

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

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 06 30 2009

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 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		266032.09
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	266032.09									
(c) Total Receipts (from Line 19)	120672.86	120672.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	386704.95	386704.95								
7. Total Disbursements (from Line 31)	73656.31	73656.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	313048.64	313048.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	87891.68	87891.68
(ii) Unitemized	7412.99	7412.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	95304.67	95304.67
(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)	95304.67	95304.67
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	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20368.19	20368.19
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))	120672.86	120672.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	120672.86	120672.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	13956.31	13956.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13956.31	13956.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59500.00	59500.00
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	200.00	200.00
(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))	200.00	200.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	73656.31	73656.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73656.31	73656.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	95304.67	95304.67
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95104.67	95104.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13956.31	13956.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13956.31	13956.31

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 60

(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

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

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

A.

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

Mailing Address 16 Pocahontas Ave.

City State Zip Code
Oceanport NJ 07757

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
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.8783

Amount of Each Receipt this Period

500.00

Contribution

B.

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

Mailing Address 9240 Mud Creek Road

City State Zip Code
Indianapolis NE 46256

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
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.8655

Amount of Each Receipt this Period

500.00

Contribution

C.

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

Mailing Address 7655 Five Mile Road, Suite 117

City State Zip Code
Cincinnati OH 45230

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 ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.8607

Amount of Each Receipt this Period

2000.00

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 7 / 60
(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)
Cyrus Bakhit, MD
Mailing Address 5417 Villiage Run
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Pain Management Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 06 / 2009
Transaction ID: SA11AI.8553
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Richard Ball, MD
Mailing Address 4099 Hidden Creek Drive
City Traverse City State MI Zip Code 49684
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA11AI.8733
Amount of Each Receipt this Period 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Richard Ball, MD
Mailing Address 4099 Hidden Creek Drive
City Traverse City State MI Zip Code 49684
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 05 / 05 / 2009
Transaction ID: SA11AI.8785
Amount of Each Receipt this Period 100.00
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60
(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 Ball, MD
Mailing Address 4099 Hidden Creek Drive
City State Zip Code
Traverse City MI 49684
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 06 / 10 / 2009
Transaction ID: SA11AI.8804
Amount of Each Receipt this Period 100.00
Contribution

B. Full Name (Last, First, Middle Initial)
Cliff Bernstein
Mailing Address 450 Newport Center Dr.
City State Zip Code
Newport Beach CA 97660
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 03 / 31 / 2009
Transaction ID: SA11AI.8735
Amount of Each Receipt this Period 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Vidya Bethi, MD
Mailing Address 1224 Highway 149
City State Zip Code
Clarksville TN 37040
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 01 / 20 / 2009
Transaction ID: SA11AI.8569
Amount of Each Receipt this Period 365.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1465.00
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 9 / 60
(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 Blatt MD

Mailing Address 3405 Belknap Drive

City State Zip Code
West Linn OR 97068

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
03 / 09 / 2009

Transaction ID: SA11AI.8688

Amount of Each Receipt this Period: 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Hemmo Bosscher, MD

Mailing Address 4002 88th Place

City State Zip Code
Lubbock TX 79423

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
02 / 03 / 2009

Transaction ID: SA11AI.8584

Amount of Each Receipt this Period: 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Daniel Bruning, MD

Mailing Address 10501 Metcalf

City State Zip Code
Overland Park KS 66213

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

Name of Employer Pain Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
04 / 06 / 2009

Transaction ID: SA11AI.8745

Amount of Each Receipt this Period: 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 / 60
(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
04 / 08 / 2009

Transaction ID: SA11AI.8751

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mark Bult, MD

Mailing Address 4431 S. Riverridge Lane

City State Zip Code
Rogersville MO 65742

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

Name of Employer Occupation
Pain Management Associates SW Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: SA11AI.8613

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Aaron Calodney, MD

Mailing Address P.O. Box 130577

City State Zip Code
Tyler TX 75713

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2009

Transaction ID: SA11AI.8562

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

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 / 60
(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)
Steven Charapata, MD

Mailing Address 17674 West 159th Terrace

City Olathe State KS Zip Code 66062

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

Name of Employer Anesthesia Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2009

Transaction ID: SA11AI.8585

Amount of Each Receipt this Period 250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
James Chien, MD

Mailing Address 6309 E. Baywood Ave.

City Mesa State AZ Zip Code 85206

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

Name of Employer Desert Pain Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 17 / 2009

Transaction ID: SA11AI.8697

Amount of Each Receipt this Period 365.00

Contribution

C.

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

Mailing Address 3325 Love Circle

City Nashville State TN Zip Code 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 ▼ 334.00

Date of Receipt 02 / 27 / 2009

Transaction ID: SA11AI.8661

Amount of Each Receipt this Period 167.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **782.00**

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 / 60
(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)
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 ▼ 501.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.8721
 Amount of Each Receipt this Period: 167.00
 Contribution

B.

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 ▼ 668.00

Date of Receipt: 04 / 29 / 2009
Transaction ID: SA11AI.8767
 Amount of Each Receipt this Period: 167.00
 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 ▼ 835.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: SA11AI.8793
 Amount of Each Receipt this Period: 167.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **501.00**

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 / 60

(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)

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 Occupation
Nerosurgical Assc. Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1002.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.8830

Amount of Each Receipt this Period

167.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Shawn Dalton-Bethea, MD

Mailing Address 309 - 3G Pisgah Church Road

City State Zip Code
Greensboro NC 27455

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

Name of Employer Occupation
Vanguard Brain & Spine Sp-ecial 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 3 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.8700

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James Davis, MD

Mailing Address 3312 N. University Suite J

City State Zip Code
Nacogdoches TX 75965

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

Name of Employer Occupation
Interventional Pain Manag-ement 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 3 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.8703

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

1167.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60
(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)
Miles Day

Mailing Address 5005 cr 1430

City Lubbock State TX Zip Code 79407

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

Name of Employer Texas Tech University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009

Transaction ID: SA11AI.8687

Amount of Each Receipt this Period 500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Bharat Dubal

Mailing Address 2224 Abbeywood Road

City Lexington State KY Zip Code 40515

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

Name of Employer Pain Management Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2009

Transaction ID: SA11AI.8786

Amount of Each Receipt this Period 500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Luis Escobar

Mailing Address 3510 NE 23 Ave.

City Lighthouse Point State FL Zip Code 33064

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

Name of Employer Self Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 06 / 2009

Transaction ID: SA11AI.8554

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Frank Falco, MD

Mailing Address 139 E. Chestnut Hill Road

City Newark State DE Zip Code 19713

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

Name of Employer Mid-Atlantic Pain Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.8807

Amount of Each Receipt this Period 5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Greg Flynn

Mailing Address P.O. Box 152199

City Tampa State FL Zip Code 33607

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

Name of Employer Spine Diagnostics & Intervention Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2009

Transaction ID: SA11AI.8788

Amount of Each Receipt this Period 250.00

Contribution

C.

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

Mailing Address 3031 Javier Road #100

City Fairfax State VA Zip Code 22031

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 02 / 23 / 2009

Transaction ID: SA11AI.8615

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60
(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)
Charles Friedman, DO

Mailing Address **6640 78th Ave N Ste A**

City **Pinellas Park** State **FL** Zip Code **33781**

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
02 / 23 / 2009

Transaction ID: SA11AI.8618

Amount of Each Receipt this Period **365.00**

Contribution

B. Full Name (Last, First, Middle Initial)
David Gale MD

Mailing Address **9005 Nesbit Lakes Dr.**

City **Alpharetta** State **GA** Zip Code **30022**

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

Name of Employer Physical Pain Specialists Occupation **Physician**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.8662

Amount of Each Receipt this Period **175.00**

Contribution

C. Full Name (Last, First, Middle Initial)
David Gale MD

Mailing Address **9005 Nesbit Lakes Dr.**

City **Alpharetta** State **GA** Zip Code **30022**

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

Name of Employer Physical Pain Specialists Occupation **Physician**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.8722

Amount of Each Receipt this Period **175.00**

Contribution

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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 / 60

(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)
David Gale MD

Mailing Address 9005 Nesbit Lakes Dr.

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
Physical Pain Specialists Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.8768

Amount of Each Receipt this Period

175.00

Contribution

B.

Full Name (Last, First, Middle Initial)
David Gale MD

Mailing Address 9005 Nesbit Lakes Dr.

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
Physical Pain Specialists Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.8794

Amount of Each Receipt this Period

175.00

Contribution

C.

Full Name (Last, First, Middle Initial)
David Gale MD

Mailing Address 9005 Nesbit Lakes Dr.

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
Physical Pain Specialists Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.8831

Amount of Each Receipt this Period

175.00

Contribution

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(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)

Jon Geffen, MD

Mailing Address 1515 Martin Luther King Jr. Way

City State Zip Code
Tacoma WA 98405

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

Name of Employer Occupation
Puget Sound Spine Institute 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
03 / 02 / 2009

Transaction ID: SA11AI.8682

Amount of Each Receipt this Period

365.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Gregg

Mailing Address 9580 Linfield Drive

City State Zip Code
Cincinnati OH 45242

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

Name of Employer Occupation
Anesthesia Associates of Cincinnati 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
01 / 20 / 2009

Transaction ID: SA11AI.8570

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Occupation
Pain Relief Centers 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
02 / 23 / 2009

Transaction ID: SA11AI.8620

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**

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Detailed Summary Page

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(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. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.8663

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.8723

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: SA11AI.8769

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60
(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. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centeres Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.8795

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Paul Hubbell, MD

Mailing Address 2701 Lake Villa Drive, Suite A

City State Zip Code
Metairie LA 70002

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

Name of Employer Southern Pain Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.8705

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Thomas Johans, MD

Mailing Address 12335 Ironstone Road

City State Zip Code
St. Louis MO 63131

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

Name of Employer WAAI Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.8811

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60
(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)
Girish Juneja, MD
Mailing Address 20095 Gilbert Rd.
City State Zip Code
Big Rapids MI 49307
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: 04 / 14 / 2009
Transaction ID: SA11AI.8753
Amount of Each Receipt this Period: 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Laurie Kabins, MD
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: 02 / 03 / 2009
Transaction ID: SA11AI.8586
Amount of Each Receipt this Period: 500.00
Contribution

C. 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 ▼ 1000.00
Date of Receipt: 03 / 09 / 2009
Transaction ID: SA11AI.8689
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60

(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)
William Kerschner, MD

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 ▼ 365.00

Date of Receipt

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

Transaction ID: SA11AI.8589

Amount of Each Receipt this Period

365.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Todd Koppel, MD

Mailing Address 3333 Henry Hudson Pkwy E 231

City State Zip Code
Riverdale NY 10463

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

Name of Employer Garden State 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
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.8736

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Peter Kosek, MD

Mailing Address 674 Deertrail Rd.

City State Zip Code
Eugene OR 97405

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

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.8792

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2365.00

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 / 60
(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)
Stephen Kramarich, MD

Mailing Address 1462 University Blvd. W

City State Zip Code
Jacksonville FL 32217

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
01 / 14 / 2009

Transaction ID: SA11AI.8564

Amount of Each Receipt this Period
365.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Stephen Kramarich, MD

Mailing Address 1462 University Blvd. W

City State Zip Code
Jacksonville FL 32217

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 ▼ 615.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: SA11AI.8746

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Kalyan Krishnan, MD

Mailing Address 100 North Academy Ave.

City State Zip Code
Danville PA 17822

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

Name of Employer Geisinger Health System Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.8603

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60
(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)
Benjamin Lampert, MD
Mailing Address 4367 E. Bogey Ct.
City Springfield State MO Zip Code 65809
FEC ID number of contributing federal political committee. **C**
Name of Employer St. John's Physicians Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 02 / 23 / 2009
Transaction ID: SA11AI.8627
Amount of Each Receipt this Period 2000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Benjamin Lampert, MD
Mailing Address 4367 E. Bogey Ct.
City Springfield State MO Zip Code 65809
FEC ID number of contributing federal political committee. **C**
Name of Employer St. John's Physicians Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA11AI.8737
Amount of Each Receipt this Period 2000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Tom Larken
Mailing Address 3633 Evvett Street
City Washington State DC Zip Code 20008
FEC ID number of contributing federal political committee. **C**
Name of Employer Pain Management Inst. Bethesda Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 17 / 2009
Transaction ID: SA11AI.8805
Amount of Each Receipt this Period 500.00
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60
(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)
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 Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 06 / 2009
Transaction ID: SA11AI.8747
Amount of Each Receipt this Period: 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Jesse Lipnick, MD

Mailing Address 6209 NW 83rd Drive

City State Zip Code
Gainesville FL 32653

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

Name of Employer Southeastern Integrated Med Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2009
Transaction ID: SA11AI.8814
Amount of Each Receipt this Period: 500.00
Contribution

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

Mailing Address 2186 Route 27

City State Zip Code
New Brunswick NJ 08902

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: SA11AI.8717
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 26 / 60
(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)
Ben Massey

Mailing Address 1202 W. 31st St.

City Pueblo State CO Zip Code 81008

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: 06 / 24 / 2009

Transaction ID: SA11AI.8815

Amount of Each Receipt this Period: 350.00

Contribution

B.

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

Mailing Address 111 Ouiski Bayou Dr.

City Houma State LA Zip Code 70360

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: 02 / 10 / 2009

Transaction ID: SA11AI.8595

Amount of Each Receipt this Period: 500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Joseph Miller, MD

Mailing Address 7303 Rogers Avenue Suite 100

City Ft. Smith State AR Zip Code 72903

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: 01 / 20 / 2009

Transaction ID: SA11AI.8574

Amount of Each Receipt this Period: 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **5850.00**

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 / 60
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Thomas Miller, MD		Date of Receipt
Mailing Address 9135 Wandering Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 1 / 2 0 0 9
City	State	Zip Code
Ooltewah	TN	37363
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8798
Name of Employer		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text"/> 250.00		

B.

Full Name (Last, First, Middle Initial) Thomas Miller, MD		Date of Receipt
Mailing Address 9135 Wandering Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 9 / 2 0 0 9
City	State	Zip Code
Ooltewah	TN	37363
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8834
Name of Employer		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text"/> 300.00		

C.

Full Name (Last, First, Middle Initial) James Mirazita, MD		Date of Receipt
Mailing Address 280 Main Street #420		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 3 0 / 2 0 0 9
City	State	Zip Code
Nashua	NH	03060
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8727
Name of Employer Pain Solutions, PLLC		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text"/> 300.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL 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 28 / 60
(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)
Ata Mohsin, MD
Mailing Address 340 W. 23rd Street, Suite B
City Panama City State FL Zip Code 32405
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 06 / 24 / 2009
Transaction ID: SA11AI.8818
Amount of Each Receipt this Period 450.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Sam Page
Mailing Address 176 Windsor Terrace Lane
City St. Louis State MO Zip Code 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Anesthesiology Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 08 / 2009
Transaction ID: SA11AI.8558
Amount of Each Receipt this Period 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Eric Pearson, MD
Mailing Address 1001 14th Street
City Meridian State MS Zip Code 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 03 / 17 / 2009
Transaction ID: SA11AI.8707
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1000.00
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 / 60

(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)

Rick Pellant, MD

Mailing Address 103 Patrick Henry Ct.

City State Zip Code
Danville KY 40422

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 Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.8720

Amount of Each Receipt this Period

365.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Petraglia, MD

Mailing Address 1617 Westcliff Drive, #205

City State Zip Code
Newport Beach CA 92660

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 Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.8591

Amount of Each Receipt this Period

365.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Petraglia, MD

Mailing Address 1617 Westcliff Drive, #205

City State Zip Code
Newport Beach CA 92660

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 ▼ 865.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.8748

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 30 / 60

(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)
Shevin Pollydore, MD

Mailing Address 651 Heards Ferry Road

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation
Peachtree Orthopaedic Clinic 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 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.8821

Amount of Each Receipt this Period

365.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Jimmy Ponder, MD

Mailing Address 209 Country Club Blvd.

City State Zip Code
Thibodaux LA 70301

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

Name of Employer Occupation
Headache and Pain Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.8559

Amount of Each Receipt this Period

5000.00

Contribution

C.

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

Mailing Address 10172 Ramey Road

City State Zip Code
Marshall VA 20115

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

Name of Employer Occupation
Virginia Brain and Spine Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.34

Date of Receipt

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

Transaction ID: SA11AI.8669

Amount of Each Receipt this Period

166.67

Contribution

SUBTOTAL of Receipts This Page (optional)

5531.67

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 31 / 60
(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 Poss, MD

Mailing Address 10172 Ramey Road

City State Zip Code
Marshall VA 20115

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

Name of Employer Virginia Brain and Spine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.8728

Amount of Each Receipt this Period
166.67

Contribution

B.

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

Mailing Address 10172 Ramey Road

City State Zip Code
Marshall VA 20115

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

Name of Employer Virginia Brain and Spine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 29 / 2009

Transaction ID: SA11AI.8773

Amount of Each Receipt this Period
166.67

Contribution

C.

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

Mailing Address 10172 Ramey Road

City State Zip Code
Marshall VA 20115

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

Name of Employer Virginia Brain and Spine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.35

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 31 / 2009

Transaction ID: SA11AI.8799

Amount of Each Receipt this Period
166.67

Contribution

SUBTOTAL of Receipts This Page (optional) ► **500.01**

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 / 60
(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, MD
 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 ▼ 365.00
 Date of Receipt 02 / 10 / 2009
Transaction ID: SA11AI.8597
 Amount of Each Receipt this Period 365.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Michael Prater, MD
 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 ▼ 565.00
 Date of Receipt 03 / 17 / 2009
Transaction ID: SA11AI.8708
 Amount of Each Receipt this Period 200.00
 Contribution

C. 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 ▼ 305.00
 Date of Receipt 02 / 23 / 2009
Transaction ID: SA11AI.8634
 Amount of Each Receipt this Period 305.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 870.00
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 / 60
(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)
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 ▼ 610.00

Date of Receipt

Transaction ID: SA11AI.8670

Amount of Each Receipt this Period 305.00

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 ▼ 915.00

Date of Receipt

Transaction ID: SA11AI.8729

Amount of Each Receipt this Period 305.00

Contribution

C.

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 ▼ 1220.00

Date of Receipt

Transaction ID: SA11AI.8774

Amount of Each Receipt this Period 305.00

Contribution

SUBTOTAL of Receipts This Page (optional) ►

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 / 60
(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)
John Prunskis, MD
Mailing Address 431 Summit St.
City Elgin State IL Zip Code 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 ▼ 1525.00
Date of Receipt 05 / 31 / 2009
Transaction ID: SA11AI.8800
Amount of Each Receipt this Period 305.00
Contribution

B. Full Name (Last, First, Middle Initial)
John Prunskis, MD
Mailing Address 431 Summit St.
City Elgin State IL Zip Code 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 ▼ 1830.00
Date of Receipt 06 / 29 / 2009
Transaction ID: SA11AI.8836
Amount of Each Receipt this Period 305.00
Contribution

C. Full Name (Last, First, Middle Initial)
Thomas Ragukonis, MD
Mailing Address 6 Chirstopher Place
City Saddle River State NJ Zip Code 07458
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 01 / 14 / 2009
Transaction ID: SA11AI.8566
Amount of Each Receipt this Period 5000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 5610.00
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: (check only one)	PAGE 35 / 60
	<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) Gary Richman, MD		Date of Receipt
	Mailing Address 19109 Streamside Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Boca Raton	FL	33498
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8756
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Francis Riegler, MD		Date of Receipt
	Mailing Address 3827 Castlerock Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Malibu	CA	90265
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8671
Name of Employer Universal Pain Mgmt.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Francis Riegler, MD		Date of Receipt
	Mailing Address 3827 Castlerock Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Malibu	CA	90265
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8730
Name of Employer Universal Pain Mgmt.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 615.00
TOTAL 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 36 / 60
(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)
Francis Riegler, MD

Mailing Address 3827 Castlerock Rd.

City Malibu State CA Zip Code 90265

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

Name of Employer Universal Pain Mgmt. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2009

Transaction ID: SA11AI.8775

Amount of Each Receipt this Period: 125.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Francis Riegler, MD

Mailing Address 3827 Castlerock Rd.

City Malibu State CA Zip Code 90265

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

Name of Employer Universal Pain Mgmt. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 05 / 31 / 2009

Transaction ID: SA11AI.8801

Amount of Each Receipt this Period: 125.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Francis Riegler, MD

Mailing Address 3827 Castlerock Rd.

City Malibu State CA Zip Code 90265

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

Name of Employer Universal Pain Mgmt. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 29 / 2009

Transaction ID: SA11AI.8837

Amount of Each Receipt this Period: 125.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 375.00

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: (check only one)	PAGE 37 / 60
	<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) Mark Rubin, MD		Date of Receipt
	Mailing Address 11108 E. Winchcomb Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Scottsdale	AZ	85255
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8637
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael Rudman, MD		Date of Receipt
	Mailing Address 299 Hartshorn Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Short Hills	NJ	07078
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8598
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Steven Rupert, MD		Date of Receipt
	Mailing Address 2330 Lynch Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Evansville	IN	47711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8638
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL 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 38 / 60

(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) Steven Rupert, MD		Date of Receipt
	Mailing Address 2330 Lynch Road		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Evansville	IN	47711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8784
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="2000.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Richard Ruskin		Date of Receipt
	Mailing Address 4222 E. McLellan Circle #14		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mesa	AZ	85205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8757
Name of Employer Physician		Occupation Desert Pain Institute	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="700.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Manuel Sanchez		Date of Receipt
	Mailing Address 9 Pine Court		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Newfields	NH	03856
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8643
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional) ▶

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 / 60
(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)
Nalini Sehgal, MD
Mailing Address 1821 Autumn Hill Drive
City State Zip Code
Verona WI 53590
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 01 / 20 / 2009
Transaction ID: SA11AI.8932
Amount of Each Receipt this Period 365.00
Contribution

B. Full Name (Last, First, Middle Initial)
David Shawa
Mailing Address 2557-A Pacific Coast Hwy
City State Zip Code
Torrance CA 90274
FEC ID number of contributing federal political committee. **C**
Name of Employer Sharper Surgery Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 06 / 24 / 2009
Transaction ID: SA11AI.8823
Amount of Each Receipt this Period 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Daniel Southern
Mailing Address 226 White Street
City State Zip Code
Danbury CT 06810
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 ▼ 2500.00
Date of Receipt 04 / 06 / 2009
Transaction ID: SA11AI.8750
Amount of Each Receipt this Period 2500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3865.00
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 40 / 60
(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)
Steven Staires

Mailing Address 104 Montaigne Drive

City State Zip Code
Lafayette LA 70506

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
M M / D D / Y Y Y Y Y
02 03 2009

Transaction ID: SA11AI.8592

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Michael Stanton-Hicks, MD

Mailing Address 11405 Clearfield Lane

City State Zip Code
Chardon OH 44024

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

Name of Employer Cleveland Clinic 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
02 23 2009

Transaction ID: SA11AI.8644

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mark Stewart, MD

Mailing Address 812 Walton Woods Court

City State Zip Code
Augusta GA 30909

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

Name of Employer Augusta back Neuroscience 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
06 24 2009

Transaction ID: SA11AI.8827

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 41 / 60
(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 Wailes, MD

Mailing Address 2729 Ocean St.

City State Zip Code
Carlsbad CA 92008

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
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: SA11AI.8581

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph Waling, MD

Mailing Address 3188 Brookfield

City State Zip Code
Newburgh IN 47630

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.8731

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Waling, MD

Mailing Address 3188 Brookfield

City State Zip Code
Newburgh IN 47630

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: SA11AI.8776

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 42 / 60

(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. Joseph Waling, MD

Mailing Address 3188 Brookfield

City State Zip Code
Newburgh IN 47630

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
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.8802

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Waling, MD

Mailing Address 3188 Brookfield

City State Zip Code
Newburgh IN 47630

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.8838

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Timothy Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

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

Name of Employer South Georgia Anes. Assn. 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 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.8678

Amount of Each Receipt this Period

150.00

Contribution

SUBTOTAL of Receipts This Page (optional)

350.00

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 / 60
(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 Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

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

Name of Employer South Georgia Anes. Assn. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.8732

Amount of Each Receipt this Period
150.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Timothy Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

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

Name of Employer South Georgia Anes. Assn. 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 Y
04 / 29 / 2009

Transaction ID: SA11AI.8778

Amount of Each Receipt this Period
150.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Timothy Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

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

Name of Employer South Georgia Anes. Assn. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 31 / 2009

Transaction ID: SA11AI.8803

Amount of Each Receipt this Period
150.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 60
(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)
Timothy Ward, MD

Mailing Address 185 Feathergrass Lane

City State Zip Code
Thomasville GA 31792

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

Name of Employer Occupation
South Georgia Anes. Assn. 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
06 / 29 / 2009

Transaction ID: SA11AI.8839

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bradley Wargo, MD

Mailing Address PO Box 7868

City State Zip Code
Paducah KY 42002

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

Name of Employer Occupation
Pain Management Center of Padu Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2009

Transaction ID: SA11AI.8829

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Patrick Waring

Mailing Address 223 Focis

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
Self MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 08 / 2009

Transaction ID: SA11AI.8560

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 / 60

(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)
Howard Weiss, MD

Mailing Address 934 Woodlyn Crossing

City State Zip Code
Belvidere IL 61008

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

Name of Employer Occupation
Rockford Anesthesia Assoc. Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.8561

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ron Williams, MD

Mailing Address 111 Carlton Blvd.

City State Zip Code
Ridgeland MS 39175

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

Name of Employer Occupation
Trinity Pain Clinic Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt

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

Transaction ID: SA11AI.8593

Amount of Each Receipt this Period

730.00

Contribution

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

87891.68

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

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

FOR LINE NUMBER: PAGE 46 / 60
(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)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City State Zip Code
FREMONT CA 94537

FEC ID number of contributing federal political committee. **C** C00020974

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 9

Transaction ID: SA16.8929

Amount of Each Receipt this Period
5000.00

Voided contribution from
2/23/2009

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

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

FOR LINE NUMBER: PAGE 47 / 60
(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 ▼ 382.33
Date of Receipt 01 / 31 / 2009
Transaction ID: SA17.8911
Amount of Each Receipt this Period 382.33
Monthly earned interest

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 ▼ 435.83
Date of Receipt 02 / 28 / 2009
Transaction ID: SA17.8912
Amount of Each Receipt this Period 53.50
Monthly earned interest

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 ▼ 726.06
Date of Receipt 02 / 28 / 2009
Transaction ID: SA17.8913
Amount of Each Receipt this Period 290.23
Dividends earned

SUBTOTAL of Receipts This Page (optional) ▶ 726.06
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 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.76

Date of Receipt

MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA17.8915

Amount of Each Receipt this Period
74.70

Monthly interest earned

B.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1672.80

Date of Receipt

MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA17.8916

Amount of Each Receipt this Period
872.04

Dividends earned

C.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

6215.37

Date of Receipt

MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA17.8917

Amount of Each Receipt this Period
4542.57

Change in investment

SUBTOTAL of Receipts This Page (optional) ▶

5489.31

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 / 60
(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 ▼ 6290.58
Date of Receipt 04 / 30 / 2009
Transaction ID: SA17.8918
Amount of Each Receipt this Period 75.21
Monthly interest earned

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 ▼ 6576.18
Date of Receipt 04 / 30 / 2009
Transaction ID: SA17.8919
Amount of Each Receipt this Period 285.60
Dividends earned

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 ▼ 13521.32
Date of Receipt 04 / 30 / 2009
Transaction ID: SA17.8920
Amount of Each Receipt this Period 6945.14
Change in investment

SUBTOTAL of Receipts This Page (optional) ► 7305.95
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 / 60
(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 ▼ 13585.08
Date of Receipt 05 / 31 / 2009
Transaction ID: SA17.8921
Amount of Each Receipt this Period 63.76
Monthly interest earned

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 ▼ 13858.82
Date of Receipt 05 / 31 / 2009
Transaction ID: SA17.8922
Amount of Each Receipt this Period 273.74
Dividends earned

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 ▼ 19239.33
Date of Receipt 05 / 31 / 2009
Transaction ID: SA17.8923
Amount of Each Receipt this Period 5380.51
Change in investment

SUBTOTAL of Receipts This Page (optional) ► 5718.01
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 / 60

(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 ▼
20201.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA17.8924

Amount of Each Receipt this Period

961.74

Monthly interest earned

B.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20318.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA17.8925

Amount of Each Receipt this Period

117.12

Change in investment

SUBTOTAL of Receipts This Page (optional)

1078.86

TOTAL This Period (last page this line number only)

20318.19

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

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

FOR LINE NUMBER: (check only one)

<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	Transaction ID: SB21B.8900 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Payment for credit card fees	<input type="text" value="573.95"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8901 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Change in investment	<input type="text" value="2217.89"/>
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8902 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Payment for credit card fees	<input type="text" value="57.15"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2848.99"/>
TOTAL 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)

<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	Transaction ID: SB21B.8903 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement Change in investment	<input type="text" value="6330.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8904 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment for brokerage fees	<input type="text" value="232.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8905 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement IRS Payment	<input type="text" value="3042.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9604.75"/>
TOTAL 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)

<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	Transaction ID: SB21B.8906 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Payment for credit card fees	<input type="text" value="498.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8907 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Payment for credit card fees	<input type="text" value="403.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8908 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement: Payment for bank fees	<input type="text" value="224.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1126.23"/>
TOTAL 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 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 <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 153.61
B. Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8910 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 220.73

SUBTOTAL of Disbursements This Page (optional) ►

374.34

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

13954.31

**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>A. Full Name (Last, First, Middle Initial) CITIZENS FOR BUNNING</p> <p>Mailing Address 1717 DIXIE HIGHWAY SUITE 180</p> <p>City FT WRIGHT State KY Zip Code 41011</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JIM BUNNING</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8889 Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name THOMAS A COBURN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8895 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CONWAY FOR SENATE</p> <p>Mailing Address PO BOX 6168</p> <p>City LOUISVILLE State KY Zip Code 40206</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8898 Date of Disbursement 06 / 30 / 2009</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)

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<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 FOR DANIEL MONGIARDO	Transaction ID: SB23.8885 Date of Disbursement 03 / 26 / 2009
	Mailing Address 450 DUNCAN ROAD	Amount of Each Disbursement this Period 5000.00
	City FRANKFORT State KY Zip Code 40601	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name DANIEL MONGIARDO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE	Transaction ID: SB23.8883 Date of Disbursement 03 / 10 / 2009
	Mailing Address P.O. Box 865	Amount of Each Disbursement this Period 1000.00
	City Brooksville State FL Zip Code 34605	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name VIRGINIA BROWN-WAITE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.8840 Date of Disbursement 02 / 19 / 2009
	Mailing Address 1520 PINEHURST DRIVE SW	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30311	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name JOHN H SR LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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) NELSON 2012	Transaction ID: SB23.8890 Date of Disbursement 06 / 09 / 2009
	Mailing Address PO BOX 8666	Amount of Each Disbursement this Period 5000.00
	City OMAHA State NE Zip Code 68108	
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name E BENJAMIN NELSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.8928 Date of Disbursement 02 / 23 / 2009
	Mailing Address PO BOX 8331	Amount of Each Disbursement this Period 5000.00
	City FREMONT State CA Zip Code 94537	
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name PETE STARK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.8870 Date of Disbursement 05 / 12 / 2009
	Mailing Address 8331 LITTLE HARBOR DRIVE	Amount of Each Disbursement this Period 5000.00
	City CINCINNATI State OH Zip Code 45244	
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name ROB PORTMAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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)
ROBIN CARNAHAN FOR SENATE

Mailing Address PO BOX 50378

City ST LOUIS State MO Zip Code 63119

Purpose of Disbursement
Political Contribution

Candidate Name
ROBIN CARNAHAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.8886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Political Contribution

Candidate Name
ED WHITFIELD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 01

Transaction ID: SB23.8887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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