SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emile Calodney 2 Northgate Blvd. Longview TX 75605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Housewife Aggregate Year-to-Date > $ 1000.00	07/17/2000	1000.00
Joseph Fortin DO 4824 Crafisburg Circle Ft. Wayne IN 46818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spine Technology and Rehabilitation Medical Director Aggregate Year-to-Date > $ 5000.00	07/17/2000	5000.00
Andres M. Trescot 1865 Kingsley Ave. Orange Park FL 32073 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Interventional Pain Specialist Aggregate Year-to-Date > $ 1000.00	07/17/2000	1000.00
Jeffrey T. Lassiter, MD Jackson Co. Anesthesia & Pain Mngmt. 927 Beach Blvd. Pascagoula MS 39567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Pain Center Physician Aggregate Year-to-Date > $ 1000.00	08/17/2000	1000.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	8000.00