Image# 13941278254 PAGE 1 / 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

ADDRESS (number and street) Check if different than proviously reported. (ACC) Paducath Padu	1 OTTIWI OX	For Other Than An Au	thorized Committee		Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V CITY STATE ZIP CODE C C00351197 3. IS THIS REPORT (N) OR		TYPE OR PRINT ▼		pe 12FE4M5	
C C00351197 Paducah C C00351197 C C003511	AMERICAN SOCIETY	OF INTERVENTION	NAL PAIN PHYSICI	AN PAC	
C C00351197 Paducah C C00351197 C C003511					
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00351197 3. IS THIS NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 PRE-Election Coulorerly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election New Only) (M1) Termination Report (Non-election New Only) (M2) Termination Report (Non-election New Onl	ADDRESS (number and street)	2831 Lone Oak Road			
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00351197 3. IS THIS NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 PRE-Election Coulorerly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election New Only) (M1) Termination Report (Non-election New Only) (M2) Termination Report (Non-election New Onl	Check if different				
A. TYPE OF REPORT (Choose One) (a) Quarterly Report (2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Quarterly Report (Q5) Quarterly Report (Q6) Quarterly Report (Q6) Quarterly Report (Q6) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q7) Quarterly Report (Q8) Quarterly Report (Q8) Quarterly Report (Q9) Quarterly Report (Q1) Quarterly	than previously	Paducah		KY	42003
4. TYPE OF REPORT (Choose One) (b) Monthly 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 (Y0n-election Report (YEA) Year Only) Termination Report (TER) Termination Report (TER) Termination Report (Choose One) Report (A) May 20 (M5) Aug 20 (M8) Nov 20 (M10) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11)	2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲	ZIP CODE A
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-Enlection Report (Non-election Year Only) PRE-Election Report for the: Convention (12C) Special (12S) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Report for the: Zourterly Report (Q3) Special (12S) Cotober 15 Quarterly Report (Q3) Special (12S) Covering Period (d) 30-Day POST-Election Report for the: Election on	C C00351197				ENDED
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) X July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on Electio		Report Due On:			Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report only) (MY) Termination Report (TER) Election on Report (Non-election Report only) (MY) Termination Report (TER) Covering Period Termination Report Corvention (12C) Special (12S) Election on Flection on	(a) Quarterly Reports:				(Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Laxmaiah Manchikanti MD IElectronically Filed IElectronically Filed Date Office Use Financy (12P) General (12G) Runoff (12H) Report (12P) R			7 20 (M4) Jul 20	Oct 20) (M10) Jan 31 (YE)
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) Convention (12C) Special (12S) In the State of Sta	July 15	(C) 12-Day	Primary (12P)	General (1	2G) Runoff (12R)
January 31 Year-End Report (YE) X July 31 Mid-Vear Report (Non-election Year Only) (MY) Termination Report (TER) Date General (30G) Runoff (30R) Special (30S) Report for the: Election on Report for the: Election on Termination Report Election on Report for the: Election on Election on Election on Election on Election on Election on Tremination Report In the State of State of Special (30S) Runoff (30R) Special (30S) Report for the: Election on Election on	October 15	Report for the:	Convention (12C)	Special (1)	2S)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Special (30G) Report for the: Election on Election on Termination Report (TER) Special (30G) Runoff (30R) Special (30S) Report for the: Election on Fermination Report (TER) Special (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Fermination Report in the State of State of Type or Print Name of Treasurer Laxmaiah Manchikanti MD Laxmaiah Manchikanti MD [Electronically Filed] Date FEC FORM 3X Rev. 12/2004	January 31	Fleati		D / Y Y Y Y Y	
Termination Report (TER) Election on Election on Election on In the State of State of Covering Period O1	X July 31 Mid-Year Report (Non-election	on (d) 30-Day POST-Election	General (30G)	Runoff (30	OR) Special (30S)
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 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004		·	on on	D / Y = Y = Y	
Type or Print Name of Treasurer Laxmaiah Manchikanti MD [Electronically Filed] Date Da					
Signature of Treasurer Laxmaiah Manchikanti MD [Electronically Filed] Date	I certify that I have examined the	nis Report and to the best o	f my knowledge and belief	it is true, correct and	complete.
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. Office Use FEC FORM 3X Rev. 12/2004	Type or Print Name of Treasure	er Laxmaiah Manchikanti MD			
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer Laxe	naiah Manchikanti MD	[Electronically Filed		
Use Use Rev. 12/2004	NOTE: Submission of false, error	neous, or incomplete information	on may subject the person s	igning this Report to the	penalties of 2 U.S.C. §437g.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	Cash on Hand January 1, 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
To	otal Disbursements (from Line 31)	100954.15	100954.15
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	275688.09	275688.09
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report	Covering the Period: From: 01		o: 06 30 / 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a)	ributions (other than loans) From: Individuals/Persons Other Than Political Committees	20000 00	62662.62
	(i) Itemized (use Schedule A)	62662.63	62662.63
	(ii) Unitemized(iii) TOTAL (add	3358.67	3358.67
	Lines 11(a)(i) and (ii)▶	, 66021.30	66021.30
	Political Party Committees Other Political Committees	0.00	0.00
()	(such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry	66021.30	66021.30
12. Tran	Totals to Line 33, page 5) ▶ sfers From Affiliated/Other		
Party	/ Committees	0.00	0.00
13. All L	oans Received	0.00	0.00
15. Offse	Repayments Receivedets To Operating Expenditures	0.00	0.00
(Car	unds, Rebates, etc.) Ty Totals to Line 37, page 5) Inds of Contributions Made	0.00	0.00
	ederal Candidates and Other cal Committees	0.00	0.00
	r Federal Receipts dends, Interest, etc.)	10672.32	10672.32
	sfers from Non-Federal and Levin Funds lon-Federal Account		
	(from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))▶	76693.62	76693.62
	Federal Receipts	70002.00	70000.00
(sub	ract 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
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11101 01100	Calcildai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	8927.00	8927.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	8927.00	8927.00
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	77000.00	77000.00
Independent Expenditures	0.00	0.00
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
=		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(3001 43 1 703)	3.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
01 8:4		45007.45
Other Disbursements	15027.15	15027.15
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) III II G	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	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
_	, , , , , , , , , , , , , , , , , , , ,	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	100954.15	100954.15
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

1201011110111011011		i ago o
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	66021.30	66021.30
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66021.30	66021.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8927.00	8927.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	8927.00	8927.00

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

	FOR LINE	NUMBER	: PAG	E 6 OF	45		
(check only one)							
	X 11a	11b	11c	12			
	13	14	15	16	17		

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Ajay Aggarwal MD Mailing Address 4525 Teas St.		Date of Receipt
City Bellaire	State Zip Code TX 77401	06 17 2013 Transaction ID : SA11AI.10586 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	501.00
Name of Employer AATX ABC MDPA Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	
Full Name (Last, First, Middle Initial) Eduardo Anguizola MD Mailing Address 1401 N Tustin Ave Suite 140		Date of Receipt 05 07 2013
City Santa Ana	State Zip Code CA 92705	Transaction ID : SA11AI.10571 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	- Contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Mailing Address 19 Greenway Dr.		Date of Receipt Date of Receipt
City Rockville Centre	State Zip Code NY 11570	Transaction ID : SA11AI.10514 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physical Therapist	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	il)	1501.00
TOTAL This Period (last page this line num	nber only)	

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

	FOR LINE	E NUM	PAGE	7	OF	45	
(check only one)							
	X 11a	1	1b	11c	1	2	
	13	1-	4	15	1	6	17

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	I PAC		
Full Name (Last, First, Middle Initial) Jeffrey Berg MD Acilian Address (1999)		Date of Receipt		
Mailing Address 12206 Lucas Lane		02 12 2013		
City Louisville	State Zip Code KY 40223	Transaction ID : SA11AI.10501		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation	Contribution		
Self	Physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial) 3. Edward Chen MD	·	Date of Receipt		
Mailing Address 2840 West Bay Dr.				
#227 City	State Zip Code	02 06 2013 Transaction ID : SA11AI.10495		
Belleair Bluffs	FL 33770	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation	Contribution		
Self	Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initial) Luis Cummings MD		Date of Receipt		
Mailing Address 909 Tito Castro Ave.		04 02 2013		
City Ponce	State Zip Code PR 00716	Transaction ID : SA11AI.10560 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation	Contribution		
Self	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	365.00			
SUBTOTAL of Receipts This Page (optional).		1230.00		
TOTAL This Period (last page this line number	er only)			

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

FOR LINE NUMBER:						PAGE	8	OF	45	
(check only one)										
	>	K	11a		11b		11c	12	!	
			13		14		15	16	;	17

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Steven Donatello MD Mailing Address 575 W. River Woods Pkw	V	Date of Receipt
City Glendale	State Zip Code WI 53212	03 04 2013 Transaction ID : SA11AI.10533
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Watertower Pain Consultants Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Engle MD Mailing Address 8677 Four Season Trl	•	Date of Receipt
City Poland	State Zip Code OH 44514	Transaction ID : SA11AI.10508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PM&R North	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Fairbanks MD		Date of Receipt
Mailing Address 107 Frton St. Ste 2134	7. 0.4	06 25 2013
City Vidalia	State Zip Code LA 71273	Transaction ID : SA11AI.10606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) >	1865.00
TOTAL This Period (last page this line num	ber only)	

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

ı	FOR LIN	PAGE		9	OF		45			
ı	(check only one)									
	X 11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Frank Falco MD		Date of Receipt
Mailing Address 108 Woodale Drive		06 17 2013
City	State Zip Code	Transaction ID : SA11AI.10588
Kennett Square	PA 19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	Contribution
Mid-Atlantic Pain	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) 3. Ferdinand Formoso MD	Date of Receipt	
Mailing Address 4472 Glen Kerman Pkwy	Olaha Zir Orda	02 06 2013
City Jacksonville	State Zip Code FL 32224	Transaction ID : SA11AI.10499
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Coastal Spine and Pain	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Carlos Giron MD		Date of Receipt
Mailing Address 3356 Vineville Ave		02 21 2013
City	State Zip Code GA 31204	Transaction ID : SA11AI.10518
Macon	GA 31204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		5730.00
TOTAL This Period (last page this line numbe	r only)	

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

	OR LINE	PAGE	. ′	10	OF		45		
(check only one)									
[X 11a	11b		11c		12			
	13	14		15		16			17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street	Scott Glaser MD					
City Hinsdale FEC ID number of contributing federal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For:	State Zip Code IL 60521 C Occupation Physician Aggregate Year-to-Date ▼	O1 27 2013 Transaction ID : SA11AI.10489 Amount of Each Receipt this Period 304.16 Contribution				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	304.16					
Mailing Address 134 E 4th Street	Scott Glaser MD					
City Hinsdale FEC ID number of contributing federal political committee.	State Zip Code IL 60521	Transaction ID : SA11AI.10614 Amount of Each Receipt this Period 304.16				
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 608.32					
Full Name (Last, First, Middle Initial) Haroon Hameed MD Mailing Address 2215 N. Oak Ct.		Date of Receipt				
City Arlington	State Zip Code VA 22209	06 17 2013 Transaction ID : SA11AI.10592 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	700.00 Contribution				
Spine Care Center Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 700.00	_				
SUBTOTAL of Receipts This Page (optional	ıl) >	1308.32				
TOTAL This Period (last page this line num	nber only)					

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

FOR LINE NUMBER:						PAGE	. 1	11	OF	45
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

or for commercial purposes, other than usin	g the name and address of any political committee t	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF II	NTERVENTIONAL PAIN PHYSICIAN	N PAC					
Full Name (Last, First, Middle Initial) Haroon Hameed MD Mailing Address 2215 N. Oak Ct.		Date of Receipt					
City Arlington	State Zip Code VA 22209	06 17 2013 Transaction ID : SA11AI.10593 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer	Occupation	200.00 Contribution					
Spine Care Center Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 900.00	_					
Full Name (Last, First, Middle Initial) Perry Haney MD Mailing Address P.O. Box 6680	Perry Haney MD						
City Denver	State Zip Code CO 80206	7					
FEC ID number of contributing federal political committee.	C	1000.00 Contribution					
Name of Employer Spine One, Inc. Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	_					
Primary General Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial) Hans Hansen MD	•	Date of Receipt					
Mailing Address 1224 Commerce St. SW City	State Zip Code	01 27 2013 Transaction ID : SA11AI.10492					
Concover FEC ID number of contributing federal political committee.	NC 28613	Amount of Each Receipt this Period 250.00					
Name of Employer Pain Relief Centeres	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional	al)	1450.00					
TOTAL This Period (last page this line num	nber only)						

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

FOR LINE NUMBER:					PAGE	 12	OF	45	
(0	che	ck only							
	X	11a		11b		11c	12		
		13		14		15	16	,	17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC					
Full Name (Last, First, Middle Initial) Hans Hansen MD Mailing Address 1224 Commerce St.		Date of Receipt					
SW City	State Zip Code	03 04 2013 Transaction ID : SA11AI.10534					
Concover FEC ID number of contributing federal political committee.	NC 28613	Amount of Each Receipt this Period 250.00					
Name of Employer Pain Relief Centeres	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) Hans Hansen MD Mailing Address 1224 Commerce St. SW	Hans Hansen MD Mailing Address 1224 Commerce St.						
City Concover	State Zip Code NC 28613	03 27 2013 Transaction ID : SA11AI.10555 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Pain Relief Centeres	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00						
Full Name (Last, First, Middle Initial) . Hans Hansen MD	'	Date of Receipt					
Mailing Address 1224 Commerce St. SW City	State Zip Code	04 27 2013					
Concover	NC 28613	Transaction ID : SA11AI.10563 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Pain Relief Centeres	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optional)	>	750.00					
TOTAL This Period (last page this line numb	per only)						

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

FOR LINE		: PAGE	13 OF	45
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Hans Hansen MD Mailing Address 1224 Commerce St. SW City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General Other (specify)	State Zip Code NC 28613 C Occupation Physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Hans Hansen MD Mailing Address 1224 Commerce St. SW City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General Other (specify)	State Zip Code NC 28613 C Occupation Physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 27 2013 Transaction ID: SA11AI.10610 Amount of Each Receipt this Period 250.00 Contribution
Full Name (Last, First, Middle Initial) Cong He MD Mailing Address 36 Bluebird Hill Ct. City Manhasset FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11030 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 03 26 2013 Transaction ID : SA11AI.10551 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional)	>	1500.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE	PAGE	1	14	OF	45		
(check only							
X 11a	11b		11c		12		
13	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. David Herrick MD Mailing Address P.O. box 241348		Date of Receipt
City Montgomery FEC ID number of contributing federal political committee.	State Zip Code AL 36124	03 12 2013 Transaction ID : SA11AI.10541 Amount of Each Receipt this Period 500.00
Name of Employer Center for Pain of Montgomery Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Paul Hubbell MD Mailing Address 2701 Lake Villa Dr	Date of Receipt O1 27 2013	
City Metairie FEC ID number of contributing federal political committee.	State Zip Code LA 70002	Transaction ID : SA11AI.10493 Amount of Each Receipt this Period 416.66
Name of Employer Southern Pain Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 416.66	- Contribution
Full Name (Last, First, Middle Initial) Paul Hubbell MD Mailing Address 2701 Lake Villa Dr City Metairie	State Zip Code LA 70002	Date of Receipt 02 27 2013 Transaction ID: SA11AI.10530
FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 416.66 Contribution
SUBTOTAL of Receipts This Page (optional)	1333.32
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:					PAGE	 15	OF	45	
(0	che	ck only							
	X	11a		11b		11c	12		
		13		14		15	16	;	17

or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name (Last, First, Middle Initial) A. Paul Hubbell MD Mailing Address 2701 Lake Villa Dr		Date of Receipt
City Metairie FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70002 C Occupation Physician Aggregate Year-to-Date ▼ 1249.98	Transaction ID : SA11AI.10556 Amount of Each Receipt this Period 416.66 Contribution
Full Name (Last, First, Middle Initial) Paul Hubbell MD Mailing Address 2701 Lake Villa Dr		Date of Receipt 04 27 2013
City Metairie FEC ID number of contributing federal political committee.	State Zip Code LA 70002	Transaction ID : SA11AI.10564 Amount of Each Receipt this Period 416.66
Name of Employer Southern Pain Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1666.64	Contribution
Full Name (Last, First, Middle Initial) Paul Hubbell MD Mailing Address 2701 Lake Villa Dr City	State Zip Code	Date of Receipt 05 27 2013 Transaction ID: SA11AI.10579
Metairie FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: □ Primary □ General Other (specify) ▼	C Occupation Physician Aggregate Year-to-Date ▼ 2083.30	Amount of Each Receipt this Period 416.66 Contribution
SUBTOTAL of Receipts This Page (optional	I)	1249.98
TOTAL This Period (last page this line num	ber only)	

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

_	R LINE	_		PAGE	 16 OI	F	45	
(che	eck only	or	ne)					
×	11c	12						
	13		14		15	16		17

or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Paul Hubbell MD Mailing Address 2701 Lake Villa Dr		Date of Receipt
City Metairie FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: Primary General Other (specify)	State Zip Code LA 70002 C Occupation Physician Aggregate Year-to-Date ▼ 2499.96	Transaction ID : SA11AI.10611 Amount of Each Receipt this Period 416.66 Contribution
Full Name (Last, First, Middle Initial) Kenneth Joel, MD Mailing Address 665 Falls Lake Dr. City	State Zip Code	Date of Receipt 02 26 2013 Transaction ID: SA11AI.10526
Alpharetta FEC ID number of contributing federal political committee.	GA 30022	Amount of Each Receipt this Period 365.00
Name of Employer N.Fulton Anesthesia Assoc. Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 365.00	- Contribution
Full Name (Last, First, Middle Initial) Cary Johnson MD Mailing Address 401 Nautilus Drive City	State Zip Code	Date of Receipt 03 26 2013
Bismarck FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 1000.00	Transaction ID: SA11AI.10552 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional	l) >	1781.66
TOTAL This Period (last page this line num	nber only)	

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

	OR	PAGE	_ 1	17	OF	45			
(0	che	ck only							
	X	11a	11b		11c		12		
		13	14		15		16	;	17

or for commercial purposes, other than usin	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF II	NTERVENTIONAL PAIN PHYSICIA	N PAC
Full Name (Last, First, Middle Initial) A. Donald Jones MD Mailing Address 621 Carpenters Grade R	oad	Date of Receipt
City Maryville	State Zip Code TN 37803	02 21 2013 Transaction ID : SA11AI.10523
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Donald Jones MD Mailing Address 621 Carpenters Grade R	pad	Date of Receipt
City Maryville	State Zip Code TN 37803	06 17 2013 Transaction ID : SA11AI.10594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) William Jones MD	'	Date of Receipt
Mailing Address 165 North village Avenue		02 21 2013
City Rockville	State Zip Code NY 11570	Transaction ID : SA11AI.10521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockville Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	4500.00
TOTAL This Period (last page this line nur	nber only)	

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

	_	LINE	PAGE	 18	OF	45			
(c	che	ck only							
X 11a 11b						11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Laurie Kabins MD Mailing Address 6308 8th Avenue		Date of Receipt
City	State Zip Code	04 30 2013
Kenosha	WI 53143	Transaction ID : SA11AI.10569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer United Hospital	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.	·	Date of Receipt
City	State Zip Code	03 27 2013 Transaction ID : SA11AI.10557
Clearwater FEC ID number of contributing federal political committee.	FL 33756	Amount of Each Receipt this Period
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD		Date of Receipt
Mailing Address 430 Morton Plant St.		04 27 2013
City Clearwater	State Zip Code FL 33756	Transaction ID : SA11AI.10565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Contribution
Clearwater Pain Management Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 400.00	_
SUBTOTAL of Receipts This Page (optional	I)	400.00
	ber only)	

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

	_	LINE	PAGE	 19	OF	45			
(c	che	ck only							
X 11a 11b						11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt
City Clearwater	State Zip Code FL 33756	05 27 2013 Transaction ID : SA11AI.10580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt 06 27 2013
City Clearwater	State Zip Code FL 33756	Transaction ID : SA11AI.10612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Brad Katz MD		Date of Receipt
Mailing Address 2169 Allendale Road	7.0.1	03 12 2013
City Montgomery	State Zip Code AL 36111	Transaction ID : SA11AI.10542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	_ Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	1)	700.00
TOTAL This Period (last page this line num	aber only)	

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

	_	LINE	PAGE	2	20	OF	45			
(c	che	ck only								
X 11a 11b						11c		12		
		13		14		15		16	;	17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Sayeed Khan MD Mailing Address 1927 Stonycroft Lane		Date of Receipt
City Bloomfield Hills	State Zip Code MI 48304	O2 26 2013 Transaction ID : SA11AI.10529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	365.00 Contribution
Doloran Pain Management Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Benjamin Lampert MD Mailing Address 4367 E. Bogey Ct.		Date of Receipt 02 06 2013
City Springfield FEC ID number of contributing federal political committee.	State Zip Code MO 65809	Transaction ID : SA11AI.10500 Amount of Each Receipt this Period 2000.00
Name of Employer St. John's Physicians Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.00	- Contribution
Full Name (Last, First, Middle Initial) Benjamin Lampert MD Mailing Address 4367 E. Bogey Ct. City	State Zip Code	Date of Receipt 05 30 2013 Transaction ID : SA11AI.10582
Springfield FEC ID number of contributing federal political committee. Name of Employer St. John's Physicians Receipt For: Primary General Other (specify)	MO 65809 C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 2000.00 Contribution
	•	4365.00
TOTAL This Period (last page this line number	er only)	

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

	OR	PAGE	2	21	OF	45				
(c	che	ck only								
X 11a 11b						11c		12		
		13		14		15		16	;	17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Michael Lepis MD Mailing Address 2419 Daynters Road		Date of Receipt
City Manasquan FEC ID number of contributing federal political committee. Name of Employer Comprehensive Pain Management Receipt For:	State Zip Code NJ 08736 C Occupation Physician Aggregate Year-to-Date ▼	06 17 2013 Transaction ID : SA11AI.10597 Amount of Each Receipt this Period 1000.00 Contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1000.00	
Mailing Address 4361 E. Ashley Lane City	State Zip Code	Date of Receipt 06 17 2013
Fayetteville FEC ID number of contributing federal political committee.	AR 72701	Transaction ID : SA11AI.10598 Amount of Each Receipt this Period 2000.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.00	- Contribution
Full Name (Last, First, Middle Initial) Chandrakala Manchikanti Mailing Address 2075 Natchez Lane City	State Zip Code	Date of Receipt 05 15 2013 Transaction ID : SA11AI.10573
Paducah FEC ID number of contributing federal political committee. Name of Employer KSA Enterprises, Inc. Receipt For: □ Primary □ General Other (specify) ▼	C Occupation Executive Aggregate Year-to-Date ▼ 5000.00	Amount of Each Receipt this Period 5000.00 Contribution
SUBTOTAL of Receipts This Page (optional)	>	8000.00
TOTAL This Period (last page this line numb	per only)	

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

	R LINE	PAGE	: 2	22	OF	45		
(ch	eck only							
>	11a	11b		11c		12		
	13	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Laxmaiah Manchikanti MD Mailing Address 2075 Natchez Lane		Date of Receipt
City Paducah FEC ID number of contributing	State Zip Code KY 42001	Transaction ID : SA11AI.10574 Amount of Each Receipt this Period
federal political committee. Name of Employer PMCP PSC Receipt For:	Occupation Medical Director	5000.00 Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) 3. David Miller Mailing Address 8865 W 400 North		Date of Receipt 04 29 2013
City Michigan City FEC ID number of contributing	State Zip Code IN 46360	Transaction ID : SA11AI.10567 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	500.00 Contribution
Woodland Pain Center Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dermot More-O'Ferrall MD Mailing Address 1300 W. Dean Rd. City	State Zip Code	Date of Receipt 02 26 2013 Transaction ID: SA11AI.10525
River Hills FEC ID number of contributing federal political committee.	WI 53217	Amount of Each Receipt this Period 2000.00
Name of Employer Advanced Pain Management Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 2000.00	Contribution
SUBTOTAL of Receipts This Page (optional).	•	7500.00
TOTAL This Period (last page this line numb	er only)	

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

_		NUMBER	PAGE	: 2	23 OF	=	45			
(check only one)										
>	1 1a	11b		11c		12				
	13	14		15		16		17		

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Joseph Mouhanna MD Mailing Address 10700 SW 74th Ave		Date of Receipt
Mailing Address 10790 SW 74th Ave.		05 30 2013
City Miami	State Zip Code FL 33156	Transaction ID : SA11AI.10583 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	Aggregate Teal-to-Date ▼	
Full Name (Last, First, Middle Initial) Christopher Nelson MD Mailing Address 16802 Crosstimbers Court		Date of Receipt
City Louisville	State Zip Code KY 40245	Transaction ID : SA11AI.10543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pain Control Network	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Bharat Patel MD		Date of Receipt
Mailing Address 4091 Tradewinds Trail		04 30 _2013 _
City Merritt Island	State Zip Code FL 32953	Transaction ID : SA11AI.10570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Millennium Management Manag. Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·····	2500.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	2	24	OF		45
(check only one)											
>	<	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) David Provenzano MD Mailing Address 703 Augusts Prive		Date of Receipt
Mailing Address 702 Augusta Drive		04 23 2013
City Bridgeville	State Zip Code PA 15017	Transaction ID : SA11AI.10562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Primary	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Gary Richman MD Mailing Address 19109 Streamside Court		Date of Receipt
City Boca Raton	State Zip Code FL 33498	03 26 2013 Transaction ID : SA11AI.10554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Francis Riegler MD	,	Date of Receipt
Mailing Address 3827 Castlerock Rd.		02 27 2013
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	
SUBTOTAL of Receipts This Page (optional)		966.67
TOTAL This Period (last page this line numbe	r only)	

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

		LINE	PAGE	2	25	OF	45		
(c	he	ck only							
	X	11a	11b		11c		12		
		13	14		15		16	;	17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Francis Riegler MD Moiling Address 2007 Contlevel Dd		Date of Receipt
Mailing Address 3827 Castlerock Rd.		03 27 2013
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.		Date of Receipt 04 27 2013
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10566
FEC ID number of contributing federal political committee.	C 90205	Amount of Each Receipt this Period 166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Francis Riegler MD	•	Date of Receipt
Mailing Address 3827 Castlerock Rd.		05 27 2013 _
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	
SUBTOTAL of Receipts This Page (optional).	•	500.01
TOTAL This Period (last page this line number	er only)	

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

FOR LINE	PAGE	2	26 C)F	45		
(check onl							
X 11a	11b		11c		12		
13	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.		Date of Receipt
City Malibu FEC ID number of contributing	State Zip Code CA 90265	06 27 2013 Transaction ID : SA11AI.10613 Amount of Each Receipt this Period 166.67
federal political committee. Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.02	Contribution
Full Name (Last, First, Middle Initial) Manuel Sanchez MD Mailing Address 9 Pine Court		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Newfields FEC ID number of contributing federal political committee.	State Zip Code NH 03856	Transaction ID : SA11AI.10553 Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	- Contribution
Full Name (Last, First, Middle Initial) Denise Scaringe-Dietrich MD Mailing Address 322 Cretview Avenue City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Blackwood FEC ID number of contributing federal political committee. Name of Employer	NJ 08012 C Occupation	Amount of Each Receipt this Period 500.00 Contribution
Self Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1166.67
TOTAL This Period (last page this line numb	er only)	

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

	_	LINE	PAGE	2	27	OF	45			
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

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 IN	ITERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name (Last, First, Middle Initial) A. Roy Schmidt MD Mailing Address 460 Joe Sherrod Street		Date of Receipt
City Bells FEC ID number of contributing	State Zip Code TN 38006	02 21 2013 Transaction ID : SA11AI.10512 Amount of Each Receipt this Period
federal political committee. Name of Employer WT Pain Specialists Receipt For:	Occupation Physician	365.00 Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. Vijay Singh MD Mailing Address 8090 W. Millie Hill Estates		Date of Receipt 04 02 2013
City Iron Mountain	State Zip Code MI 49801	Transaction ID : SA11AI.10559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Self Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Full Name (Last, First, Middle Initial) Amol Soin MD	5000.00	Date of Receipt
Mailing Address 2201 Annandale Place		05 07 2013
City Xenia	State Zip Code OH 45385	Transaction ID : SA11AI.10572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Ohio Pain Clinic Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	10365.00
TOTAL This Period (last page this line num	ber only)	

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

					PAGE	2	28	OF	45	
(c	he	ck only								
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) John Swicegood MD Mailing Address 42 Resp. Hill Read		Date of Receipt
Mailing Address 12 Berry Hill Road		06 17 2013
City Fort Smith	State Zip Code AR 72903	Transaction ID : SA11AI.10600
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Julien Vaisman Mailing Address 10 Centennial Drive		Date of Receipt 04 29 _2013 _
City Peabody	State Zip Code MA 01960	Transaction ID : SA11AI.10568
FEC ID number of contributing federal political committee.	C 01980	Amount of Each Receipt this Period 500.00
Name of Employer Pain and Wellness	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Les Zuckerman MD		Date of Receipt
Mailing Address 9917 Chapel Road		05 30 _2013 _
City Potomac	State Zip Code MD 20854	Transaction ID : SA11AI.10585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer National Spine Center	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		2000.00
TOTAL This Period (last page this line number	<u> </u>	62662.63

Use separate schedule(s) for each category of the Detailed Summary Page	F	OR	LINE	PAGE	2	9	OF		45			
	(0	(check only one)										
			11a		11b		11c		12			
			13		14		15		16		X	17
not be sold or used by any person for the purpose of soliciting contributions												

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City	State Zip Code	01 31 2013 Transaction ID : SA17.10660
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	247.24 dividends earned
Name of Employer	Occupation	arrisonus sumou
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.51	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 2454 January Street	<u>'</u>	Date of Receipt
Mailing Address 3151 Jackson Street	Otata 7:n Oada	01 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10661
FEC ID number of contributing federal political committee.	C 42003	Amount of Each Receipt this Period 2852.17
Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3102.68	
Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		02 28 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10663 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3.08
Name of Employer	Occupation	monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3105.76	
SUBTOTAL of Receipts This Page (optional)		3102.49
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page	F	FOR LINE NUMBER: PAGE 30 OF								45	
	(0	(check only one)									
			11a		11b		11c		12		
			13		14		15		16	X	17
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3454 Jackson Street		Date of Receipt
Mailing Address 3151 Jackson Street		02 28 2013
City	State Zip Code	Transaction ID : SA17.10664
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	249.09
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3354.85	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 2454 by the Street		Date of Receipt
Mailing Address 3151 Jackson Street		02 28 2013
City	State Zip Code	Transaction ID : SA17.10665
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	803.63
Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4158.48	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		03 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3.60
Name of Employer	Occupation	monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4162.08	_
SUBTOTAL of Receipts This Page (optional)		1056.32
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page	FC	R LINE	PAGE	3	1	OF	4	45			
	(ch	(check only one)									
		11a		11b		11c		12			
		13		14		15		16		X	17
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	PAC				
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 4889.32	Date of Receipt 03 31 2013 Transaction ID: SA17.10673 Amount of Each Receipt this Period 727.24 Dividends earned				
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Other (specify) ▼ A889.32 I Name (Last, First, Middle Initial) antera Bank illing Address 3151 Jackson Street State Zip Code KY 42003 C ID number of contributing eral political committee. The of Employer Occupation Ceipt For: Primary General Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 6259.43	Date of Receipt 04 30 2013 Transaction ID: SA17.10675 Amount of Each Receipt this Period 2.11 monthly earned interest				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2097.35				
TOTAL This Period (last page this line number	only)					

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 X 17								
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.									
NAL PAIN PHYSICIA	N PAC								

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City	State Zip Code	04 30 2013 Transaction ID : SA17.10676
Paducah FEC ID number of contributing federal political committee. Name of Employer	KY 42003 C Occupation	Amount of Each Receipt this Period 252.93 Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6512.36	
Full Name (Last, First, Middle Initial) B. Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah FEC ID number of contributing	State Zip Code KY 42003	04 30 2013 Transaction ID : SA17.10677 Amount of Each Receipt this Period 3185.32
federal political committee. Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9697.68	
Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street	Otata 7'- Cada	05 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.86
Name of Employer	Occupation	monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9699.54	
SUBTOTAL of Receipts This Page (optional)	•	3440.11
TOTAL This Period (last page this line number of	only)	

	FOF	LINE	NU	MBER	:	PAGE	3	3 OI	=	45
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page		11a		11b		11c	-	12		
Botanoa Cammary 1 ago		13		14		15		16	X	17
not be sold or used by any person for the purpose of soliciting contributions										

	d Statements may not be sold or used by any per the name and address of any political committee			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAI	N PAC		
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street	Bantera Bank			
City	State Zip Code	05 31 2013 Transaction ID : SA17.10684		
Paducah	KY 42003	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	249.80 Dividends earned		
Name of Employer	Occupation	2.0.20.00 02.000		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9949.34			
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street	Bantera Bank			
	06 30 2013			
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10685 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	0.28		
Name of Employer	Occupation	monthly earned interest		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9949.62			
Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt		
Mailing Address 3151 Jackson Street		06 30 2013		
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10686 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	722.70 Dividends earned		
Name of Employer	Name of Employer Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 10672.32			
SUBTOTAL of Receipts This Page (optional)	972.78		
TOTAL This Period (last page this line numb	per only)	10669.05		

S 17

21	CHEDULE B (FEC Form 3X)			JE NUMBER: PAGE 34 OF 45				
	•	Use separate schedul	lo/o\	TO ME LITTLE CONTROL C				
IT	EMIZED DISBURSEMENTS	for each category of t	the Control only	· _ ·				
		Detailed Summary Pa	age \(\sigma^{210} \)	22 23 24 25 26				
_		<u> </u>	27	28a 28b 28c 29 30b				
Ar	ny information copied from such Reports and Statem	nents may not be sold of	or used by any pers	son for the purpose of soliciting contributions				
or	for commercial purposes, other than using the nam	ne and address of any p	political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	AMERICAN SOCIETY OF INTERV	/ENTIONIAL DAIR	VI DHAGICIVY	IDAC				
[/	AMERICAN SOCIETY OF INTERV	ENTIONAL PAII	N FITT SICIAIN	IFAC				
_	Full Name (Last, First, Middle Initial)							
۸	•			Date of Disbursement				
A.	Internal Revenue Service			Date of Dispursement				
				M M / D D / Y Y Y Y Y				
	Mailing Address Internal Revenue Service Center			03 31 2013				
								
		State Zip Code		Transaction ID : SB21B.10670				
	Ogden	UT 84201						
	Purpose of Disbursement		1					
	Payment to IRS			Amount of Each Disbursement this Period				
	Candidate Name		Category/					
			Type	3927.00				
	Office Sought: House Disbursen	nent For:	7.					
		Primary Gener	ral					
		Other (specify)						
	State: District:	Other (opcomy)						
_								
	Full Name (Last, First, Middle Initial)							
В.	WHITFIELD FOR CONGRESS CC)MMITTEE		Date of Disbursement				
				M = M / D = D / Y = Y = Y				
	Mailing Address P.O. BOX 391		05 30 2013					
	City	State Zip Code		Transaction ID : SB21B.10638				
	HOPKINSVILLE	KY 42241		Transaction ID . 3B21B.10036				
	Purpose of Disbursement							
	Political Contribution		Amount of Each Disbursement this Period					
	Candidate Name		Category/					
	ED WHITFIELD		Type	5000.00				
		ment For: 2014	.,,,,					
		Primary Gener	·al					
			ai					
		Other (specify) ▼						
	State: KY District: 01							
	Full Name (Last, First, Middle Initial)							
_	Tuli Name (Last, Tilst, Middle Illitial)							
С.	Tuli Name (Last, 1 list, Middle Illital)			Date of Disbursement				
C.	Tull Name (Last, First, Middle Illidal)			Date of Disbursement				
C.	Mailing Address							
C.								
C.	Mailing Address	State Zip Code						
C.	Mailing Address	State Zip Code						
C.	Mailing Address	State Zip Code						
C.	Mailing Address City	State Zip Code		M M / D D / Y Y Y Y				
C.	Mailing Address City	State Zip Code	Coherent					
С.	Mailing Address City S Purpose of Disbursement	State Zip Code	Category/	M M / D D / Y Y Y Y				
С.	Mailing Address City S Purpose of Disbursement Candidate Name	·	Category/ Type	M M / D D / Y Y Y Y				
C.	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursen	ment For:	Type	M M / D D / Y Y Y Y				
C.	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursen Senate	ment For: Primary Gener	Type	M M / D D / Y Y Y Y				
С.	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President	ment For:	Type	M M / D D / Y Y Y Y				
С.	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursen Senate	ment For: Primary Gener	Type	M M / D D / Y Y Y Y				
_ с.	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President	ment For: Primary Gener	Type	Amount of Each Disbursement this Period				
	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President	ment For: Primary Gener Other (specify) ▼	Type	M M / D D / Y Y Y Y				
	Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	ment For: Primary Gener Other (specify) ▼	Type	Amount of Each Disbursement this Period				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 35 OF 4						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and Statem	ents may not be sold or use							
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
$ \; angle$ AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN PH	HYSICIAN	PAC					
Full Name (Last, First, Middle Initial)		ı						
A. 21ST CENTURY MAJORITY FUND)		Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address 6065 ROSWELL ROAD, #2274			06 19 2013					
City	tate Zip Code							
	GA 30328		Transaction ID: SB23.10646					
Purpose of Disbursement								
Political Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	5000.00					
Office Sought: House Disbursem	ent For: 2014	Туре						
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)	INIO		Data of Dishuranment					
B. ALEXANDER FOR SENATE 2014	INC		Date of Disbursement					
Mailing Address 228 S WASHINGTON STREET SL	UTE 115		04 05 _ 2013 _					
	· · · ·							
•	tate Zip Code		Transaction ID : SB23.10628					
ALEXANDRIA Purpose of Disbursement	VA 22314							
Political Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	5000.00					
LAMAR ALEXANDER		Type	5000.00					
	ent For: 2014 Primary General							
	Other (specify)							
State: TN District: 00								
Full Name (Last, First, Middle Initial)								
C. ANDY HARRIS FOR CONGRESS			Date of Disbursement					
Mailing Address DO DOV 1507			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 1527			02 05 2013					
City	tate Zip Code		Transaction ID : SB23.10617					
ANNAPOLIS	MD 21404		Transaction ID: 5823.10617					
Purpose of Disbursement Political Contribution								
Candidate Name			Amount of Each Disbursement this Period					
ANDREW P HARRIS		Category/ Type	5000.00					
Office Sought: House Disbursem	ent For: 2014							
	Primary General							
	Other (specify) ▼							
State: MD District: 01								
SUBTOTAL of Disbursements This Page (optional)			15000.00					
COSTOTAL OF DISDUISEMENTS THIS Page (optional)								

SCH	IEDULE B (FEC Form 3X)		FOR	FOR LINE NUMBER: PAGE 36 OF 45						
ITEN	MIZED DISBURSEMENTS	Use separate schedule for each category of	lle(s) (check	k only one)						
		Detailed Summary P		21b 22 X 23 24 25 27 28a 28b 28c 29						
Δny ii	oformation conied from such Reports and States	ments may not be sold	or used by any	r person for the purpose of soliciting contributions						
				ttee to solicit contributions from such committee.						
N/	ME OF COMMITTEE (In Full)									
	MERICAN SOCIETY OF INTER\	/ENTIONAL PAI	N PHYSIC	CIAN PAC						
<u></u>	II Name (Last, First, Middle Initial)									
_	ENISHEK FOR CONGRESS			Date of Disbursement						
_	ENIONEIXT OR CONCREGO			M M / D D / Y Y Y Y						
Ma	ailing Address 802 Pentoga Trail			06 06 2013						
Cit	24	State Zip Code								
	ystal Falls	MI 49920		Transaction ID : SB23.10643						
Pu	rpose of Disbursement			_						
	olitical Contribution			Amount of Each Disbursement this Period						
	Indidate Name		Categor							
_	ANIEL J BENISHEK fice Sought:	ment For: 2014	Туре							
Oil	Senate Sought.	Primary Gene	ral							
	President	Other (specify) ▼								
Sta	ate: MI District: 01									
	II Name (Last, First, Middle Initial)									
B . B	ILL CASSIDY FOR CONGRESS			Date of Disbursement						
Ma	ailing Address P.O. Box 80505			02 04 2013						
	5 3 3 3 3 5 7 1. C. 2 5 X 3 3 3 5 5									
Cit	•	State Zip Code		Transaction ID : SB23.10656						
	aton Rouge rpose of Disbursement	LA 70898		<u></u>						
	olitical Contribution			Amount of Each Disbursement this Period						
	ndidate Name		Categor	V/ 4000.00						
	/ILLIAM CASSIDY	_	Туре							
Of		ment For: 2014 Primary Gene	rol							
	President	Other (specify)	rai							
Sta	ate: LA District: 06	• · · · · · · · · · · · · · · · · · · ·								
Fu	Il Name (Last, First, Middle Initial)									
c. B	ILL CASSIDY FOR CONGRESS			Date of Disbursement						
	Siling Address D.O. D. 100505			03 22 2013						
IVIč	ailing Address P.O. Box 80505			03 22 2013						
Cit	y	State Zip Code		Transaction ID : SB23.10657						
	ton Rouge	LA 70898		11aiisactioii ID . 3D23.10037						
	rpose of Disbursement olitical Contribution									
Ca	Candidate Name			Amount of Each Disbursement this Period						
V	VILLIAM CASSIDY		Categor Type							
Of	fice Sought: House Disburser	ment For: 2014		, , , , , , , , , , , , , , , , , , , ,						
Oi		Primary Gene	ral							
Oi	Senate									
	President	Other (specify) ▼								
Sta	President ate: LA District: 06	Other (specify) ▼		7000.00						
Sta	President	Other (specify) ▼		7000.00						

S	CHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 37 OF 45					
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOMBET.					
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 🔀 23 🗆 24 🗆 25 🖂 26					
		Detailed Summary Page	27	28a 28b 28c 29 30b					
Ai	ny information copied from such Reports and Staten	ments may not be sold or us	sed by any ners	on for the purpose of soliciting contributions					
	for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN F	PHYSICIAN	I PAC					
/	7 WEIGHT COOLETT OF HATERY	/ LIVII OIV/ (LI / (IIV I	1110101/11	11710					
_	Full Name (Last, First, Middle Initial)								
A.	BILL CASSIDY FOR CONGRESS			Date of Disbursement					
				M M / D D / Y Y Y Y Y					
	Mailing Address P.O. Box 80505			03 22 2013					
	0::								
	•	State Zip Code LA 70898		Transaction ID : SB23.10658					
	Baton Rouge Purpose of Disbursement	LA 70898							
	Political Contribution			Amount of Each Disbursement this Period					
	Candidate Name			Amount of Each Disbursoment this Feriod					
	WILLIAM CASSIDY		Category/ Type	5000.00					
		ment For: 2014	Турс						
		Primary Seneral							
		Other (specify) ▼							
	State: LA District: 06	•							
	Full Name (Last, First, Middle Initial)								
В.	,			Date of Disbursement					
				M M / D D / Y Y Y Y					
	Mailing Address PO BOX 379			04 05 2013					
	•	State Zip Code		Transaction ID : SB23.10622					
	DARDANELLE Purpose of Disbursement	AR 72834							
	Political Contribution			Amount of Each Disbursement this Period					
	Candidate Name			Authority of East Bissardonient tille Foliati					
	THOMAS COTTON		Category/ Type	5000.00					
		ment For: 2014	1,700						
		Primary General							
	President	Other (specify) ▼							
	State: AR District: 04								
	Full Name (Last, First, Middle Initial)								
C.	FRIENDS OF JACK KINGSTON			Date of Disbursement					
				M M / D D / Y M Y M Y					
	Mailing Address PO BOX 2133			05 02 2013					
	011.	01-1-							
	,	State Zip Code GA 31402		Transaction ID : SB23.10636					
	Purpose of Disbursement	31402							
	Political Contribution			Amount of Each Disbursement this Period					
	Candidate Name		Category/	A TOUR OF LACTI DISDUISEMENT WITS FERIOU					
	JACK REP. KINGSTON		Type	5000.00					
		ment For: 2014	,,						
	Senate	Primary General							
	President	Other (specify) ▼							
	State: GA District: 01								
5	SUBTOTAL of Disbursements This Page (optional)			15000.00					
H									
Ιī	OTAL This Period (last nage this line number only)	1							

1mage# 13941278291 PAGE 38 / 45

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

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)		FOR LINE NUMBER: PAGE 39 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and Stat	ments may not be sold or us							
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
$ \; angle$ AMERICAN SOCIETY OF INTER	VENTIONAL PAIN F	PHYSICIAN	PAC					
Full Name (Last, First, Middle Initial)								
A. FRIENDS OF SESSIONS SENAT	E COMMITTEE INC	;	Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P O BOX 4278			04 05 2013					
City	State Zip Code							
MONTGOMERY	AL 36103		Transaction ID : SB23.10626					
Purpose of Disbursement Political Contribution								
Candidate Name			Amount of Each Disbursement this Period					
JEFF SESSIONS		Category/ Type	5000.00					
	ement For: 2014	турс						
X Senate	Primary General							
President	Other (specify) ▼							
State: AL District: 00								
Full Name (Last, First, Middle Initial) B. LONE STAR LEADERSHIP PAC			Date of Disbursement					
LONE OTAN LEADENORIE FAC			M M / D D / Y Y Y Y					
Mailing Address PO BOX 30844			03 27 2013					
City	State Zip Code		Transaction ID : SB23.10620					
BETHESDA Purpose of Disbursement	MD 20824							
Political Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	5000.00					
MICHAEL C DR BURGESS	ament Fore Socie	Type	3000.00					
	ement For: 2014 Primary General							
President	Other (specify)							
State: TX District: 26								
Full Name (Last, First, Middle Initial)								
C. MARSHA BLACKBURN FOR CO	NGRESS INC.		Date of Disbursement					
Mailing Address PO Box 682185			04 05 2013					
City	State Zip Code		Transaction ID : SB23.10624					
Franklin Purpose of Disbursement	TN 37068							
Political Contribution								
Candidate Name								
MARSHA MRS. BLACKBURN		Category/ Type	5000.00					
Office Sought: House Disburs Senate	ement For: 2014 Primary General							
President	Other (specify)							
State: TN District: 07	▼							
SUBTOTAL of Disbursements This Page (optional)		······	15000.00					
TOTAL This Davied (fact many this fire many))							
TOTAL This Period (last page this line number only	у)							

SCHEDULE B (FEC Form 3X)	CHEDULE B (FEC Form 3X)				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
TIEWIZED DISDOTISEWENTS	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26		
	Detailed Suffilliary Fage	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Stater	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN P	HYSICIAN	PAC		
Full Name (Last, First, Middle Initial)					
A. MICHAEL BURGESS FOR CONG	RESS		Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 2334			03 27 2013		
City	State Zip Code				
Denton	TX 76202		Transaction ID : SB23.10621		
Purpose of Disbursement	. 0202				
Political Contribution		1 11	Amount of Each Disbursement this Period		
Candidate Name		Category/			
MICHAEL C DR BURGESS		Type	5000.00		
Office Sought: House Disburser	ment For: 2014				
Senate X	Primary General				
President	Other (specify) ▼				
State: TX District: 26					
Full Name (Last, First, Middle Initial)			Data of Dieburgarant		
B. THOROUGHBRED PAC			Date of Disbursement		
Mailing Address PO BOX 65116			05 30 2013		
C/O ARENT FOX PLLC					
City	State Zip Code		Transaction ID - SB22 40540		
WASHINGTON	DC 20035		Transaction ID : SB23.10640		
Purpose of Disbursement Political Contribution					
			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Office Sought: House Disburser	ment For: 2014	Туре	7		
	Primary General				
President	Other (specify)				
State: District:	(-				
Full Name (Last, First, Middle Initial)					
C. TRUST PAC TEAM REPUBLICANS FOR U	JTILIZING SENSIBLE TA	CTICS	Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 228 S. WASHINGTON STREET			05 30 2013		
SUITE 115	21. O. d.				
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID: SB23.10639		
Purpose of Disbursement	22011				
Political Contribution	' '	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00		
		Туре	5000.00		
	ment For: 2014				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUPTOTAL of Dishuranments This Dags (anti-cu-1)			15000.00		
SUBTOTAL of Disbursements This Page (optional)		······			
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 41 OF 45				
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	SWIDELL.				
	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30l				
Any information copied from such Reports and State	ments may not be sold or u	sed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN F	PHYSICIAN	PAC				
/							
Full Name (Last, First, Middle Initial)			Data of Dishursoment				
A. UPTON FOR ALL OF US			Date of Disbursement				
Mailing Address P.O. Box 490			05 30 2013				
			00 00 2010				
City	State Zip Code		Transaction ID : SB23.10637				
St. Joseph	MI 49085		Transaction ID: SB23.10637				
Purpose of Disbursement Political Contribution			Assessed of Foods Disharm would this Desired				
Candidate Name			Amount of Each Disbursement this Period				
FREDERICK STEPHEN UPTON		Category/ Type	5000.00				
	ment For: 2014	туре					
Senate Signal	Primary General						
President	Other (specify) ▼						
State: MI District: 06							
Full Name (Last, First, Middle Initial)							
B. VOLUNTEERS FOR SHIMKUS			Date of Disbursement				
NA 111			06 04 2013				
Mailing Address P.O. Box 5458	Mailing Address P.O. Box 5458						
City	City State Zip Code						
Springfield	IL 62705		Transaction ID : SB23.10641				
Purpose of Disbursement Political Contribution	Purpose of Disbursement						
			Amount of Each Disbursement this Period				
Candidate Name JOHN M SHIMKUS		Category/	5000.00				
	ment For: 2014	Туре					
Senate Seagning Senate	Primary General						
President	Other (specify) ▼						
State: IL District: 19	· 						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code						
•	,						
Purpose of Disbursement							
Can dislate Name			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Office Sought: House Disburse	ment For:	Туре	7				
Senate Disburse	Primary General						
President	Other (specify)						
State: District:	· · · · · · · · · · · · · · · · · · ·						
SUBTOTAL of Disbursements This Page (optional)			10000.00				
<u> </u>							
TOTAL This Period (last page this line number only)		77000.00				

S	CHEDULE B (FEC Form 3X)	lles seri	wata aabaaliila/-\	FOR LINE NUMBER: PAGE 42 OF 45					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only					
			Summary Page	27	28a 28b	24 25 26 28c X 29 30b			
Ar	by information copied from such Reports and Staten	ı nents may ı	not be sold or us	ed by any perso	on for the purpose of				
	for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)	,_,							
$ \rangle$	AMERICAN SOCIETY OF INTERV	ENTIO	NAL PAIN P	HYSICIAN	PAC				
<u></u>	Full Name (Last, First, Middle Initial)								
Α.	Bantera Bank				Date of Disbursen	nent			
	Mailing Address 3151 Jackson Street				02 28				
	Mailing Address 3131 Jackson Street				02 20	2013			
	,	State	Zip Code		Transaction ID :	SB29.10666			
	Purpose of Disbursement	KY	42003						
	Payment for credit card fees				Amount of Each D	Disbursement this Period			
	Candidate Name			Category/		138.26			
	Office Sought: House Disbursen			Type		130.20			
		nent For: Primary	General						
		Other (spe							
_	State: District:								
В.	Full Name (Last, First, Middle Initial)				Data of Dishurson	a a m t			
О.	Bantera Bank				Date of Disbursen				
	Mailing Address 3151 Jackson Street				02 28				
		State	Zip Code		Transaction ID :	SB29.10667			
	Paducah Purpose of Disbursement	KY	42003						
	Brokerage fees				Amount of Each D	Disbursement this Period			
	Candidate Name			Category/		316.17			
	Office Sought: House Disbursen	ant For:		Туре	7	010.17			
		Primary	General						
		Other (spec	cify) 🔻						
_	State: District:								
_	Full Name (Last, First, Middle Initial)				Date of Disbursen	aont			
C.	Bantera Bank				M M / D D				
	Mailing Address 3151 Jackson Street				03 31				
	City	State	Zip Code						
	Paducah	KY	42003		Transaction ID:	SB29.10671			
	Purpose of Disbursement Payment for credit card fees								
Candidate Name				Category/	Amount of Each D	Disbursement this Period			
				Type		362.95			
	Office Sought: House Disbursen								
		Primary Other (spec	General						
	State: District:	Cirioi (Spe	~ <i>y</i> / ▼						
Г	1								
s	UBTOTAL of Disbursements This Page (optional)			·····•		817.38			
-	OTAL This Davied (last ware this line murches and)								
1 1	OTAL This Period (last page this line number only)								

S ľ

S	CHEDULE B (FEC Form 3X) FOR LINE			LINE	IE NUMBER: PAGE 43 OF 45						45			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	c(s) (check only one)										
			Summary Page			21b	22		23		24	25		26
_						27	28a		28b	Ш		X 29		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													
\setminus	NAME OF COMMITTEE (In Full)													
	AMERICAN SOCIETY OF INTERV	'ENTIOI	NAL PAIN F	PH'	/SIC	IAN	PAC							
$\overline{}$	Full Name (Last, First, Middle Initial)													
Α.	Bantera Bank						Date of	of Di	sburse			Y	V	
	Mailing Address 3151 Jackson Street						04	,	3	- 1		2013		
	City	State	Zip Code				Tran	eact	ion ID	. QE	329.106	72		
	Paducah	KY	42003				IIaii	Saci	טו ווטו	. 36	23.100	70		
	Purpose of Disbursement Payment for credit card fees				-		Amoui	nt of	Each	Disb	urseme	ent this	Perio	d
	Candidate Name			C	atego				-			23	9.04	٦
	Office Sought: House Disbursen	nent For:			Туре				7		7			
		Primary	General											
		Other (spe	cify) 🔻											
	State: District:													
	Full Name (Last, First, Middle Initial)													
В.	Bantera Bank						Date of	of Di	sburse	men	t			
	Mailing Address 3151 Jackson Street						M = N	/	3	0	/ Y	2013	Y	
	,	State	Zip Code				Tran	sact	ion ID	: SE	329.106	79		
	Purpose of Disbursement	KY	42003											
	Bank fee			Г			Amoui	nt of	Each	Disb	urseme	ent this	Perio	d
	Candidate Name			C	atego	rv/			-		-		0.00	П
					Type				7	_	7	2	0.00	4
	Office Sought: House Disbursen													
		Primary	General											
	State: District:	Other (spe	city) \blacktriangledown											
_	Full Name (Last, First, Middle Initial)													
C.	Bantera Bank						Date of	of Di	sburse	men	t			
							M	Л /	D	D	/ Y	ΥΥ	Υ	
	Mailing Address 3151 Jackson Street						05		3	1		2013	ш	
	City	State	Zip Code				T		: ID		200 400			
		KY	42003				ıran	sact	ion iD	: 55	329.106	80		
	Purpose of Disbursement Payment for credit card fees													
	Candidate Name			L	-		Amoui	nt of	Each	Disb	urseme	ent this	Perio	d
	Candidate Name			С	atego Type							46	2.12	П
	Office Sought: House Disbursen	nent For:			.,,,,				7		7			
	Senate	Primary	General											
	President	Other (spe	cify) ▼											
_	State: District:													
									-			70	1.16	П
L	SUBTOTAL of Disbursements This Page (optional)					<u> </u>			7		7	12	0	
,	OTAL This Period (last page this line number only)													
1.	The same (and page the mile named)								7		7			_

S ľ

S	EDULE B (FEC Form 3X) FOR LINE			FOR LINE I	E NUMBER: PAGE 44 OF 45					
IT	EMIZED DISBURSEMENTS	Use separate s for each catego		(check only						
		Detailed Summ		21b	22 23	24 25 26				
_				27	28a 28b					
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam									
\setminus	NAME OF COMMITTEE (In Full)									
	AMERICAN SOCIETY OF INTERV	ENTIONAL	PAIN PH	HYSICIAN	PAC					
_	Full Name (Last, First, Middle Initial)				5					
Α.	Bantera Bank				Date of Disbur					
	Mailing Address 3151 Jackson Street				05	31 2013				
	City	State Zip (Code			D 0000 40004				
	Paducah	KY 4200	03		Transaction	D : SB29.10681				
	Purpose of Disbursement Brokerage fees				Amount of Eac	h Disbursement this Period				
	Candidate Name			Category/		217.46				
				Type		317.46				
	Office Sought: House Disbursen		0 1							
		Primary Other (specify)	General							
	State: District:	Other (specify)								
_	Full Name (Last, First, Middle Initial)									
В.	•				Date of Disbur	sement				
	Mailing Address 3151 Jackson Street				M M / D	31 2013				
					40	20,0				
	City S Paducah	State Zip (KY 420	Code		Transaction	D : SB29.10682				
	Purpose of Disbursement	420	03							
	Change in investment				Amount of Eac	h Disbursement this Period				
	Candidate Name			Category/		1218.84				
	0/7	. =		Type		1210.04				
	Office Sought: House Disbursen Senate	nent For: Primary	General							
		Other (specify)								
	State: District:	Care (opecany)	•							
_	Full Name (Last, First, Middle Initial)									
C.	Bantera Bank				Date of Disbur	sement				
	-					D / Y Y Y Y Y				
	Mailing Address 3151 Jackson Street				06	30 2013				
	City	State Zip (Code							
	Paducah	KY 4200			Transaction	D : SB29.10687				
	Purpose of Disbursement Payment for credit card fees									
	Candidate Name				Amount of Eac	h Disbursement this Period				
	Candidate Name			Category/ Type		198.45				
	Office Sought: House Disbursen	nent For:		, ypc	7					
		Primary	General							
	President	Other (specify)	7							
_	State: District:									
						4704.75				
Ls	GUBTOTAL of Disbursements This Page (optional)			······	7	1734.75				
١,	OTAL This Period (last page this line number only)									
1 '	VIAL THIS I CHOOL (last page this line number only)									

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 OF 45					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only					
			Summary Page	21b 27	22 23 28a 28b	24 25 26 28c × 29 30b			
Δι	ny information copied from such Reports and Staten	l nents may	not he sold or us						
	for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	AMERICAN SOCIETY OF INTERV	'ENTIO	NAL PAIN F	HYSICIAN	PAC				
\angle	Full Name (Last, First, Middle Initial)			1					
Α.					Date of Disburser	ment			
					M M / D	D / Y Y Y Y Y			
	Mailing Address 3151 Jackson Street				06 30	2013			
	City 5	State	Zip Code						
	Paducah	KY	42003		Transaction ID	: SB29.10688			
	Purpose of Disbursement			$\overline{}$	_				
	Change in investment Candidate Name				Amount of Each I	Disbursement this Period			
	Candidate Natife			Category/ Type		4559.01			
	Office Sought: House Disbursen	nent For:		ı ype		7			
		Primary	General						
	President	Other (spe	cify) 🔻						
_	State: District:								
В.	Full Name (Last, First, Middle Initial) KEN CUCCINELLI FOR GOVERN	ΩR			Date of Disburser	ment			
					M M / D				
	Mailing Address 10560 Main Street Suite 218				05 02				
	City State Zin Code								
	City S Fairfax	State VA	Zip Code 22030		Transaction ID	: SB29.10691			
	Purpose of Disbursement								
	Political Contribution (State Contribution)				Amount of Each I	Disbursement this Period			
	Candidate Name Ken Cuccinelli			Category/		5000.00			
	Office Sought: House Disbursen	nent For:		Туре					
		Primary	General						
	President	Other (spe	cify) ▼						
_	State: District:								
_	Full Name (Last, First, Middle Initial)	- A -			Date of Disburser	ment			
C.	RE-ELECT HUTCHINSON FOR S	IAIES	ENAIE		Date of Disburser				
	Mailing Address 201 East North Street				06 06				
	•	State AR	Zip Code 72015		Transaction ID	: SB29.10693			
	Purpose of Disbursement	, (1)	12010						
	Political Contribution (State Contribution)				Amount of Each I	Disbursement this Period			
	Candidate Name			Category/		2000.00			
	Office Sought: House Disbursen	nent Ecr		Туре		2000.00			
		Primary	General						
	President	Other (spe							
	State: District:								
						44550.04			
S	SUBTOTAL of Disbursements This Page (optional)			·····•		11559.01			
Γ,	OTAL This Period (last peace this line number and)					14832.30			
1 '	OTAL This Period (last page this line number only)								