06

**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 43 / 56

(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"/> 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 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 ▼

26994.97

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2009

Transaction ID: SA17.9170

Amount of Each Receipt this Period

27.72

IRS refund

**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 ▼

26994.97

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2009

Transaction ID: SA17.9171

Amount of Each Receipt this Period

66.51

Monthly earned interest

**C.**

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 ▼

27262.59

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2009

Transaction ID: SA17.9172

Amount of Each Receipt this Period

267.62

Dividends earned

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

361.85

**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 44 / 56  
(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 ▼ 29500.31  
Date of Receipt 08 / 31 / 2009  
Transaction ID: SA17.9173  
Amount of Each Receipt this Period 2237.72  
Change in investment

**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 ▼ 29563.29  
Date of Receipt 09 / 30 / 2009  
Transaction ID: SA17.9176  
Amount of Each Receipt this Period 62.98  
Monthly earned interest

**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 ▼ 30390.29  
Date of Receipt 09 / 30 / 2009  
Transaction ID: SA17.9177  
Amount of Each Receipt this Period 827.00  
Dividends earned

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3127.70  
**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 45 / 56  
(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 ▼ 33695.08  
Date of Receipt 09 / 30 / 2009  
Transaction ID: SA17.9178  
Amount of Each Receipt this Period 3304.79  
Change in investment

**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 ▼ 33750.33  
Date of Receipt 10 / 31 / 2009  
Transaction ID: SA17.9182  
Amount of Each Receipt this Period 55.25  
Monthly interest 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 ▼ 34010.81  
Date of Receipt 10 / 31 / 2009  
Transaction ID: SA17.9183  
Amount of Each Receipt this Period 260.48  
Dividends earned

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3620.52  
**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 46 / 56

(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"/> 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	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 ▼ 34073.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA17.9184

Amount of Each Receipt this Period  
62.38

Monthly earned interest

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 ▼ 34335.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA17.9185

Amount of Each Receipt this Period  
262.28

Dividends earned

C.

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 ▼ 38102.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA17.9186

Amount of Each Receipt this Period  
3766.81

Change in investment

SUBTOTAL of Receipts This Page (optional) ▶

4091.47

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 47 / 56  
(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		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.9191
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.68
Name of Employer	Occupation	Monthly earned interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 38169.96	

**B.**

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.9192
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1246.09
Name of Employer	Occupation	Dividends earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39416.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1313.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19164.37</b>

# 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

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> SB21B.9197</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 214.02</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 IRS payment</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> SB21B.9204</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 21.65</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 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> SB21B.9174</p> <p>Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 460.36</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>696.03</b>
<b>TOTAL</b> 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)

<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

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 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> SB21B.9175</p> <p>Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 243.86</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 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> SB21B.9179</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 193.30</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 Payment to Kentucky Registry of Elections for penalty</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> SB21B.9205</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>

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

537.16

**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 50 / 56

<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

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 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> SB21B.9180</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 209.05</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 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> SB21B.9181</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 108.20</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 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> SB21B.9187</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 239.42</p>

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

556.67

**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)

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for brokerage fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9188 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 262.90
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9189 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 366.31
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Change in investment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9190 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 443.79
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1073.00

**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 52 / 56

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC <hr/> Mailing Address 817 NINTH AVENUE SECOND FLOOR PO BOX 1021 <hr/> City MENOMINEE State MI Zip Code 49858 <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9196 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2009
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN <hr/> Mailing Address 607 14TH STREET NW SUITE 800 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9202 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2009
	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12862.86

# 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 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

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)  
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement  
Political Contribution

Candidate Name  
ANDREW P HARRIS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.9146

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
BART'S BRIDGE PAC

Mailing Address 817 NINTH AVENUE  
SECOND FLOOR PO BOX 1021

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement  
Political Contribution

Candidate Name  
BART T STUPAK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Transaction ID: SB23.9142

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
Political Contribution

Candidate Name  
DAVID VITTER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.9141

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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 54 / 56

<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

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) DEMINT FOR SENATE COMMITTEE INC</p> <p>Mailing Address 701 GERVAIS STREET SUITE 150-178</p> <p>City COLUMBIA State SC Zip Code 29201</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JAMES W DEMINT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9159 <b>Date of Disbursement</b> 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name DUTCH RUPPERSBERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9168 <b>Date of Disbursement</b> 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9163 <b>Date of Disbursement</b> 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

12000.00

**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)

<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

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) FRIENDS OF TREY GRAYSON</p> <p>Mailing Address PO BOX 175726</p> <p>City FT MITCHELL State KY Zip Code 41017</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name C M 'TREY' GRAYSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9150 <b>Date of Disbursement</b> 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO BOX 16128</p> <p>City HOUSTON State TX Zip Code 77222</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name RAYMOND E. 'GENE' GREEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9155 <b>Date of Disbursement</b> 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name BARON PAUL HILL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9167 <b>Date of Disbursement</b> 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

11000.00

**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)

<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

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) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name FRANK JR PALLONE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9144</p> <p>Date of Disbursement 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9145</p> <p>Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) THOROUGHbred PAC</p> <p>Mailing Address PO BOX 65116 C/O ARENT FOX PLLC</p> <p>City WASHINGTON State DC Zip Code 20035</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9169</p> <p>Date of Disbursement 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

15000.00

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

53000.00