

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer Laxmaiah Manchikanti MD [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 16 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="303949.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="356807.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2698.47"/>	<input type="text" value="157666.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="359505.97"/>	<input type="text" value="461616.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14373.77"/>	<input type="text" value="116484.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="345132.20"/>	<input type="text" value="345132.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1526.50	136208.02
(ii) Unitemized	25.00	2866.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1551.50	139074.69
(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)	1551.50	139074.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1146.97	18592.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2698.47	157666.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2698.47	157666.90

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	373.77	13984.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	373.77	13984.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	102500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14373.77	116484.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14373.77	116484.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	1551.50	139074.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1551.50	139074.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	373.77	13984.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	373.77	13984.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. J.H. Fairbanks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 301
 City Vidalia State LA Zip Code 71373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.12024
 Amount of Each Receipt this Period 150.00
 Memo Item Contribution

B. Paul Hubbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W. Livingston Place
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pain Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3332.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.12032
 Amount of Each Receipt this Period 416.50
 Memo Item Contribution

C. Demetrios Kaiafas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Palm View Ave.
 City Belleair State FL Zip Code 33756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.12029
 Amount of Each Receipt this Period 50.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	616.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Magdalene Kerschner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3441 Ivy Hills Blvd.
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APSI Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA11AI.12030
 Amount of Each Receipt this Period **160.00**
 Memo Item
 Contribution

B. David Kloth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Mill Plain Road
 City Danbury State CT Zip Code 06811
 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 **1250.00**

Date of Receipt **08 / 29 / 2016**
Transaction ID : SA11AI.12027
 Amount of Each Receipt this Period **250.00**
 Memo Item
 Contribution

C. Scott Magnuson
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 S. Riverside Harbor Dr.
 City Post Falls State ID Zip Code 83854
 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 / 2016**
Transaction ID : SA11AI.12025
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	910.00
TOTAL This Period (last page this line number only).....	1526.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.12042
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="14.53"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="17459.77"/>	<input type="checkbox"/> Interest
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.12043
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="117.91"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="17577.68"/>	<input type="checkbox"/> Dividends
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.12044
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1014.53"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="18592.21"/>	<input type="checkbox"/> Change in Investment
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1146.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1146.97"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

Transaction ID : SB21B.12040

Amount of Each Disbursement this Period

67.46

Memo Item

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Online Contribution Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

Transaction ID : SB21B.12041

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

Transaction ID : SB21B.12045

Amount of Each Disbursement this Period

291.31

Memo Item

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

373.77

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

373.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement Contribution

Candidate Name
JOE HECK

Office Sought: House Senate President
State: NV District: 00

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

Transaction ID : SB23.12039

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

Transaction ID : SB23.12034

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement Contribution

Candidate Name
PETE SESSIONS

Office Sought: House Senate President
State: TX District: 32

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

Transaction ID : SB23.12033

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

14000.00

14000.00