

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) 2831 Lone Oak Road  
 Check if different than previously reported. (ACC)  
Paducah KY 42003

2. **FEC IDENTIFICATION NUMBER** C00351197  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

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

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti Date 04 20 2010

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 Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		374826.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	371697.28									
(c) Total Receipts (from Line 19) .....	16674.85	65323.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	388372.13	440149.85								
7. Total Disbursements (from Line 31) .....	22629.77	74407.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	365742.36	365742.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11376.66	39634.98
(ii) Unitemized .....	500.00	1420.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11876.66	41054.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11876.66	41054.98
12. Transfers From Affiliated/Other Party Committees .....	0.00	16975.89
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4798.19	7292.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16674.85	65323.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16674.85	65323.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2629.77	4407.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2629.77	4407.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	70000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22629.77	74407.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22629.77	74407.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11876.66	41054.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11876.66	41054.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2629.77	4407.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2629.77	4407.49

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
C. Duane Bellamy

Mailing Address 927 Squire Oaks Drive

City State Zip Code  
Villa Hills KY 41017

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

Name of Employer Pain Mgmt. Assoc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 02 / 2010  
Transaction ID: SA11AI.9299  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Carle, MD

Mailing Address 1018 Sussex Road

City State Zip Code  
Towson MD 21286

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 25 / 2010  
Transaction ID: SA11AI.9314  
Amount of Each Receipt this Period: 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Eddy, MD

Mailing Address 4108 Prien Court Drive

City State Zip Code  
Lake Charles LA 70605

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

Name of Employer Interventional Pain Management Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 30 / 2010  
Transaction ID: SA11AI.9317  
Amount of Each Receipt this Period: 365.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Edward Frankoski, MD

Mailing Address 2980 W Lake Vista Circle

City State Zip Code  
Davie FL 33328

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sheridan Healthcare Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2010

**Transaction ID:** SA11AI.9320

Amount of Each Receipt this Period 100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Chris Galuardi

Mailing Address 305 Powell Circle

City State Zip Code  
Berlin MD 21811

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Berlin Interventional Pain Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2010

**Transaction ID:** SA11AI.9307

Amount of Each Receipt this Period 1000.00

Contribution

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

Mailing Address P.O. Box 6680

City State Zip Code  
Denver CO 80206

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Spine One, Inc. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 30 / 2010

**Transaction ID:** SA11AI.9321

Amount of Each Receipt this Period 300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14  
(check only one)

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

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

**A.**

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

Mailing Address 903 Harbor Drive

City State Zip Code  
Bellecur Beach FL 33786

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

Name of Employer Clearwater Pain Management Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2010

Transaction ID: SA11AI.9322

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Marion Lee, MD

Mailing Address 2233 Arabi-Warwick Road

City State Zip Code  
Cordele GA 31015

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

Name of Employer Attrinity Health Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2010

Transaction ID: SA11AI.9323

Amount of Each Receipt this Period  
416.66

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Edward Magaziner, MD

Mailing Address 2186 Route 27

City State Zip Code  
New Brunswick NJ 08902

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.9300

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1016.66**

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

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

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

FOR LINE NUMBER: PAGE 9 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Poss, MD  
Mailing Address 1818 Amherst Street  
City Winchester State VA Zip Code 22601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 03 / 30 / 2010  
Transaction ID: SA11AI.9324  
Amount of Each Receipt this Period 170.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Prater, MD  
Mailing Address 11105 Pine Greens Ct.  
City Las Vegas State NV Zip Code 89144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 09 / 2010  
Transaction ID: SA11AI.9302  
Amount of Each Receipt this Period 300.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Francis Riegler, MD  
Mailing Address 3827 Castlerock Rd.  
City Malibu State CA Zip Code 90265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Universal Pain Mgmt. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 03 / 30 / 2010  
Transaction ID: SA11AI.9325  
Amount of Each Receipt this Period 125.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 595.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Bradley Wargo, MD

Mailing Address PO Box 7868

City State Zip Code  
Paducah KY 42002

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

Name of Employer Occupation  
Pain Management Center of Padu Physician

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

Date of Receipt

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

Transaction ID: SA11AI.9303

Amount of Each Receipt this Period

500.00
--------

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James Wilson, MD

Mailing Address 2716 Cheyenne Drive

City State Zip Code  
Naperville IL 60565

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

Name of Employer Occupation  
Self Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	0

Transaction ID: SA11AI.9312

Amount of Each Receipt this Period

5000.00
---------

Contribution

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

5500.00
---------

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

11376.66
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2579.01

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA17.9326

Amount of Each Receipt this Period

84.37

Monthly interest earned

**B.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3392.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA17.9327

Amount of Each Receipt this Period

812.99

Dividends earned

**C.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

7292.83

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA17.9328

Amount of Each Receipt this Period

3900.83

Change in investment

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

4798.19

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

4798.19

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9340 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 208.77
<b>B.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment to IRS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9341 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 2421.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2629.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2629.77

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Political Contribution

Candidate Name  
A.B. III CHANDLER

Office Sought:  House  
 Senate  
 President

State: KY District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Political Contribution

Candidate Name  
A.B. III CHANDLER

Office Sought:  House  
 Senate  
 President

State: KY District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9336

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Political Contribution

Candidate Name  
KEVIN MCCARTHY

Office Sought:  House  
 Senate  
 President

State: CA District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

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

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

A.

Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Transaction ID: SB23.9339

Date of Disbursement

Mailing Address 2720 JORDAN ROAD

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

City OREFIELD State PA Zip Code 18069

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name  
PATRICK JOSEPH TOOMEY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

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

5000.00
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TOTAL This Period (last page this line number only) ..... ►

2000.00
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