



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		337435.46
(b) Cash on Hand at Beginning of Reporting Period.....	305767.61	
(c) Total Receipts (from Line 19) .....	17591.39	108490.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	323359.00	445925.89
7. Total Disbursements (from Line 31).....	2213.25	124780.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	321145.75	321145.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15669.44	94149.24
(ii) Unitemized .....	25.00	933.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15694.44	95082.91
(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) .....	15694.44	95082.91
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	896.95	12407.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17591.39	108490.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17591.39	108490.43

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	213.25	6595.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	213.25	6595.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	114500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	3684.47
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2213.25	124780.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2213.25	124780.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	15694.44	95082.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15694.44	95082.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	213.25	6595.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	213.25	6595.67

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

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

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

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

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

**A. Zaki Anwar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10181 Lincoln Highway  
 City Frankfort State IL Zip Code 60423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pain Management Institute Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 11 / 2014  
**Transaction ID : SA11AI.11182**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B. Timothy Beacham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 357 South Ganwyn Park Drive  
 City Greenville State MS Zip Code 38701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 668.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11AI.11188**  
 Amount of Each Receipt this Period 167.00  
 Contribution

**C. Bart Edminston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 Shelby Lane  
 City Ocean Springs State MS Zip Code 39564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer River Hospital System Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2014  
**Transaction ID : SA11AI.11162**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 667.00  
**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 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. David Ellis MD</b>		Date of Receipt
Mailing Address 701 NE 10th Street		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Oklahoma City	OK	73104
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.11183</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Epter MD</b>		Date of Receipt
Mailing Address P.O. Box 211839		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Augusta	GA	30917
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.11187</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution
Augusta Pain Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott Glaser MD</b>		Date of Receipt
Mailing Address 134 E 4th Street		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hinsdale	IL	60521
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.11189</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="304.16"/>
Name of Employer	Occupation	Contribution
Pain Spec.of Greater Chicago	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1216.64"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1054.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

Full Name (Last, First, Middle Initial) <b>A. Gary Glaze MD</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 <b>Transaction ID : SA11AI.11179</b>
Mailing Address 18625 Rock Creek Rd		Amount of Each Receipt this Period 250.00
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Gonzalez-Cota MD</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 <b>Transaction ID : SA11AI.11175</b>
Mailing Address 205 Annapolis St.		Amount of Each Receipt this Period 500.00
City Annapolis	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Sussex Pain Relief	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mayank Gupta MD</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 <b>Transaction ID : SA11AI.11169</b>
Mailing Address 9640 Falcon Ridge Drive		Amount of Each Receipt this Period 500.00
City Lenexa	State KS	Zip Code 66220
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Anesthesiology Professional	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Haroon Hameed MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2215 N. Oak Ct.  
City Arlington State VA Zip Code 22209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spine Care Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : SA11AI.11176**  
Amount of Each Receipt this Period **700.00**  
Contribution

**B. Mariam Hameed MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2215 N. Oak C.t  
City Arlington State VA Zip Code 22209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spine Care Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : SA11AI.11166**  
Amount of Each Receipt this Period **500.00**  
Contribution

**c. Cong He MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 Bluebird Hill Ct.  
City Manhasset State NY Zip Code 11030  
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 **04 / 05 / 2014**  
**Transaction ID : SA11AI.11163**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **2200.00**  
**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 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Paul Hubbell MD</b>			Date of Receipt
Mailing Address 2701 Lake Villa Dr			<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11190</b>
Metairie	LA	70002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.66"/>
Name of Employer	Occupation	Contribution	
Southern Pain	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1666.64"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. George Jiha MD</b>			Date of Receipt
Mailing Address 2220 Fairway Drive			<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11201</b>
Baton Rouge	LA	70809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution	
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Todd Joye MD</b>			Date of Receipt
Mailing Address 9231 Medical Plaza Drive			<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11177</b>
North Charleston	SC	29464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution	
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1166.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

Full Name (Last, First, Middle Initial) <b>A. Demetrios Kaiafas MD</b>		Date of Receipt
Mailing Address 430 Morton Plant St.		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Clearwater	FL	33756
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.11193</b>
Clearwater Pain Management	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. David Miller</b>		Date of Receipt
Mailing Address 8865 W 400 North		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Michigan City	IN	46360
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.11164</b>
Woodland Pain Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. W. Stephen Minore MD</b>		Date of Receipt
Mailing Address 2202 Harlem Rd.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Loves Park	IL	61111
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.11186</b>
Rockford Anest. Assoc.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

**A. Ellen Rhame MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Queen Street

City Charleston	State SC	Zip Code 29401
--------------------	-------------	-------------------

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

Name of Employer Southeast Spine	Occupation Physician
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2014

**Transaction ID : SA11AI.11165**

Amount of Each Receipt this Period  
365.00

Contribution

**B. Francis Riegler MD**  
Full Name (Last, First, Middle Initial)  
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 ▼  
666.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2014

**Transaction ID : SA11AI.11191**

Amount of Each Receipt this Period  
166.62

Contribution

**C. Dennis Skrajewski MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4131 W Loomis Road

City Greenfield	State WI	Zip Code 53221
--------------------	-------------	-------------------

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

Name of Employer Advanced Pain Management	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2014

**Transaction ID : SA11AI.11172**

Amount of Each Receipt this Period  
2000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2531.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 17  
(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)  
**K. Dean Willis MD**

Mailing Address 107 Williams & Broad Drive

City Brownsboro State AL Zip Code 35741

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 Y  
 04 / 30 / 2014

**Transaction ID : SA11AL11195**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15669.44

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

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

Full Name (Last, First, Middle Initial) <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.11198</b>
Name of Employer		Amount of Each Receipt this Period <input type="text" value="10.24"/>
Occupation		Monthly earned interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11520.81"/>	

Full Name (Last, First, Middle Initial) <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.11199</b>
Name of Employer		Amount of Each Receipt this Period <input type="text" value="194.47"/>
Occupation		Dividends earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11715.28"/>	

Full Name (Last, First, Middle Initial) <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.11200</b>
Name of Employer		Amount of Each Receipt this Period <input type="text" value="692.24"/>
Occupation		Change in investment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="12407.52"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="896.95"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="896.95"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 17  
(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**

Full Name (Last, First, Middle Initial)  
**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City State Zip Code  
RALEIGH NC 27624

FEC ID number of contributing federal political committee. **C** C00471896

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
 04 / 10 / 2014  
**Transaction ID : SA16.11157**

Amount of Each Receipt this Period  
 1000.00

Refund of overpayment for primary election

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

### A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SB21B.11197

Amount of Each Disbursement this Period

213.25
--------

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

213.25
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213.25
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

### A. STRICKLAND FOR CONGRESS

Mailing Address PO BOX 630446

City State Zip Code  
SIMI VALLEY CA 93063

Purpose of Disbursement  
Political Contribution

Candidate Name

**ANTHONY A STRICKLAND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2014

Transaction ID : SB23.11161

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

2000.00
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