

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street)

2831 Lone Oak Road

Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00351197

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
[X] July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

01 01 2013 through 06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer Laxmaiah Manchikanti MD

[Electronically Filed]

Date

07 29 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 6 columns and 1 row for Office Use Only.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		299948.62
(b) Cash on Hand at Beginning of Reporting Period.....	299948.62	
(c) Total Receipts (from Line 19) .....	76693.62	76693.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376642.24	376642.24
7. Total Disbursements (from Line 31).....	100954.15	100954.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	275688.09	275688.09
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62662.63	62662.63
(ii) Unitemized .....	3358.67	3358.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66021.30	66021.30
(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) .....	66021.30	66021.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10672.32	10672.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	76693.62	76693.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76693.62	76693.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8927.00	8927.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8927.00	8927.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	77000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	15027.15	15027.15
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100954.15	100954.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100954.15	100954.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	66021.30	66021.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66021.30	66021.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8927.00	8927.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8927.00	8927.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Ajay Aggarwal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4525 Teas St.  
 City Belleaire State TX Zip Code 77401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AATX ABC MDPA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **501.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11AI.10586**  
 Amount of Each Receipt this Period **501.00**  
 Contribution

**B. Eduardo Anguizola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 N Tustin Ave Suite 140  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 07 / 2013**  
**Transaction ID : SA11AI.10571**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Neerja Baijal PT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Greenway Dr.  
 City Rockville Centre State NY Zip Code 11570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physical Therapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2013**  
**Transaction ID : SA11AI.10514**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1501.00</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: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey Berg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12206 Lucas Lane  
 City Louisville State KY Zip Code 40223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2013**  
**Transaction ID : SA11AI.10501**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**B. Edward Chen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2840 West Bay Dr. #227  
 City Belleair Bluffs State FL Zip Code 33770  
 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 **02 / 06 / 2013**  
**Transaction ID : SA11AI.10495**  
 Amount of Each Receipt this Period **365.00**  
 Contribution

**C. Luis Cummings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 Tito Castro Ave.  
 City Ponce State PR Zip Code 00716  
 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 **04 / 02 / 2013**  
**Transaction ID : SA11AI.10560**  
 Amount of Each Receipt this Period **365.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1230.00**  
**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 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Steven Donatello MD</b>		Date of Receipt
Mailing Address 575 W. River Woods Pkwy		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Glendale	WI	53212
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10533</b>
Watertown Pain Consultants	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. Michael Engle MD</b>		Date of Receipt
Mailing Address 8677 Four Season Trl		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Poland	OH	44514
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10508</b>
PM&R North	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. John Fairbanks MD</b>		Date of Receipt
Mailing Address 107 Frton St. Ste 2134		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Vidalia	LA	71273
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10606</b>
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	<input type="text" value="365.00"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Frank Falco MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Woodale Drive

City Kennett Square State PA Zip Code 19348

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

Name of Employer Mid-Atlantic Pain Occupation 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 Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.10588**

Amount of Each Receipt this Period  
 5000.00

Contribution

**B. Ferdinand Formoso MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4472 Glen Kerman Pkwy

City Jacksonville State FL Zip Code 32224

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

Name of Employer Coastal Spine and Pain Occupation 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 Y  
 02 / 06 / 2013  
**Transaction ID : SA11AI.10499**

Amount of Each Receipt this Period  
 365.00

Contribution

**C. Carlos Giron MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3356 Vineville Ave

City Macon State GA Zip Code 31204

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  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2013  
**Transaction ID : SA11AI.10518**

Amount of Each Receipt this Period  
 365.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5730.00

**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 10 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Scott Glaser MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2013 <b>Transaction ID : SA11AI.10489</b>
Mailing Address 134 E 4th Street		Amount of Each Receipt this Period 304.16
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.16	

Full Name (Last, First, Middle Initial) <b>B. Scott Glaser MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013 <b>Transaction ID : SA11AI.10614</b>
Mailing Address 134 E 4th Street		Amount of Each Receipt this Period 304.16
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.32	

Full Name (Last, First, Middle Initial) <b>C. Haroon Hameed MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2013 <b>Transaction ID : SA11AI.10592</b>
Mailing Address 2215 N. Oak Ct.		Amount of Each Receipt this Period 700.00
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Spine Care Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1308.32
<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: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Haroon Hameed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2215 N. Oak Ct.  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine Care Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11Al.10593**  
 Amount of Each Receipt this Period **200.00**  
 Contribution

**B. Perry Haney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6680  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine One, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 26 / 2013**  
**Transaction ID : SA11Al.10548**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**C. Hans Hansen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1224 Commerce St. SW  
 City Concover State NC Zip Code 28613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pain Relief Centers Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 27 / 2013**  
**Transaction ID : SA11Al.10492**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1450.00</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 12 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

**A. Hans Hansen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1224 Commerce St.  
SW  
City Concover State NC Zip Code 28613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pain Relief Centers Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**  
Date of Receipt **03 / 04 / 2013**  
**Transaction ID : SA11AI.10534**  
Amount of Each Receipt this Period **250.00**  
Contribution

**B. Hans Hansen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1224 Commerce St.  
SW  
City Concover State NC Zip Code 28613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pain Relief Centers Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**  
Date of Receipt **03 / 27 / 2013**  
**Transaction ID : SA11AI.10555**  
Amount of Each Receipt this Period **250.00**  
Contribution

**C. Hans Hansen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1224 Commerce St.  
SW  
City Concover State NC Zip Code 28613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pain Relief Centers Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**  
Date of Receipt **04 / 27 / 2013**  
**Transaction ID : SA11AI.10563**  
Amount of Each Receipt this Period **250.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Hans Hansen MD</b>		Date of Receipt
Mailing Address 1224 Commerce St. SW		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Concover	State NC	Zip Code 28613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.10578</b>
Name of Employer Pain Relief Centers		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. Hans Hansen MD</b>		Date of Receipt
Mailing Address 1224 Commerce St. SW		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Concover	State NC	Zip Code 28613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.10610</b>
Name of Employer Pain Relief Centers		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>c. Cong He MD</b>		Date of Receipt
Mailing Address 36 Bluebird Hill Ct.		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Manhasset	State NY	Zip Code 11030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.10551</b>
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 ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Herrick MD</b>		Date of Receipt
Mailing Address P.O. box 241348		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Montgomery	AL	36124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Center for Pain of Montgomery	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11Al.10541
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. Paul Hubbell MD</b>		Date of Receipt
Mailing Address 2701 Lake Villa Dr		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Metairie	LA	70002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Southern Pain	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.66"/>	
		Transaction ID : SA11Al.10493
		Amount of Each Receipt this Period
		<input type="text" value="416.66"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. Paul Hubbell MD</b>		Date of Receipt
Mailing Address 2701 Lake Villa Dr		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Metairie	LA	70002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Southern Pain	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="833.32"/>	
		Transaction ID : SA11Al.10530
		Amount of Each Receipt this Period
		<input type="text" value="416.66"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1333.32"/>
<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: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Paul Hubbell MD</b>			Date of Receipt MM / DD / YYYY 03 / 27 / 2013 <b>Transaction ID : SA11AI.10556</b>
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 416.66
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Paul Hubbell MD</b>			Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : SA11AI.10564</b>
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 416.66
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Paul Hubbell MD</b>			Date of Receipt MM / DD / YYYY 05 / 27 / 2013 <b>Transaction ID : SA11AI.10579</b>
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 416.66
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1249.98
<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: (check only one)	PAGE 16 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Paul Hubbell MD</b>			Date of Receipt MM / DD / YYYY 06 / 27 / 2013 <b>Transaction ID : SA11AI.10611</b>
Mailing Address 2701 Lake Villa Dr			Amount of Each Receipt this Period 416.66
City Metairie	State LA	Zip Code 70002	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Pain	Occupation Physician	Aggregate Year-to-Date ▼ 2499.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kenneth Joel, MD</b>			Date of Receipt MM / DD / YYYY 02 / 26 / 2013 <b>Transaction ID : SA11AI.10526</b>
Mailing Address 665 Falls Lake Dr.			Amount of Each Receipt this Period 365.00
City Alpharetta	State GA	Zip Code 30022	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer N.Fulton Anesthesia Assoc.	Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gary Johnson MD</b>			Date of Receipt MM / DD / YYYY 03 / 26 / 2013 <b>Transaction ID : SA11AI.10552</b>
Mailing Address 401 Nautilus Drive			Amount of Each Receipt this Period 1000.00
City Bismarck	State ND	Zip Code 58504	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1781.66
<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: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Donald Jones MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 621 Carpenters Grade Road

City Maryville State TN Zip Code 37803

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2013  
**Transaction ID : SA11AI.10523**

Amount of Each Receipt this Period  
 2000.00

Contribution

**B. Donald Jones MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 621 Carpenters Grade Road

City Maryville State TN Zip Code 37803

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 ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.10594**

Amount of Each Receipt this Period  
 2000.00

Contribution

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

Mailing Address 165 North village Avenue, suite 5

City Rockville State NY Zip Code 11570

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

Name of Employer Rockville Pain Management Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2013  
**Transaction ID : SA11AI.10521**

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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: (check only one)	PAGE 18 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Laurie Kabins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6308 8th Avenue  
 City Kenosha State WI Zip Code 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 ▼ 400.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.10569**  
 Amount of Each Receipt this Period 200.00  
 Contribution

**B. Demetrios Kaiafas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Morton Plant St.  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clearwater Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013  
**Transaction ID : SA11AI.10557**  
 Amount of Each Receipt this Period 100.00  
 Contribution

**C. Demetrios Kaiafas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Morton Plant St.  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clearwater Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2013  
**Transaction ID : SA11AI.10565**  
 Amount of Each Receipt this Period 100.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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: (check only one)	PAGE 19 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Demetrios Kaiafas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Morton Plant St.  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clearwater Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 27 / 2013**  
**Transaction ID : SA11AI.10580**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

**B. Demetrios Kaiafas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Morton Plant St.  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clearwater Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 27 / 2013**  
**Transaction ID : SA11AI.10612**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

**C. Brad Katz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2169 Allendale Road  
 City Montgomery State AL Zip Code 36111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2013**  
**Transaction ID : SA11AI.10542**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Sayeed Khan MD</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2013 <b>Transaction ID : SA11AI.10529</b>
Mailing Address 1927 Stonycroft Lane		Amount of Each Receipt this Period 365.00
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Doloran Pain Management	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Benjamin Lampert MD</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2013 <b>Transaction ID : SA11AI.10500</b>
Mailing Address 4367 E. Bogey Ct.		Amount of Each Receipt this Period 2000.00
City Springfield	State MO	Zip Code 65809
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer St. John's Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Benjamin Lampert MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.10582</b>
Mailing Address 4367 E. Bogey Ct.		Amount of Each Receipt this Period 2000.00
City Springfield	State MO	Zip Code 65809
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer St. John's Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4365.00
<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: (check only one)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Michael Lepis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2419 Daynters Road  
 City Manasquan State NJ Zip Code 08736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11AI.10597**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Cathy Luo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4361 E. Ashley Lane  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11AI.10598**  
 Amount of Each Receipt this Period **2000.00**  
 Contribution

**C. Chandrakala Manchikanti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2075 Natchez Lane  
 City Paducah State KY Zip Code 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 **05 / 15 / 2013**  
**Transaction ID : SA11AI.10573**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</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: (check only one)	PAGE 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Laxmaiah Manchikanti MD</b>		Date of Receipt
Mailing Address 2075 Natchez Lane		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
PMCP PSC	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	
		Transaction ID : SA11AI.10574
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. David Miller</b>		Date of Receipt
Mailing Address 8865 W 400 North		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Michigan City	IN	46360
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Woodland Pain Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.10567
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. Dermot More-O'Ferrall MD</b>		Date of Receipt
Mailing Address 1300 W. Dean Rd.		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
River Hills	WI	53217
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Advanced Pain Management	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Transaction ID : SA11AI.10525
		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
<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: (check only one)	PAGE 23 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph Mouhanna MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10790 SW 74th Ave.  
 City Miami State FL Zip Code 33156  
 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 **05 / 30 / 2013**  
**Transaction ID : SA11AI.10583**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Christopher Nelson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16802 Crosstimbers Court  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pain Control Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2013**  
**Transaction ID : SA11AI.10543**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Bharat Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4091 Tradewinds Trail  
 City Merritt Island State FL Zip Code 32953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Management Manag. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.10570**  
 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: (check only one)	PAGE 24 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 702 Augusta Drive

City State Zip Code  
Bridgeville PA 15017

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  
04 / 23 / 2013  
**Transaction ID : SA11AI.10562**

Amount of Each Receipt this Period  
300.00

Contribution

**B. Gary Richman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 19109 Streamside Court

City State Zip Code  
Boca Raton FL 33498

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  
03 / 26 / 2013  
**Transaction ID : SA11AI.10554**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Francis Riegler MD**  
Full Name (Last, First, Middle Initial)

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 ▼  
333.34

Date of Receipt  
02 / 27 / 2013  
**Transaction ID : SA11AI.10532**

Amount of Each Receipt this Period  
166.67

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	966.67
<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: (check only one)	PAGE 25 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Francis Riegler MD</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 <b>Transaction ID : SA11AI.10558</b>
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.67
City Malibu State CA Zip Code 90265	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Universal Pain Mgmt. Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01

Full Name (Last, First, Middle Initial) <b>B. Francis Riegler MD</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : SA11AI.10566</b>
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.67
City Malibu State CA Zip Code 90265	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Universal Pain Mgmt. Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68

Full Name (Last, First, Middle Initial) <b>C. Francis Riegler MD</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2013 <b>Transaction ID : SA11AI.10581</b>
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.67
City Malibu State CA Zip Code 90265	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Universal Pain Mgmt. Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<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: (check only one)	PAGE 26 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Francis Riegler MD</b>			Date of Receipt
Mailing Address 3827 Castlerock Rd.			<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.10613</b>
Malibu	CA	90265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="166.67"/>
Name of Employer	Occupation	Contribution	
Universal Pain Mgmt.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Manuel Sanchez MD</b>			Date of Receipt
Mailing Address 9 Pine Court			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.10553</b>
Newfields	NH	03856	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution	
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Denise Scaringe-Dietrich MD</b>			Date of Receipt
Mailing Address 322 Cretview Avenue			<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.10599</b>
Blackwood	NJ	08012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution	
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1166.67"/>
<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: (check only one)	PAGE 27 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roy Schmidt MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 460 Joe Sherrod Street  
City Bells State TN Zip Code 38006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WT Pain Specialists Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 02 / 21 / 2013  
Transaction ID : SA11AI.10512  
Amount of Each Receipt this Period 365.00  
Contribution

**B. Vijay Singh MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8090 W. Millie Hill Estates  
City Iron Mountain State MI Zip Code 49801  
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 5000.00

Date of Receipt 04 / 02 / 2013  
Transaction ID : SA11AI.10559  
Amount of Each Receipt this Period 5000.00  
Contribution

**C. Amol Soin MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2201 Annandale Place  
City Xenia State OH Zip Code 45385  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Pain Clinic Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 05 / 07 / 2013  
Transaction ID : SA11AI.10572  
Amount of Each Receipt this Period 5000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... 10365.00  
**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 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Swicegood MD</b>		Date of Receipt
Mailing Address 12 Berry Hill Road		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Smith	AR	72903
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10600</b>
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. Julien Vaisman</b>		Date of Receipt
Mailing Address 10 Centennial Drive		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Peabody	MA	01960
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10568</b>
Pain and Wellness	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. Les Zuckerman MD</b>		Date of Receipt
Mailing Address 9917 Chapel Road		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Potomac	MD	20854
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.10585</b>
National Spine Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="62662.63"/>

**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 29 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10660</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="247.24"/>
Receipt For:	Aggregate Year-to-Date ▼	dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.51"/>	

Full Name (Last, First, Middle Initial) <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10661</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2852.17"/>
Receipt For:	Aggregate Year-to-Date ▼	Change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3102.68"/>	

Full Name (Last, First, Middle Initial) <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10663</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3.08"/>
Receipt For:	Aggregate Year-to-Date ▼	monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3105.76"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3102.49"/>
<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: (check only one)	PAGE 30 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10664</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="249.09"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3354.85"/>	

Full Name (Last, First, Middle Initial) <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10665</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="803.63"/>
Receipt For:	Aggregate Year-to-Date ▼	Change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4158.48"/>	

Full Name (Last, First, Middle Initial) <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10672</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3.60"/>
Receipt For:	Aggregate Year-to-Date ▼	monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4162.08"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1056.32"/>
<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: (check only one)	PAGE 31 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10673</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="727.24"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4889.32"/>	

Full Name (Last, First, Middle Initial) <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10674</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1368.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6257.32"/>	

Full Name (Last, First, Middle Initial) <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10675</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2.11"/>
Receipt For:	Aggregate Year-to-Date ▼	monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6259.43"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2097.35"/>
<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 32 OF 45  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Bantera Bank**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 6512.36  
 Date of Receipt: 04 / 30 / 2013  
**Transaction ID : SA17.10676**  
 Amount of Each Receipt this Period 252.93  
 Dividends earned

**B. Bantera Bank**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 9697.68  
 Date of Receipt: 04 / 30 / 2013  
**Transaction ID : SA17.10677**  
 Amount of Each Receipt this Period 3185.32  
 Change in investment

**C. Bantera Bank**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 9699.54  
 Date of Receipt: 05 / 31 / 2013  
**Transaction ID : SA17.10683**  
 Amount of Each Receipt this Period 1.86  
 monthly earned interest

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3440.11  
**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 33 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10684</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="249.80"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="9949.34"/>	

Full Name (Last, First, Middle Initial) <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10685</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.28"/>
Receipt For:	Aggregate Year-to-Date ▼	monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="9949.62"/>	

Full Name (Last, First, Middle Initial) <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.10686</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="722.70"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10672.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="972.78"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="10669.05"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address Internal Revenue Service Center

City Ogdden State UT Zip Code 84201

Purpose of Disbursement  
Payment to IRS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2013

**Transaction ID : SB21B.10670**

Amount of Each Disbursement this Period

3927.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Political Contribution

Candidate Name

**ED WHITFIELD**

Office Sought:  House  Senate  President  
State: KY District: 01

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SB21B.10638**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

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

8927.00

8927.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. 21ST CENTURY MAJORITY FUND**

Mailing Address 6065 ROSWELL ROAD, #2274

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2013			

**Transaction ID : SB23.10646**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

**LAMAR ALEXANDER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			05			2013			

**Transaction ID : SB23.10628**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. 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**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2013			

**Transaction ID : SB23.10617**

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)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS**

Mailing Address 802 Pentoga Trail

City State Zip Code  
Crystal Falls MI 49920

Purpose of Disbursement  
Political Contribution

Candidate Name

**DANIEL J BENISHEK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB23.10643**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR CONGRESS**

Mailing Address P.O. Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
Political Contribution

Candidate Name

**WILLIAM CASSIDY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

**Transaction ID : SB23.10656**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL CASSIDY FOR CONGRESS**

Mailing Address P.O. Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
Political Contribution

Candidate Name

**WILLIAM CASSIDY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2013

**Transaction ID : SB23.10657**

Amount of Each Disbursement this Period

4000.00

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

7000.00

**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

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR CONGRESS**

Mailing Address P.O. Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
Political Contribution

Candidate Name

**WILLIAM CASSIDY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

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

**Transaction ID : SB23.10658**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. COTTON FOR CONGRESS**

Mailing Address PO BOX 379

City State Zip Code  
DARDANELLE AR 72834

Purpose of Disbursement  
Political Contribution

Candidate Name

**THOMAS COTTON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

**Transaction ID : SB23.10622**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City State Zip Code  
SAVANNAH GA 31402

Purpose of Disbursement  
Political Contribution

Candidate Name

**JACK REP. KINGSTON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	3

**Transaction ID : SB23.10636**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.10658

Contributions made to Bill Cassidy for Congress were made prior to candidate's formal announcement of his intent to run for Senate.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement Political Contribution

Candidate Name

**JEFF SESSIONS**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AL District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

**Transaction ID : SB23.10626**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Political Contribution

Candidate Name

**MICHAEL C DR BURGESS**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2013

**Transaction ID : SB23.10620**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement Political Contribution

Candidate Name

**MARSHA MRS. BLACKBURN**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

**Transaction ID : SB23.10624**

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Political Contribution

Candidate Name

**MICHAEL C DR BURGESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013

Transaction ID : **SB23.10621**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. THOROUGHbred PAC**

Mailing Address PO BOX 65116  
C/O ARENT FOX PLLC

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2013

Transaction ID : **SB23.10640**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2013

Transaction ID : **SB23.10639**

Amount of Each Disbursement this Period

5000.00

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

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

15000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
Political Contribution

Candidate Name

**FREDERICK STEPHEN UPTON**

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2013

**Transaction ID : SB23.10637**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. Box 5458

City State Zip Code  
Springfield IL 62705

Purpose of Disbursement  
Political Contribution

Candidate Name

**JOHN M SHIMKUS**

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

**Transaction ID : SB23.10641**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

10000.00
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77000.00
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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

Transaction ID : SB29.10666

Amount of Each Disbursement this Period

138.26

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Brokerage fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

Transaction ID : SB29.10667

Amount of Each Disbursement this Period

316.17

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2013

Transaction ID : SB29.10671

Amount of Each Disbursement this Period

362.95

Category/  
Type

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

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

817.38

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB29.10678**

Amount of Each Disbursement this Period

239.04

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB29.10679**

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : SB29.10680**

Amount of Each Disbursement this Period

462.12

Category/  
Type

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

721.16

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Brokerage fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2013

Transaction ID : **SB29.10681**

Amount of Each Disbursement this Period

317.46

**B. Bantera Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Change in investment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2013

Transaction ID : **SB29.10682**

Amount of Each Disbursement this Period

1218.84

**C. Bantera Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB29.10687**

Amount of Each Disbursement this Period

198.45

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

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

1734.75

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Change in investment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB29.10688**

Amount of Each Disbursement this Period

4559.01

Full Name (Last, First, Middle Initial)

**B. KEN CUCCINELLI FOR GOVERNOR**

Mailing Address 10560 Main Street Suite 218

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Political Contribution (State Contribution)

Candidate Name

**Ken Cuccinelli**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2013

**Transaction ID : SB29.10691**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. RE-ELECT HUTCHINSON FOR STATE SENATE**

Mailing Address 201 East North Street

City Benton State AR Zip Code 72015

Purpose of Disbursement  
Political Contribution (State Contribution)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB29.10693**

Amount of Each Disbursement this Period

2000.00

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

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

11559.01

14832.30