

# 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 07 01 2007 through 12 31 2007

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 01 31 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		160366.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	258388.87									
(c) Total Receipts (from Line 19) .....	138586.88	292832.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	396975.75	453199.36								
7. Total Disbursements (from Line 31) .....	116277.56	172501.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	280698.19	280698.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	126855.00	268810.00
(i) Itemized (use Schedule A) .....	3475.00	11575.00
(ii) Unitemized .....	130330.00	280385.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	130330.00	280385.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8256.88	11447.44
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)) .....	138586.88	292832.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	138586.88	292832.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	6777.56	11001.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6777.56	11001.17
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	97500.00	147500.00
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 .....	2000.00	2000.00
(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)) .....	2000.00	2000.00
29. Other Disbursements.....	5000.00	7000.00
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))..	116277.56	172501.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116277.56	172501.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	130330.00	280385.00
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	128330.00	278385.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6777.56	11001.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6777.56	11001.17

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 86  
(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)  
Dr. Eduardo Anguizola

Mailing Address **1401 N Tustin Ave**  
**Suite 140**

City **Santa Ana** State **CA** Zip Code **92705**

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

Name of Employer Self Occupation **Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 21 / 2007**

**Transaction ID: SA11AI.7843**

Amount of Each Receipt this Period **500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Sairam Atluri MD

Mailing Address **10160 Meadowknoll Drive**

City **Loveland** State **OH** Zip Code **45140**

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

Name of Employer AICC Occupation **Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 29 / 2007**

**Transaction ID: SA11AI.7734**

Amount of Each Receipt this Period **5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Badalamenti

Mailing Address **40102 N. Majesty Trail**

City **Anthem** State **AZ** Zip Code **85086**

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

Name of Employer Pain Center Arizona Occupation **Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 30 / 2007**

**Transaction ID: SA11AI.7557**

Amount of Each Receipt this Period **250.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**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 / 86  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) J. Scott Bainbridge</p> <p>Mailing Address 5101 E. Princeton Ave.</p> <hr/> <p>City State Zip Code <b>Englewood CO 80113</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Denver Spine Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 7</span></p> <p><b>Transaction ID: SA11AI.7668</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">365.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Lee A. Balaklaw, MD</p> <p>Mailing Address P.O. Box 903</p> <hr/> <p>City State Zip Code <b>Louisa KY 41230</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Anesthesia Assoc. of Loui- Physician sa</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 8 / 2 3 / 2 0 0 7</span></p> <p><b>Transaction ID: SA11AI.7546</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James Barrett, MD</p> <p>Mailing Address 1235 Penn Ave Suite 302</p> <hr/> <p>City State Zip Code <b>Wyomissing PA 19610</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Center for Pain Control Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 8 / 3 0 / 2 0 0 7</span></p> <p><b>Transaction ID: SA11AI.7558</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>965.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 86
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Elias Benhamou	Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address 1616 Fountain View #510	<b>Transaction ID:</b> SA11AI.7737
	City Houston State TX Zip Code 77057	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Bertrand, MD	Date of Receipt MM / DD / YYYY 09 / 25 / 2007
	Mailing Address 1701 Tillicum Ave.	<b>Transaction ID:</b> SA11AI.7612
	City Wasilla State AK Zip Code 48840	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan Blatt MD	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 3405 Belknap Drive	<b>Transaction ID:</b> SA11AI.7710
	City West Linn State OR Zip Code 97068	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer self Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 86  
(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)  
Mark Brown

Mailing Address 1310 Pristine Way

City State Zip Code  
Sugar Land TX 77470

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

Name of Employer MCAA Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7788

Amount of Each Receipt this Period  
365.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Brusky

Mailing Address 1090 Weston Hills Dr.

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7597

Amount of Each Receipt this Period  
365.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
David Bryce

Mailing Address 7329 Summit Ridge Rd.

City State Zip Code  
Middletown, WI 53562

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

Name of Employer ADM Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	7

**Transaction ID:** SA11AI.7510

Amount of Each Receipt this Period  
3000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3730.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 86  
(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)  
Ricardo Buenaventura

Mailing Address 279 Timberleaf Dr.

City State Zip Code  
Beavercreek OH 45430

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

Name of Employer Occupation  
Dayton Pain Med Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2007

**Transaction ID:** SA11AI.7598

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

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

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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 ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7514

Amount of Each Receipt this Period  
400.00

Contribution

**C.**

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

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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 ▼ 2200.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

**Transaction ID:** SA11AI.7560

Amount of Each Receipt this Period  
400.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 86  
(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)  
Michael Burdine, MD

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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 ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11AI.7623

Amount of Each Receipt this Period  
400.00

Contribution

**B.**

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

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 29 / 2007

**Transaction ID:** SA11AI.7670

Amount of Each Receipt this Period  
400.00

Contribution

**C.**

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

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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 ▼ 3400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 29 / 2007

**Transaction ID:** SA11AI.7739

Amount of Each Receipt this Period  
400.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 12 / 86  
(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)  
Michael Burdine, MD

Mailing Address 2267 Cedardale

City State Zip Code  
Baton Rouge LA 70808

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 ▼ 3800.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2007

**Transaction ID:** SA11AI.7819

Amount of Each Receipt this Period  
400.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Burdine

Mailing Address 2267 Cedardale Ave

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Self Occupation  
Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7513

Amount of Each Receipt this Period  
400.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Burdine

Mailing Address 2267 Cedardale Ave

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Self Occupation  
Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

**Transaction ID:** SA11AI.7559

Amount of Each Receipt this Period  
400.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 86  
(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)  
Patricia Burdine  
Mailing Address 2267 Cedardale Ave  
City Baton Rouge State LA Zip Code 70808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Sales Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2600.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: SA11AI.7622  
Amount of Each Receipt this Period 400.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Patricia Burdine  
Mailing Address 2267 Cedardale Ave  
City Baton Rouge State LA Zip Code 70808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Sales Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 10 / 29 / 2007  
Transaction ID: SA11AI.7669  
Amount of Each Receipt this Period 400.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patricia Burdine  
Mailing Address 2267 Cedardale Ave  
City Baton Rouge State LA Zip Code 70808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Sales Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3400.00  
Date of Receipt 11 / 29 / 2007  
Transaction ID: SA11AI.7738  
Amount of Each Receipt this Period 400.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 14 / 86  
(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)  
Patricia Burdine  
 Mailing Address 2267 Cedardale Ave  
 City State Zip Code  
Baton Rouge LA 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3800.00  
 Date of Receipt 12 / 20 / 2007  
**Transaction ID:** SA11AI.7818  
 Amount of Each Receipt this Period 400.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Russell Carter  
 Mailing Address 205 Peddler Place  
 City State Zip Code  
Pittsburgh PA 15212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegheny General Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00  
 Date of Receipt 12 / 20 / 2007  
**Transaction ID:** SA11AI.7822  
 Amount of Each Receipt this Period 365.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Cleofe Casambre, MD  
 Mailing Address 6342 North Sheridan Road 1B  
 City State Zip Code  
Chicago IL 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00  
 Date of Receipt 08 / 01 / 2007  
**Transaction ID:** SA11AI.7539  
 Amount of Each Receipt this Period 365.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1130.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 86  
(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) Sundar Cherala		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
Mailing Address 1710 N randall Rd. #370		Transaction ID: SA11AI.7741
City Elgin	State IL	Zip Code 60123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fox Valley Pain Center	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Tim Chowhurdy		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address 294 Vinewood Lane		Transaction ID: SA11AI.7605
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**C.**

Full Name (Last, First, Middle Initial) Joseph Chun		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
Mailing Address 1004 Tennyson Close		Transaction ID: SA11AI.7652
City Moosic	State PA	Zip Code 18507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 86  
(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)  
Wayne Cockrell

Mailing Address 18423 Point Clear Ct.

City State Zip Code  
Fairhope AL 36532

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: 08 / 30 / 2007  
Transaction ID: SA11AI.7563  
Amount of Each Receipt this Period: 500.00  
Contribution

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

Mailing Address 12700 Alswell Lane

City State Zip Code  
St. Louis MO 63128

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

Name of Employer South Conty Anesthesia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 30 / 2007  
Transaction ID: SA11AI.7566  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Corey Conn

Mailing Address 701 Tete L'ours Dr.

City State Zip Code  
Mandeville LA 70471

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 11 / 28 / 2007  
Transaction ID: SA11AI.7713  
Amount of Each Receipt this Period: 365.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 86  
(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)  
Harold Cordner, MD

Mailing Address 12635 North A1A

City State Zip Code  
Vero Beach FL 32963

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 ▼ 3650.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7515

Amount of Each Receipt this Period  
3650.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Steve Croy

Mailing Address 20 Endicott Lane

City State Zip Code  
Highwood IL 60040

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

Name of Employer Anesthesia Consultants, LTD. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2007

**Transaction ID:** SA11AI.7599

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Culclasure

Mailing Address 3325 Love Circle

City State Zip Code  
Nashville TN 37212

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

Name of Employer Nerosurgical Assc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** SA11AI.7624

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5650.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 86  
(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)  
Joseph Curletta, MD

Mailing Address 690 N. Cofco Center Court  
Ste 250

City Phoenix State AZ Zip Code 85008

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 07 / 25 / 2007

Transaction ID: SA11AI.7516

Amount of Each Receipt this Period 50.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joseph Curletta, MD

Mailing Address 690 N. Cofco Center Court  
Ste 250

City Phoenix State AZ Zip Code 85008

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 ▼ 350.00

Date of Receipt 08 / 30 / 2007

Transaction ID: SA11AI.7567

Amount of Each Receipt this Period 50.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joseph Curletta, MD

Mailing Address 690 N. Cofco Center Court  
Ste 250

City Phoenix State AZ Zip Code 85008

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 ▼ 400.00

Date of Receipt 09 / 28 / 2007

Transaction ID: SA11AI.7625

Amount of Each Receipt this Period 50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 86  
(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) Joseph Curletta, MD		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 690 N. Cofco Center Court Ste 250		<b>Transaction ID:</b> SA11AI.7626
City Phoenix	State AZ	Zip Code 85008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph Curletta, MD		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
Mailing Address 690 N. Cofco Center Court Ste 250		<b>Transaction ID:</b> SA11AI.7671
City Phoenix	State AZ	Zip Code 85008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	

**C.**

Full Name (Last, First, Middle Initial) Joseph Curletta, MD		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
Mailing Address 690 N. Cofco Center Court Ste 250		<b>Transaction ID:</b> SA11AI.7742
City Phoenix	State AZ	Zip Code 85008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	465.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 86

(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)  
Joseph Curletta, MD

Mailing Address 690 N. Cofco Center Court  
Ste 250

City State Zip Code  
Phoenix AZ 85008

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 ▼ 915.00

Date of Receipt MM / DD / YYYY  
12 / 20 / 2007

**Transaction ID:** SA11AI.7823

Amount of Each Receipt this Period 50.00

Contribution

**B.**

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

Mailing Address 3301 New Mexico Ave  
#346

City State Zip Code  
Washington DC 20016

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 MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** SA11AI.7627

Amount of Each Receipt this Period 500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Rodrigo Duralde

Mailing Address 200 Colonial Homes Dr. #1106

City State Zip Code  
Atlanta GA 30309

FEC ID number of contributing federal political committee. C

Name of Employer Pain Consultants of Atlanta Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
11 / 14 / 2007

**Transaction ID:** SA11AI.7698

Amount of Each Receipt this Period 2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 2550.00

**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 21 / 86  
(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)  
Richard Epter  
Mailing Address P.O. Box 211839  
City Augusta State GA Zip Code 30917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Augusta Pain Center Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00  
Date of Receipt 07 / 25 / 2007  
Transaction ID: SA11AI.7517  
Amount of Each Receipt this Period 305.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Richard Epter  
Mailing Address P.O. Box 211839  
City Augusta State GA Zip Code 30917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Augusta Pain Center Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00  
Date of Receipt 08 / 30 / 2007  
Transaction ID: SA11AI.7568  
Amount of Each Receipt this Period 305.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Richard Epter  
Mailing Address P.O. Box 211839  
City Augusta State GA Zip Code 30917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Augusta Pain Center Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 915.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: SA11AI.7628  
Amount of Each Receipt this Period 305.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 915.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 86  
(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)  
Richard Epter

Mailing Address P.O. Box 211839

City State Zip Code  
Augusta GA 30917

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

Name of Employer Occupation  
Augusta Pain Center MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2007

**Transaction ID:** SA11AI.7672

Amount of Each Receipt this Period  
305.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Richard Epter

Mailing Address P.O. Box 211839

City State Zip Code  
Augusta GA 30917

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

Name of Employer Occupation  
Augusta Pain Center MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** SA11AI.7743

Amount of Each Receipt this Period  
305.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Epter

Mailing Address P.O. Box 211839

City State Zip Code  
Augusta GA 30917

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

Name of Employer Occupation  
Augusta Pain Center MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1830.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2007

**Transaction ID:** SA11AI.7825

Amount of Each Receipt this Period  
305.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **915.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 86  
(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)  
Jonathan Fenton, MD

Mailing Address 439 Ten Stones Circle

City State Zip Code  
Charlotte VT 05445

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7518

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan Fenton, MD

Mailing Address 439 Ten Stones Circle

City State Zip Code  
Charlotte VT 05445

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

**Transaction ID:** SA11AI.7569

Amount of Each Receipt this Period  
50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Fenton, MD

Mailing Address 439 Ten Stones Circle

City State Zip Code  
Charlotte VT 05445

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** SA11AI.7629

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 86

(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)  
Jonathan Fenton, MD

Mailing Address 439 Ten Stones Circle

City State Zip Code  
Charlotte VT 05445

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.7673

Amount of Each Receipt this Period  
50.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Wayne Fleischhacker, MD

Mailing Address 13 Old Dutch Rd

City State Zip Code  
Warren NJ 07059

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

Name of Employer Union Anesthesia Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7714

Amount of Each Receipt this Period  
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
James Fontaine

Mailing Address 5725 W. Las Positas #200

City State Zip Code  
Augusta GA 30917

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

Name of Employer Augusta Pain Center 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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.7746

Amount of Each Receipt this Period  
500.00

Contribution

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 86  
(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)  
Kevin Free

Mailing Address 15800 Caloosa Creek Circle

City State Zip Code  
Ft. Myers FL 33908

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 12 / 03 / 2007  
Transaction ID: SA11AI.7791  
Amount of Each Receipt this Period: 365.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mayo Friedlis, MD

Mailing Address 490 Lost Trail Way

City State Zip Code  
Potomac MD 20854

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 07 / 2007  
Transaction ID: SA11AI.7690  
Amount of Each Receipt this Period: 4000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Garguilo, MD

Mailing Address PO Box 315

City State Zip Code  
Quogue NY 11959

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

Name of Employer Eat Pain Management Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 30 / 2007  
Transaction ID: SA11AI.7575  
Amount of Each Receipt this Period: 50.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4415.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 86  
(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)  
Juan Garguilo, MD  
 Mailing Address PO Box 315  
 City State Zip Code  
 Quogue NY 11959  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7  
**Transaction ID:** SA11AI.7630  
 Amount of Each Receipt this Period  
 50.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eat Pain Management Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
John Givorgre, MD  
 Mailing Address 1120 Springdale Rd  
 City State Zip Code  
 Gainesville GA 30501  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 7  
**Transaction ID:** SA11AI.7702  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Glaser  
 Mailing Address 100 Tower Dr.  
 Suite 120  
 City State Zip Code  
 Burr Ridge IL 60527  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.7520  
 Amount of Each Receipt this Period  
 365.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pain Spec.of Greater Chicago Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1415.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 86  
(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)  
Scott Glaser

Mailing Address 100 Tower Dr.  
Suite 120

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Pain Spec.of Greater Chic-ago  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 08 / 30 / 2007  
**Transaction ID:** SA11AI.7577  
 Amount of Each Receipt this Period 365.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Scott Glaser

Mailing Address 100 Tower Dr.  
Suite 120

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Pain Spec.of Greater Chic-ago  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID:** SA11AI.7631  
 Amount of Each Receipt this Period 365.00  
 Contribution

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

Mailing Address 100 Tower Dr.  
Suite 120

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Pain Spec.of Greater Chic-ago  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1460.00

Date of Receipt 10 / 29 / 2007  
**Transaction ID:** SA11AI.7674  
 Amount of Each Receipt this Period 365.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1095.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 86  
(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)  
Scott Glaser

Mailing Address 100 Tower Dr.  
Suite 120

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Pain Spec.of Greater Chic-ago  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 11 / 29 / 2007  
**Transaction ID: SA11AI.7747**  
 Amount of Each Receipt this Period 365.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Scott Glaser

Mailing Address 100 Tower Dr.  
Suite 120

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Pain Spec.of Greater Chic-ago  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2190.00

Date of Receipt 12 / 20 / 2007  
**Transaction ID: SA11AI.7826**  
 Amount of Each Receipt this Period 365.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary Glaze, MD

Mailing Address 2801 K St.  
Suite 410

City Sacramento State CA Zip Code 95816

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

Name of Employer Self  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 24 / 2007  
**Transaction ID: SA11AI.7657**  
 Amount of Each Receipt this Period 365.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1095.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 86  
(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)  
Raka Gohel

Mailing Address 425 Holderrieth Blvd.  
Suite 211

City State Zip Code  
Tomball TX 77375

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

Name of Employer  
Diagnostic Pain & Treatment

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7677

Amount of Each Receipt this Period  
365.00

Contribution

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

Mailing Address 1475 E Canyon Spring t.

City State Zip Code  
Tuscon AZ 85718

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

Name of Employer  
PISA

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

**Transaction ID:** SA11AI.7688

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 2815 Lake Drive SE

City State Zip Code  
Grand Rapids MI 49056

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

Name of Employer  
Self

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7748

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3365.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 86  
(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) Dr. Richard Gregg		Date of Receipt MM / DD / YYYY 07 / 24 / 2007
Mailing Address 9580 Linfield Drive		<b>Transaction ID:</b> SA11AI.7512
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesia Associates of Cincinnati	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Hamilton		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address P.O. Box 29		<b>Transaction ID:</b> SA11AI.7632
City Arcadia	State FL	Zip Code 34265
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer West Coast Anest.	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**C.**

Full Name (Last, First, Middle Initial) Jonathan Herland		Date of Receipt MM / DD / YYYY 12 / 03 / 2007
Mailing Address PO Box 277		<b>Transaction ID:</b> SA11AI.7794
City Orono	State ME	Zip Code 04473
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1865.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 86  
(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)  
Luis Hernandez

Mailing Address 112 Monticello Ct.

City Pearl River State LA Zip Code 70452

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2007  
**Transaction ID:** SA11AI.7680  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Graf Hilgenhurst

Mailing Address 9625 Deer Track Ct.

City Brentwood State TN Zip Code 37027

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

Name of Employer Precision Pain Care Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 18 / 2007  
**Transaction ID:** SA11AI.7607  
 Amount of Each Receipt this Period: 365.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Hurley

Mailing Address 2200 N. 25th

City Waco State TX Zip Code 76708

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: 08 / 29 / 2007  
**Transaction ID:** SA11AI.7553  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 86  
(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)  
Joseph Jasper, MD

Mailing Address 2611 Lemons Beach Rd. W

City State Zip Code  
University Place WA 98465

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

Name of Employer Occupation  
Advanced Pain Med. Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2007

Transaction ID: SA11AI.7658

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code  
Royse City TX 75189

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

Name of Employer Occupation  
Royse City Medical Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

Transaction ID: SA11AI.7580

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code  
Royse City TX 75189

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

Name of Employer Occupation  
Royse City Medical Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

Transaction ID: SA11AI.7633

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 33 / 86

(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)  
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code  
Royse City TX 75189

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

Name of Employer Occupation  
Royse City Medical Physician

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

Date of Receipt

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

Transaction ID: SA11AI.7681

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code  
Royse City TX 75189

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

Name of Employer Occupation  
Royse City Medical Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.7754

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code  
Royse City TX 75189

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

Name of Employer Occupation  
Royse City Medical Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.7830

Amount of Each Receipt this Period  
500.00

Contribution

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 86  
(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)  
Todd Joye

Mailing Address 114 W. Shipyard Rd.

City State Zip Code  
Mt. Pleasant SC 29464

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

Name of Employer: Anesthesia Assoc of Charleston  
Occupation: MD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 20 / 2007  
**Transaction ID:** SA11AI.7831  
 Amount of Each Receipt this Period: 2000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Peter Just

Mailing Address 50 Union St. Suite 3100

City State Zip Code  
Ellsworth ME 04605

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: 11 / 28 / 2007  
**Transaction ID:** SA11AI.7717  
 Amount of Each Receipt this Period: 500.00  
 Contribution

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

Mailing Address 7615 N. Beach Dr.

City State Zip Code  
Fox Point MI 53217

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

Name of Employer: Midwest Physician  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 21 / 2007  
**Transaction ID:** SA11AI.7850  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 86

(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)  
Randolph Kahn

Mailing Address 122 Liberty Corner Rd.

City	State	Zip Code
Warren	NJ	07059

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7720

Amount of Each Receipt this Period  
500.00

Contribution

B.

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.7521

Amount of Each Receipt this Period  
100.00

Contribution

C.

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.7581

Amount of Each Receipt this Period  
100.00

Contribution

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 86  
(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)  
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 ▼ 900.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 09 28 2007  
**Transaction ID:** SA11AI.7634  
 Amount of Each Receipt this Period 100.00  
 Contribution

**B.** 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 ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 10 29 2007  
**Transaction ID:** SA11AI.7682  
 Amount of Each Receipt this Period 100.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Anantha Kamath, MD  
 Mailing Address 790 Edgewater Trail  
 City State Zip Code  
 Atlanta GA 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resurgeon Orthopaedics Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3650.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 07 25 2007  
**Transaction ID:** SA11AI.7522  
 Amount of Each Receipt this Period 3650.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3850.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 37 / 86  
(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)  
Magdalene Kerschner  
Mailing Address 3441 Ivy Hills Blvd.  
City State Zip Code  
Cincinnati OH 45244  
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 10 / 24 / 2007  
Transaction ID: SA11AI.7661  
Amount of Each Receipt this Period 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Kirschenbaum, MD  
Mailing Address 19 N. Calvin Rd.  
City State Zip Code  
Weston CT 06883  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic Specialists Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 11 / 28 / 2007  
Transaction ID: SA11AI.7722  
Amount of Each Receipt this Period 250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Thomas Knox  
Mailing Address 5605 Kyles Lane  
City State Zip Code  
Libery OH 45044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MAC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 29 / 2007  
Transaction ID: SA11AI.7760  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 86

(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)  
Benjamin Lampert, MD

Mailing Address 4367 E. Bogey Ct.

City State Zip Code  
Springfield MO 65809

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

Name of Employer Occupation  
St. John's Physicians Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7854

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Chris Lander

Mailing Address 2050 Abbey Road  
Suite A

City State Zip Code  
Charlottesville VA 22911

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

Name of Employer Occupation  
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.7583

Amount of Each Receipt this Period

365.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Ronald Laub

Mailing Address 3405 Muirfield Dr.

City State Zip Code  
Colorado Springs CO 80907

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

Name of Employer Occupation  
Self Physician

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

Date of Receipt

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

Transaction ID: SA11AI.7601

Amount of Each Receipt this Period

500.00

Contribution

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

1865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 86  
(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) Marion Lee, MD		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
Mailing Address 2233 Arabi-Warwick Road		<b>Transaction ID:</b> SA11AI.7761
City Cordele	State GA	Zip Code 31015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1600.00
Name of Employer Attrinity Health Group	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

**B.**

Full Name (Last, First, Middle Initial) Felix Linesky		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 36472 US 19 North		<b>Transaction ID:</b> SA11AI.7807
City Palm Harbor	State FL	Zip Code 34684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation MD	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) A. Gordon Lyons MD		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 290 East Layfair Suite A		<b>Transaction ID:</b> SA11AI.7636
City Flowoof	State MS	Zip Code 39232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 86  
(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)  
Lakshmana Madala

Mailing Address 1119 Washington Ave.

City State Zip Code  
Saginaw MI 48601

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  
MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** SA11AI.7764

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Scott Magnuson

Mailing Address 4687 W. Mill River Ct.

City State Zip Code  
Coeur d'Alene ID 83814

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  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7862

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-  
on Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7523

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 41 / 86  
(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)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-on  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

**Transaction ID:** SA11AI.7584

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-on  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	7

**Transaction ID:** SA11AI.7637

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-on  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7683

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 42 / 86  
(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)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-on  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** SA11AI.7766

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Osama Malak, MD

Mailing Address 3149 Waterfall Way

City State Zip Code  
Westlake OH 44145

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

Name of Employer Cleveland Clinic Foundati-on  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2007

**Transaction ID:** SA11AI.7832

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sarita Malla

Mailing Address 822 Aspen Way

City State Zip Code  
Paducah KY 42003

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

Name of Employer Self  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7866

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5200.00**

**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 43 / 86  
(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)  
Yogesh Malla

Mailing Address 822 Aspen Way

City Paducah State KY Zip Code 42003

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

Name of Employer Pain Mgmt. Center Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7863

Amount of Each Receipt this Period: 5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Katherine Maurath, MD

Mailing Address 111 Glynco Pkwy Bldg A

City Brunswick State GA Zip Code 31525

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: MM / DD / YYYY  
09 / 25 / 2007

**Transaction ID:** SA11AI.7614

Amount of Each Receipt this Period: 365.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Thomas Meloy

Mailing Address 2918 US Highway 601 S

City Mocksville State NC Zip Code 27028

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

Name of Employer AIPM Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: MM / DD / YYYY  
08 / 29 / 2007

**Transaction ID:** SA11AI.7549

Amount of Each Receipt this Period: 365.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 86  
(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)  
Nathan Miller

Mailing Address 359 Camino Arena

City State Zip Code  
Carlsbad CA 92009

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7725

Amount of Each Receipt this Period  
365.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sathish Modogu

Mailing Address 220 N. Central Ave.

City State Zip Code  
Hartdale NY 10530

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7638

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gordon Mortensen, MD

Mailing Address 10438 N. Pine Tree Circle

City State Zip Code  
Mequon WI 53092

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

Name of Employer IPC Occupation  
IPC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7543

Amount of Each Receipt this Period  
2325.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3190.00**

**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 45 / 86  
(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)  
Joseph Mouhanna, MD  
Mailing Address 10790 SW 74th Ave.  
City Miami State FL Zip Code 33156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7000.00  
Date of Receipt 07 / 25 / 2007  
Transaction ID: SA11AI.7527  
Amount of Each Receipt this Period 5000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dariusz Nasiek, MD  
Mailing Address 87 Hardnick Lane  
City Wayne State NJ Zip Code 07470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ANIPP Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 07 / 25 / 2007  
Transaction ID: SA11AI.7528  
Amount of Each Receipt this Period 100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dariusz Nasiek, MD  
Mailing Address 87 Hardnick Lane  
City Wayne State NJ Zip Code 07470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ANIPP Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 08 / 30 / 2007  
Transaction ID: SA11AI.7585  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5200.00  
**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 46 / 86  
(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)  
Dariusz Nasiek, MD

Mailing Address 87 Hardnick Lane

City State Zip Code  
Wayne NJ 07470

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

Name of Employer ANIPP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11AI.7639

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dariusz Nasiek, MD

Mailing Address 87 Hardnick Lane

City State Zip Code  
Wayne NJ 07470

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

Name of Employer ANIPP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 29 / 2007

**Transaction ID:** SA11AI.7684

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dariusz Nasiek, MD

Mailing Address 87 Hardnick Lane

City State Zip Code  
Wayne NJ 07470

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

Name of Employer ANIPP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 29 / 2007

**Transaction ID:** SA11AI.7767

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 47 / 86  
(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)  
Robert Nesbitt

Mailing Address 306 7th St. NE

City State Zip Code  
Cullman AL 35055

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

Name of Employer CAPC, PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

**Transaction ID:** SA11AI.7586

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Edward Novik

Mailing Address 1175 Puddingstone Road

City State Zip Code  
Mountainside NJ 07092

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

Name of Employer Union Anesthesia Assoc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2007

**Transaction ID:** SA11AI.7797

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert O'Dell

Mailing Address 9632 Grand Isle Lane

City State Zip Code  
Las Vegas NV 89144

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

Name of Employer Advanced Spine & Pain Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** SA11AI.7769

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 48 / 86  
(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)  
Bentley Ogoke

Mailing Address 116 Hunters Greene Circle

City State Zip Code  
Agawam MA 01001

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

Name of Employer Occupation  
Pioneer Valley Pain Mgmt. MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7529

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Andrea Parks

Mailing Address 934 N. Preserve Ct.

City State Zip Code  
Wichita KS 67206

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

Name of Employer Occupation  
Self Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2007

**Transaction ID:** SA11AI.7810

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jon Parks

Mailing Address 934 N. Preserve Ct.

City State Zip Code  
Wichita KS 67206

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

Name of Employer Occupation  
Advanced Pain Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2007

**Transaction ID:** SA11AI.7813

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**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 49 / 86  
(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)  
Gerald Peer, MD  
 Mailing Address 33 Snyderwood  
 City State Zip Code  
 Amherst NY 14226  
 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 ▼ 400.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 7  
**Transaction ID:** SA11AI.7798  
 Amount of Each Receipt this Period 200.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Petraglia, MD  
 Mailing Address 2500 Clife Dr.  
 City State Zip Code  
 Newport Beach CA 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 7  
**Transaction ID:** SA11AI.7800  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Shawn Pettis, MD  
 Mailing Address 9911 Westchester Dr.  
 City State Zip Code  
 Omaha NE 68114  
 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 M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.7531  
 Amount of Each Receipt this Period 300.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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 50 / 86  
(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 Prater

Mailing Address 8004 Marbella Circle

City State Zip Code  
Las Vegas NV 89128

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2007

**Transaction ID:** SA11AI.7705

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Prunskis, MD

Mailing Address 431 Summit St.

City State Zip Code  
Elgin IL 60120

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 ▼ 1825.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** SA11AI.7533

Amount of Each Receipt this Period  
1825.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Eduardo Quesada, MD

Mailing Address 7 Proclamation Ct.

City State Zip Code  
Bedford NH 03110

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

Name of Employer Amoskeig Anesthesia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2007

**Transaction ID:** SA11AI.7727

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2425.00**

**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 51 / 86  
(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)  
Madankumar Raj

Mailing Address Unit #150 Riverport Condos  
11 W

City State Zip Code  
Bethlehem PA 18015

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** SA11AI.7665

Amount of Each Receipt this Period  
365.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Muthu Ramasamy

Mailing Address 1 Spring Farm Lane

City State Zip Code  
Schenectady NY 12303

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** SA11AI.7655

Amount of Each Receipt this Period  
365.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ralph Rashbaum

Mailing Address 6020 W. Parker Rd.

City State Zip Code  
Plano TX 75093

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

Name of Employer Texas Back Institute 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  
0 9 / 2 8 / 2 0 0 7

**Transaction ID:** SA11AI.7643

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 86  
(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)  
Patrick Retterath, MD

Mailing Address 17441 457th Ave.

City State Zip Code  
**Watertown SD 57021**

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 ▼ **700.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 25 / 2007**

**Transaction ID: SA11AI.7534**

Amount of Each Receipt this Period  
**100.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Retterath, MD

Mailing Address 17441 457th Ave.

City State Zip Code  
**Watertown SD 57021**

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 ▼ **800.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 30 / 2007**

**Transaction ID: SA11AI.7589**

Amount of Each Receipt this Period  
**100.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Retterath, MD

Mailing Address 17441 457th Ave.

City State Zip Code  
**Watertown SD 57021**

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 28 / 2007**

**Transaction ID: SA11AI.7644**

Amount of Each Receipt this Period  
**100.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 53 / 86  
(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)  
Patrick Retterath, MD  
Mailing Address 17441 457th Ave.  
City State Zip Code  
Watertown SD 57021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
10 / 29 / 2007  
Transaction ID: SA11AI.7685  
Amount of Each Receipt this Period 100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Francis Riegler  
Mailing Address 3827 Castlerock Rd.  
City State Zip Code  
Malibu CA 90265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Universal Pain Mgmt. Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
07 / 05 / 2007  
Transaction ID: SA11AI.7511  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Rudman  
Mailing Address 1701 Lake Lansing Rd.  
#201  
City State Zip Code  
Lansing MI 48912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Michigan Pain Management Spec. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
11 / 07 / 2007  
Transaction ID: SA11AI.7692  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**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 54 / 86  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Richard Ruskin		Date of Receipt MM / DD / YYYY 12 / 20 / 2007
Mailing Address 4222 E. McLellan Circle #14		<b>Transaction ID:</b> SA11AI.7833
City Mesa	State AZ	Zip Code 85205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physician	Occupation Desert Pain Institute	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Anthony Sabatino		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
Mailing Address 12550 Pembroke Circle		<b>Transaction ID:</b> SA11AI.7772
City Carmel	State IN	Zip Code 46032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Gary Saff		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
Mailing Address 2905 Windmill Ranch Rd.		<b>Transaction ID:</b> SA11AI.7775
City Weston	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Cleveland Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 86

(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)

Dasa Satyam

Mailing Address 468 Northhampton St.

City State Zip Code  
Edwardsville PA 18704

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

Name of Employer Self Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 30 / 2007

Transaction ID: SA11AI.7592

Amount of Each Receipt this Period

365.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Schultz

Mailing Address 5950 Ridge Road

City State Zip Code  
Shorewood MN 55331

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

Name of Employer MAPS Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
12 / 28 / 2007

Transaction ID: SA11AI.7858

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rinoo Shah

Mailing Address 31 Arnot Rd.

City State Zip Code  
Horseheads NY 14845

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

Name of Employer Guthrie Clinic-Big Flats 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  
11 / 07 / 2007

Transaction ID: SA11AI.7695

Amount of Each Receipt this Period

500.00

Contribution

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

5865.00

**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 56 / 86

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Shane		Date of Receipt
	Mailing Address 710 Gallows Hill Rd.		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Cranford	NJ	07016
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Union Anesthesia Assoc.		Occupation Physician	Transaction ID: SA11AI.7730
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) David Shawa		Date of Receipt
	Mailing Address 17 Via Sevilla		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rolling Hills Esta	CA	90274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.7860
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Khursheed Siddiqui		Date of Receipt
	Mailing Address 70 Raleigh Ct.		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Danville	KY	40422
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.7542
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
Contribution			

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

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

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

FOR LINE NUMBER: PAGE 57 / 86  
(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)  
Marc Silverstein  
 Mailing Address 36665 Beech Tree Lane  
 City State Zip Code  
 Okemos MI 48846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lansing Anesthesia Assoc. Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7  
**Transaction ID:** SA11AI.7853  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stephen Sims  
 Mailing Address 17 West Oaks Ct.  
 City State Zip Code  
 Montgomery TX 77356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 7  
**Transaction ID:** SA11AI.7802  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Skeen, MD  
 Mailing Address 205 Highland Rd.  
 City State Zip Code  
 Southern Plaine NC 28374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carolina Center for Pain Manag Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.7535  
 Amount of Each Receipt this Period  
 100.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**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 58 / 86  
(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)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 08 / 30 / 2007  
Transaction ID: SA11AI.7593  
Amount of Each Receipt this Period 100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00  
Date of Receipt 09 / 25 / 2007  
Transaction ID: SA11AI.7615  
Amount of Each Receipt this Period 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: SA11AI.7645  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 59 / 86  
(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)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00  
Date of Receipt 10 / 29 / 2007  
Transaction ID: SA11AI.7686  
Amount of Each Receipt this Period 100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 11 / 29 / 2007  
Transaction ID: SA11AI.7776  
Amount of Each Receipt this Period 100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Skeen, MD  
Mailing Address 205 Highland Rd.  
City State Zip Code  
Southern Plaine NC 28374  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina Center for Pain Manag Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 12 / 20 / 2007  
Transaction ID: SA11AI.7834  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**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 60 / 86  
(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)  
Timothy Smyth, MD

Mailing Address 381 Chestnut Grove Church Rd.

City Jonesborough State TN Zip Code 37659

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 03 / 2007  
Transaction ID: SA11AI.7803  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Daniel Southern

Mailing Address 13 Indian Hill Rd.

City Wilton State CT Zip Code 06897

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

Name of Employer Danbury Orthopedics Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 11 / 20 / 2007  
Transaction ID: SA11AI.7708  
Amount of Each Receipt this Period: 365.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
David Spight

Mailing Address 1190 Academic Way

City Haslett State MI Zip Code 48840

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 18 / 2007  
Transaction ID: SA11AI.7610  
Amount of Each Receipt this Period: 365.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1730.00

**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 61 / 86  
(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)  
Kenneth Staggs

Mailing Address 1001 14th St.

City State Zip Code  
Meridian MS 39301

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

Name of Employer Total Pain Care      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
1	1	/	2	9	/	2	0	0	7

**Transaction ID:** SA11AI.7779

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 17573 Middle Lake Dr.

City State Zip Code  
Boca Raton FL 33496

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

Name of Employer Broad Anesthesia Association      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	0	7

**Transaction ID:** SA11AI.7545

Amount of Each Receipt this Period  
365.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Praveen Suchdev

Mailing Address 4 Gilboa Lane

City State Zip Code  
Nashua NH 03062

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

Name of Employer Pain Solutions      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
0	9	/	2	8	/	2	0	0	7

**Transaction ID:** SA11AI.7646

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **965.00**

**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 62 / 86  
(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)  
Dr. Praveen Suchdev

Mailing Address 4 Gilboa Lane

City State Zip Code  
Nashua NH 03062

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

Name of Employer Pain Solutions Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7687

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Praveen Suchdev

Mailing Address 4 Gilboa Lane

City State Zip Code  
Nashua NH 03062

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

Name of Employer Pain Solutions 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
1	1	/	2	9	/	2	0	0	7

**Transaction ID:** SA11AI.7780

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Praveen Suchdev

Mailing Address 4 Gilboa Lane

City State Zip Code  
Nashua NH 03062

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

Name of Employer Pain Solutions Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7835

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 63 / 86  
(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)  
Jeffrey T. Summers, MD

Mailing Address 1 Layfair Dr.  
Suite 400

City Jackson State MS Zip Code 39232

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 29 / 2007

Transaction ID: SA11AI.7782

Amount of Each Receipt this Period 1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mubin Syed

Mailing Address 3108 Henderson Ct.

City Springfield State OH Zip Code 45503

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 25 / 2007

Transaction ID: SA11AI.7618

Amount of Each Receipt this Period 365.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Tracy, MD

Mailing Address 11323 Cortez Blvd.

City Brooksville State FL Zip Code 34613

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

Name of Employer W. Florida Anesthesia, PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2007

Transaction ID: SA11AI.7836

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1865.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 86  
(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)  
Andrea M. Trescot, MD  
 Mailing Address 2558 Admirals Walk Dr. S.  
 City State Zip Code  
 Orange Park FL 32073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Clay Surgery Center Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 25 / 2007  
**Transaction ID:** SA11AI.7537  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Trimba, MD  
 Mailing Address 341 Mayfair Drive  
 City State Zip Code  
 Brooklyn NY 11234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advanced Pain Care Medical PC Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2007  
**Transaction ID:** SA11AI.7619  
 Amount of Each Receipt this Period  
 365.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gerald Trimble, MD  
 Mailing Address 1652 Sunnybrook Lane  
 City State Zip Code  
 Clearwater FL 33764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1365.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 11 / 2007  
**Transaction ID:** SA11AI.7602  
 Amount of Each Receipt this Period  
 365.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1730.00  
**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 65 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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) Saman Virk	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 33 East 28th St. Apt. 9E	<b>Transaction ID:</b> SA11AI.7839
	City State Zip Code New York NY 10016	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Orthopedic Association of Du Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Wailes, MD	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 2729 Ocean St.	<b>Transaction ID:</b> SA11AI.7647
	City State Zip Code Carlsbad CA 92008	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph Waling, MD	Date of Receipt MM / DD / YYYY 07 / 25 / 2007
	Mailing Address 3188 Brookfield	<b>Transaction ID:</b> SA11AI.7538
	City State Zip Code Newburgh IN 47630	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1365.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 86
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Wilcenski	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 10 Jessica Lane	<b>Transaction ID:</b> SA11AI.7733
	City Warren State NJ Zip Code 07059	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Union Anesthesia Assoc. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Williamson	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 1901 Medi Park Suite 2002	<b>Transaction ID:</b> SA11AI.7650
	City Amarillo State TX Zip Code 79106	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Amarillo Pain Assoc. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dinash Yanamadula	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address PO Box 731618	<b>Transaction ID:</b> SA11AI.7697
	City Ormond Beach State FL Zip Code 32173	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Cen. FL Pain Mgmt. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 86  
(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)  
Allan Zacher, MD

Mailing Address 44 Armstrong Dr.

City Lake Junaluska State NC Zip Code 28745

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 13 / 2007

Transaction ID: SA11AI.7815

Amount of Each Receipt this Period: 4000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Julie Zacher

Mailing Address 44 Armstrong Dr.

City Lake Junaluska State NC Zip Code 28745

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

Name of Employer Self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 13 / 2007

Transaction ID: SA11AI.7817

Amount of Each Receipt this Period: 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Frank Zondlo

Mailing Address 999 Mar Walt Dr.

City Fort Walton Beach State FL Zip Code 32547

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: 11 / 29 / 2007

Transaction ID: SA11AI.7784

Amount of Each Receipt this Period: 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ► **126855.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 86  
(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)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3858.47

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2007

**Transaction ID:** SA17.7868

Amount of Each Receipt this Period  
667.91

Monthly Acrued Interest (Jul)

**B.**

Full Name (Last, First, Middle Initial)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4721.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2007

**Transaction ID:** SA17.7869

Amount of Each Receipt this Period  
863.31

Monthly Acrued Interest (Aug.)

**C.**

Full Name (Last, First, Middle Initial)  
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5372.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** SA17.7870

Amount of Each Receipt this Period  
650.30

Monthly Acrued Interest (Sept.)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2181.52**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 86

(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"/> 16

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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 ▼

5951.14

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2007

Transaction ID: SA17.7880

Amount of Each Receipt this Period

579.06

Monthly Dividends (Sept)

**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 ▼

6598.68

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2007

Transaction ID: SA17.7881

Amount of Each Receipt this Period

647.54

Investment Receipts (Sept-.)

**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 ▼

6796.56

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: SA17.7871

Amount of Each Receipt this Period

197.88

Monthly Acrued Interest (Oct)

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

1424.48

**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 70 / 86  
(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)  
Bantera Bank  
Mailing Address 3151 Jackson Street  
City Paducah State KY Zip Code 42003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7058.44  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA17.7883  
Amount of Each Receipt this Period 261.88  
Monthly Dividends (Oct.)

**B.** Full Name (Last, First, Middle Initial)  
Bantera Bank  
Mailing Address 3151 Jackson Street  
City Paducah State KY Zip Code 42003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 8963.72  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA17.7884  
Amount of Each Receipt this Period 1905.28  
Investment Receipts (Oct.)

**C.** Full Name (Last, First, Middle Initial)  
Bantera Bank  
Mailing Address 3151 Jackson Street  
City Paducah State KY Zip Code 42003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9067.31  
Date of Receipt 11 / 30 / 2007  
Transaction ID: SA17.7872  
Amount of Each Receipt this Period 103.59  
Monthly Acrued Interest (Nov.)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2270.75  
**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 71 / 86  
(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		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.7886
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 257.07
Name of Employer	Occupation	Monthly Dividends (Nov.)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9324.38	

**B.**

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.7873
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 139.96
Name of Employer	Occupation	Monthly Acrued Interest (Dec.)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9464.34	

**C.**

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.7888
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1983.10
Name of Employer	Occupation	Monthly Dividends (Dec.)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11447.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2380.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8256.88</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees (Jul.)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7874</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 289.33</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees (Aug.)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7875</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 636.17</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees (Sep.)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7876</p> <p>Date of Disbursement 09 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 179.85</p>

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

1105.35

**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 73 / 86

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Brokerage Fee (Sept)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7882</p> <p>Date of Disbursement 09 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 72.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees (Oct.)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7877</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 316.56</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees (Nov.)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7878</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 152.28</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	540.84
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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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 Paducah State KY Zip Code 42003 Purpose of Disbursement Investment Disbursement (Nov.) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7887 Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 2246.24 Category/Type
B.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 Purpose of Disbursement Payment for Credit Card Fees (Dec.) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7879 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 476.43 Category/Type
C.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 Purpose of Disbursement Investment Disbursement (Dec.) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7889 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 2408.70 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5131.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>6777.56</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 86

<input type="checkbox"/> 21b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.7893

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC</p> <p>Mailing Address 817 NINTH AVENUE SECOND FLOOR PO BOX 1021</p> <p>City MENOMINEE State MI Zip Code 49858</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7449</p> <p>Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name SHELLEY BERKLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7488</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE</p> <p>Mailing Address POST OFFICE BOX 12469</p> <p>City ATLANTA State GA Zip Code 30355</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name C SAXBY CHAMBLISS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7452</p> <p>Date of Disbursement 08 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

15000.00

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

# 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) CHANDLER FOR CONGRESS	Transaction ID: SB23.7467 Date of Disbursement																			
	Mailing Address PO BOX 12678	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	7												
	City LEXINGTON State KY Zip Code 40583	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name A.B. III CHANDLER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CHANDLER FOR CONGRESS	Transaction ID: SB23.7466 Date of Disbursement																			
	Mailing Address PO BOX 12678	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
	City LEXINGTON State KY Zip Code 40583	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name A.B. III CHANDLER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.7487 Date of Disbursement																			
	Mailing Address 255 SOUTH 17TH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ARLEN SPECTER	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>9000.00</td></tr></table>	9000.00
9000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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) CITIZENS FOR HARKIN	Transaction ID: SB23.7489 Date of Disbursement
	Mailing Address P O BOX 811	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name THOMAS RICHARD HARKIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.7490 Date of Disbursement
	Mailing Address P O BOX 811	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name THOMAS RICHARD HARKIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL	Transaction ID: SB23.7470 Date of Disbursement
	Mailing Address 1885 N.W. Eagle Point	<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Stuart State FL Zip Code 34994	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name GAYLE HARRELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.7505 Date of Disbursement																			
	Mailing Address PO BOX 586	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name MAX BAUCUS	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: MT District: 00																				

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.7502 Date of Disbursement																			
	Mailing Address 607 14TH STREET NW SUITE 800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	8		2	0	0	7												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name MARION BERRY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: OH District: 13																				

C.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: SB23.7498 Date of Disbursement																			
	Mailing Address 3161 Dixie Highway Suite F	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	7												
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name GEOFFREY C DAVIS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: KY District: 04																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00
10000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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)  
MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084  
P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement  
Contribution

Candidate Name  
MARION BERRY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AR District: 01

Transaction ID: SB23.7501

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Contribution

Candidate Name  
MITCH MCCONNELL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.7491

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Contribution

Candidate Name  
MITCH MCCONNELL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.7493

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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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) NEW JERSEY DEMOCRATIC STATE COMMITTEE	Transaction ID: SB23.7456 Date of Disbursement 09 / 05 / 2007
	Mailing Address 196 West State Street	Amount of Each Disbursement this Period 2000.00
	City Trenton State NJ Zip Code 08608	
	Purpose of Disbursement Political Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RON LEWIS FOR CONGRESS	Transaction ID: SB23.7497 Date of Disbursement 10 / 16 / 2007
	Mailing Address PO Box 307	Amount of Each Disbursement this Period 5000.00
	City Elizabethtown State KY Zip Code 42702	
	Purpose of Disbursement Contribution	
	Candidate Name RON LEWIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 02	

C.	Full Name (Last, First, Middle Initial) SHORE PAC	Transaction ID: SB23.7496 Date of Disbursement 10 / 16 / 2007
	Mailing Address PO BOX 3157	Amount of Each Disbursement this Period 5000.00
	City LONG BRANCH State NJ Zip Code 07740	
	Purpose of Disbursement Political Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) THOROUGHbred PAC</p> <p>Mailing Address PO BOX 65116 C/O ARENT FOX PLLC</p> <p>City WASHINGTON State DC Zip Code 20035</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7506 <b>Date of Disbursement</b> 12 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TIAHRT FOR CONGRESS</p> <p>Mailing Address 2250 N Rock Rd #118 A</p> <p>City Wichita State KS Zip Code 67226</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TODD W. TIAHRT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7503 <b>Date of Disbursement</b> 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) VISCLOSKY FOR CONGRESS</p> <p>Mailing Address P.O. Box 10003</p> <p>City Merrillville State IN Zip Code 46411</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name PETER J VISCLOSKY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7494 <b>Date of Disbursement</b> 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

14000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) VISCLOSKY FOR CONGRESS Mailing Address P.O. Box 10003 City Merrillville State IN Zip Code 46411 Purpose of Disbursement Contribution Candidate Name PETER J VISCLOSKY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7495 Date of Disbursement 10 / 16 / 2007
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address P.O. Box 5458 PO BOX 5458 City Springfield State IL Zip Code 62705 Purpose of Disbursement Contribution Candidate Name JOHN M SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7499 Date of Disbursement 10 / 18 / 2007
	Amount of Each Disbursement this Period 5000.00

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

10000.00

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

97500.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Joseph Mouhanna, MD

Mailing Address 10790 SW 74th Ave.

City State Zip Code  
Miami FL 33156

Purpose of Disbursement  
Return of Excessive Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.7890

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		0	7		2	0	0	7

Amount of Each Disbursement this Period

2000.00
---------

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Beshear for Governor	Transaction ID: SB29.7441 Date of Disbursement
	Mailing Address PO Box 4227	<input type="text" value="08"/> <input type="text" value="10"/> / <input type="text" value="2007"/>
	City Frankfort State KY Zip Code 40604	Amount of Each Disbursement this Period
	Purpose of Disbursement State Contribution- KY	<input type="text" value="1000.00"/>
	Candidate Name Steve Beshear	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Beshear for Governor	Transaction ID: SB29.7442 Date of Disbursement
	Mailing Address PO Box 4227	<input type="text" value="08"/> <input type="text" value="10"/> / <input type="text" value="2007"/>
	City Frankfort State KY Zip Code 40604	Amount of Each Disbursement this Period
	Purpose of Disbursement State Contribution- KY	<input type="text" value="1000.00"/>
	Candidate Name Steve Beshear	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Governor Fletcher	Transaction ID: SB29.7436 Date of Disbursement
	Mailing Address PO Box 910504	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="2007"/>
	City Lexington State KY Zip Code 40591	Amount of Each Disbursement this Period
	Purpose of Disbursement State Contribution- KY	<input type="text" value="1000.00"/>
	Candidate Name Ernie Fletcher	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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

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

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

Mailing Address PO Box 70107

City Louisville State KY Zip Code 40270

Purpose of Disbursement  
State Contribution- KY

Candidate Name  
Jack Conway

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: KY District:

Transaction ID: SB29.7465

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ken Winters Campaign Fund

Mailing Address 1500 Glendale Rd.

City Murray State KY Zip Code 42071

Purpose of Disbursement  
Contribution

Candidate Name  
Ken Winters

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: KY District:

Transaction ID: SB29.7509

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

5000.00