

**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="2015"/>		<input type="text" value="317316.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="322932.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60212.13"/>	<input type="text" value="161372.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="383144.14"/>	<input type="text" value="478689.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79194.23"/>	<input type="text" value="174739.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="303949.91"/>	<input type="text" value="303949.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	41268.39	128352.09
(ii) Unitemized	2725.00	4545.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43993.39	132897.43
(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)	43993.39	132897.43
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	16218.74	27725.54
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))..... ▶	60212.13	161372.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60212.13	161372.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	23544.23	43074.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23544.23	43074.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	125000.00
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	5650.00	6665.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79194.23	174739.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79194.23	174739.40

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)	43993.39	132897.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43993.39	132897.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23544.23	43074.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23544.23	43074.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<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	

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. Cyrus Bakhit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1316 S. Jefferson St.
 City Roanoke State VA Zip Code 24016
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : SA11AI.11659
 Amount of Each Receipt this Period
 1000.00
 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 ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11AI.11637
 Amount of Each Receipt this Period
 170.00
 Contribution

C. 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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : SA11AI.11650
 Amount of Each Receipt this Period
 170.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1340.00
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 47
	<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	

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. 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 ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.11676

Amount of Each Receipt this Period
 170.00

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 ▼ 1190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11AI.11693

Amount of Each Receipt this Period
 170.00

Contribution

C. 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 ▼ 1360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11AI.11704

Amount of Each Receipt this Period
 170.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	510.00
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 8 OF 47
	<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	

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. 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 ▼ 1530.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11AI.11736

Amount of Each Receipt this Period 170.00

Contribution

B. Sridhar Bhaskara
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Waters Ridge Drive

City Newburgh State IN Zip Code 47630

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 10 / 2015
Transaction ID : SA11AI.11729

Amount of Each Receipt this Period 400.00

Contribution

C. Kaylea Boutwell
Full Name (Last, First, Middle Initial)

Mailing Address 8025 Maryland Ave. Unit 3H

City Clayton State MO Zip Code 63105

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.11678

Amount of Each Receipt this Period 2000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 2570.00

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 9 OF 47
<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

Full Name (Last, First, Middle Initial) A. Jason Brajer MD		Date of Receipt MM / DD / YYYY 09 / 08 / 2015 Transaction ID : SA11AI.11673
Mailing Address 601 Cornerstone Lane		Amount of Each Receipt this Period 200.00
City Bryn Mawr	State PA	Zip Code 19010
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Joseph Cabaret		Date of Receipt MM / DD / YYYY 12 / 16 / 2015 Transaction ID : SA11AI.11733
Mailing Address 1062 Deseo Avenue		Amount of Each Receipt this Period 1000.00
City Camarillo	State CA	Zip Code 93010
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Siu Chan		Date of Receipt MM / DD / YYYY 11 / 29 / 2015 Transaction ID : SA11AI.11717
Mailing Address 7710 Dartmoor Court		Amount of Each Receipt this Period 500.00
City Cincinnati	State OH	Zip Code 45236
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer UC Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 47
	<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	

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

Full Name (Last, First, Middle Initial) A. Ann Conn MD		Date of Receipt MM / DD / YYYY 11 / 16 / 2015 Transaction ID : SA11AI.11702
Mailing Address 7015 Hwy 190 E Service Road		Amount of Each Receipt this Period 365.00
City Covington	State LA	Zip Code 70433
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Premier Pain Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Harold Dalton		Date of Receipt MM / DD / YYYY 07 / 28 / 2015 Transaction ID : SA11AI.11640
Mailing Address 6000 N Federal Highway		Amount of Each Receipt this Period 416.67
City Fortland	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Florida Spine Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

Full Name (Last, First, Middle Initial) C. Harold Dalton		Date of Receipt MM / DD / YYYY 08 / 28 / 2015 Transaction ID : SA11AI.11653
Mailing Address 6000 N Federal Highway		Amount of Each Receipt this Period 416.67
City Fortland	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Florida Spine Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	

SUBTOTAL of Receipts This Page (optional).....▶	1198.34
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 11 OF 47
	<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	

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

Full Name (Last, First, Middle Initial) A. Harold Dalton		Date of Receipt
Mailing Address 6000 N Federal Highway		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fortland	FL	33308
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11683
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	Contribution
Florida Spine Specialists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Harold Dalton		Date of Receipt
Mailing Address 6000 N Federal Highway		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fortland	FL	33308
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11697
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	Contribution
Florida Spine Specialists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2916.69"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harold Dalton		Date of Receipt
Mailing Address 6000 N Federal Highway		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fortland	FL	33308
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11722
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	Contribution
Florida Spine Specialists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.01"/>
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: (check only one)	PAGE 12 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Harold Dalton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6000 N Federal Highway
 City Fortland State FL Zip Code 33308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Spine Specialists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3750.03**

Date of Receipt **12 / 28 / 2015**
Transaction ID : SA11Al.11741
 Amount of Each Receipt this Period **416.67**
 Contribution

B. J.H. Fairbanks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 301
 City Vidalia State LA Zip Code 71373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1115.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : SA11Al.11634
 Amount of Each Receipt this Period **365.00**
 Contribution

C. J.H. Fairbanks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 301
 City Vidalia State LA Zip Code 71373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1265.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : SA11Al.11635
 Amount of Each Receipt this Period **150.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	931.67
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: (check only one)	PAGE 13 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. J.H. Fairbanks MD		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : SA11AI.11644
Mailing Address P.O. Box 301		Amount of Each Receipt this Period 150.00
City Vidalia	State LA	Zip Code 71373
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1415.00	

Full Name (Last, First, Middle Initial) B. J.H. Fairbanks MD		Date of Receipt MM / DD / YYYY 11 / 02 / 2015 Transaction ID : SA11AI.11700
Mailing Address P.O. Box 301		Amount of Each Receipt this Period 150.00
City Vidalia	State LA	Zip Code 71373
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1565.00	

Full Name (Last, First, Middle Initial) C. J.H. Fairbanks MD		Date of Receipt MM / DD / YYYY 12 / 08 / 2015 Transaction ID : SA11AI.11727
Mailing Address P.O. Box 301		Amount of Each Receipt this Period 150.00
City Vidalia	State LA	Zip Code 71373
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1715.00	

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: (check only one)	PAGE 14 OF 47
	<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

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

Full Name (Last, First, Middle Initial) A. Mark Filley MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.11694
Mailing Address 10507 E. Wildwind Cir.		Amount of Each Receipt this Period 500.00
City Spring	State TX	Zip Code 77380
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mayo Friedlis MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2015 Transaction ID : SA11AI.11711
Mailing Address 3031 Javier Road #100		Amount of Each Receipt this Period 2000.00
City Fairfax	State VA	Zip Code 22031
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Chris Galuardi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015 Transaction ID : SA11AI.11705
Mailing Address 305 Powell Circle		Amount of Each Receipt this Period 500.00
City Berlin	State MD	Zip Code 21811
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Berlin Interventional Pain	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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: (check only one)	PAGE 15 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mruthyunjaya Gonchigar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 Bencross Drive
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newbridge Spine & Pain Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 29 / 2015**
Transaction ID : SA11AI.11716
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Bill Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4205 Springhurst Blvd #101
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ELIPS, PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.68**

Date of Receipt **07 / 16 / 2015**
Transaction ID : SA11AI.11638
 Amount of Each Receipt this Period **166.67**
 Contribution

C. Bill Haney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4205 Springhurst Blvd #101
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ELIPS, PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.35**

Date of Receipt **08 / 27 / 2015**
Transaction ID : SA11AI.11651
 Amount of Each Receipt this Period **166.67**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	833.34
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 16 OF 47
	<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

Full Name (Last, First, Middle Initial) A. Bill Haney MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2015 Transaction ID : SA11AI.11677
Mailing Address 4205 Springhurst Blvd #101		Amount of Each Receipt this Period 166.67
City Louisville State KY Zip Code 40241	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer ELIPS, PLLL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	

Full Name (Last, First, Middle Initial) B. Bill Haney MD		Date of Receipt MM / DD / YYYY 11 / 16 / 2015 Transaction ID : SA11AI.11703
Mailing Address 4205 Springhurst Blvd #101		Amount of Each Receipt this Period 166.67
City Louisville State KY Zip Code 40241	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer ELIPS, PLLL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	

Full Name (Last, First, Middle Initial) C. Bill Haney MD		Date of Receipt MM / DD / YYYY 12 / 16 / 2015 Transaction ID : SA11AI.11735
Mailing Address 4205 Springhurst Blvd #101		Amount of Each Receipt this Period 166.67
City Louisville State KY Zip Code 40241	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer ELIPS, PLLL	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

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: (check only one)	PAGE 17 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Standiford Helm II MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.11692
Mailing Address 1808 Calle de La Alamos		Amount of Each Receipt this Period 1000.00
City San Clemente	State CA	Zip Code 92672
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Paul Hubbell MD		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2015 Transaction ID : SA11AI.11641
Mailing Address 236 W. Livingston Place		Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Southern Pain	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69	

Full Name (Last, First, Middle Initial) C. Paul Hubbell MD		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2015 Transaction ID : SA11AI.11656
Mailing Address 236 W. Livingston Place		Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Southern Pain	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

SUBTOTAL of Receipts This Page (optional).....▶	1833.34
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 18 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Paul Hubbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W. Livingston Place
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pain Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.03

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11AI.11684
 Amount of Each Receipt this Period 416.67
 Contribution

B. Paul Hubbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W. Livingston Place
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pain Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11AI.11698
 Amount of Each Receipt this Period 416.67
 Contribution

C. Paul Hubbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W. Livingston Place
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pain Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 29 / 2015
Transaction ID : SA11AI.11723
 Amount of Each Receipt this Period 416.67
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
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: (check only one)	PAGE 19 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Paul Hubbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W. Livingston Place
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pain Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.04**

Date of Receipt **12 / 28 / 2015**
Transaction ID : SA11Al.11742
 Amount of Each Receipt this Period **416.67**
 Contribution

B. Juan Ibarra
 Full Name (Last, First, Middle Initial)
 Mailing Address 2830 Marvin Lane
 City Freeport State IL Zip Code 61032
 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 **650.00**

Date of Receipt **08 / 25 / 2015**
Transaction ID : SA11Al.11752
 Amount of Each Receipt this Period **650.00**
 Contribution - ACCIDENTALLY DEPOSITED INTO WRONG ACCOUNT

C. Magdalene Kerschner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3441 Ivy Hills Blvd.
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 29 / 2015**
Transaction ID : SA11Al.11721
 Amount of Each Receipt this Period **100.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1166.67
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: (check only one)	PAGE 20 OF 47
	<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

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

Full Name (Last, First, Middle Initial) A. Magdalene Kerschner MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : SA11AI.11738
Mailing Address 3441 Ivy Hills Blvd.		Amount of Each Receipt this Period 100.00
City Cincinnati	State OH	Zip Code 45244
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Sayeed Khan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2015 Transaction ID : SA11AI.11715
Mailing Address 1927 Stonycroft Lane		Amount of Each Receipt this Period 365.00
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Doloran Pain Management	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Thomas Kindl MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.11687
Mailing Address 15 Tremore Way		Amount of Each Receipt this Period 2000.00
City Holland	State OH	Zip Code 43528
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2465.00
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 21 OF 47
	<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	

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. Suresh Krishnan
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1494

City Fenton State MO Zip Code 63026

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

Name of Employer: Interventional Pain Care Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 16 / 2015
Transaction ID : SA11AI.11748

Amount of Each Receipt this Period: 1000.00

Contribution

B. Jonathan Kuo MD
Full Name (Last, First, Middle Initial)

Mailing Address 350 Broadway Suite 200

City New York State NY Zip Code 10013

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

Name of Employer: Self Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.11701

Amount of Each Receipt this Period: 365.00

Contribution

C. John Ledbetter MD
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Fairview Ave.

City Monroe State LA Zip Code 71201

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

Name of Employer: Louisiana Pain Care Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 03 / 2015
Transaction ID : SA11AI.11661

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: (check only one)	PAGE 22 OF 47
<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

Full Name (Last, First, Middle Initial) A. Eric Loudermilk MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015 Transaction ID : SA11AI.11726
Mailing Address 112 Carter Oak Rdg.		Amount of Each Receipt this Period 1000.00
City Anderson	State SC	Zip Code 29621
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. John Lucio MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015 Transaction ID : SA11AI.11680
Mailing Address 415 Virginia Trail		Amount of Each Receipt this Period 365.00
City Jefferson City	State MO	Zip Code 65109
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Cathy Luo MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2015 Transaction ID : SA11AI.11714
Mailing Address 4361 E. Ashley Lane		Amount of Each Receipt this Period 200.00
City Fayetteville	State AR	Zip Code 72701
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1565.00
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 23 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Glenn MacNichol		Date of Receipt MM / DD / YYYY 11 / 29 / 2015 Transaction ID : SA11AI.11719
Mailing Address 510 Arbutus Drive East		Amount of Each Receipt this Period 500.00
City Roanoke	State NC	Zip Code 27870
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Employed	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. David Martincheck MD		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 Transaction ID : SA11AI.11647
Mailing Address 9234 Roos Rd		Amount of Each Receipt this Period 365.00
City Houston	State TX	Zip Code 77036
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Richard Morgan MD		Date of Receipt MM / DD / YYYY 07 / 28 / 2015 Transaction ID : SA11AI.11642
Mailing Address 8805 Deer Run Terrace		Amount of Each Receipt this Period 50.00
City Lenexa	State KS	Zip Code 66220
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer St. Joseph Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<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	

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. Richard Morgan MD
Full Name (Last, First, Middle Initial)

Mailing Address 8805 Deer Run Terrace

City Lenexa State KS Zip Code 66220

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

Name of Employer St. Joseph Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 28 / 2015**

Transaction ID : SA11AI.11657

Amount of Each Receipt this Period **50.00**

Contribution

B. Richard Morgan MD
Full Name (Last, First, Middle Initial)

Mailing Address 8805 Deer Run Terrace

City Lenexa State KS Zip Code 66220

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

Name of Employer St. Joseph Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 28 / 2015**

Transaction ID : SA11AI.11685

Amount of Each Receipt this Period **50.00**

Contribution

C. Richard Morgan MD
Full Name (Last, First, Middle Initial)

Mailing Address 8805 Deer Run Terrace

City Lenexa State KS Zip Code 66220

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

Name of Employer St. Joseph Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : SA11AI.11699

Amount of Each Receipt this Period **50.00**

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47
	<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	

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

Full Name (Last, First, Middle Initial) A. Richard Morgan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2015 Transaction ID : SA11AI.11724
Mailing Address 8805 Deer Run Terrace		Amount of Each Receipt this Period 50.00
City Lenexa	State KS	Zip Code 66220
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer St. Joseph Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Richard Morgan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : SA11AI.11743
Mailing Address 8805 Deer Run Terrace		Amount of Each Receipt this Period 50.00
City Lenexa	State KS	Zip Code 66220
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer St. Joseph Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. John Paggioli MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.11689
Mailing Address 190 West Town Street		Amount of Each Receipt this Period 500.00
City Norwich	State CT	Zip Code 06360
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 26 OF 47
	<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

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. Arpan Patel MC
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 E Illinois Street
 #2501
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Pain Specialists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : SA11AI.11652
 Amount of Each Receipt this Period **365.00**
 Contribution

B. Asit Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Stanton Christana Road
 Ste 30
 City Newark State DE Zip Code 19713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : SA11AI.11747
 Amount of Each Receipt this Period **500.00**
 Contribution

C. David Provenzano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Augusta Drive
 City Bridgeville State PA Zip Code 15017
 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 **11 / 20 / 2015**
Transaction ID : SA11AI.11708
 Amount of Each Receipt this Period **100.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	965.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Abdul Qadir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Crossing Drive
 City Linwood State NJ Zip Code 28221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 22 / 2015**
Transaction ID : SA11AI.11737
 Amount of Each Receipt this Period **250.00**
 Contribution

B. John Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Governors Drive Suite 400
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Valley Pain Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 09 / 2015**
Transaction ID : SA11AI.11686
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Richard Ruskin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6309 E. Baywood
 City Mesa State AZ Zip Code 85206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Occupation Desert Pain Institute
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : SA11AI.11639
 Amount of Each Receipt this Period **500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 28 OF 47
	<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

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

Full Name (Last, First, Middle Initial) A. Holly Sata		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2015 Transaction ID : SA11AI.11709
Mailing Address 277 Morning Canyon Road		Amount of Each Receipt this Period 365.00
City Corona del Mar	State CA	Zip Code 92625
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dennis Slavin MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.11744
Mailing Address 1401 Bella Vista		Amount of Each Receipt this Period 1000.00
City Weslaco	State TX	Zip Code 78596
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Kevin Smith MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2015 Transaction ID : SA11AI.11732
Mailing Address 2202 S. Milwaukee St.		Amount of Each Receipt this Period 500.00
City Denver	State CO	Zip Code 80210
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Metro Denver Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Leonard Soloniuk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Airpark Dr.
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soloniuk Clinic Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 03 / 2015
Transaction ID : SA11AI.11668
 Amount of Each Receipt this Period
 5000.00
 Contribution

B. Daniel Southern
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 White Street
 City Danbury State CT Zip Code 06810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Danbury Orthopedics Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 08 / 2015
Transaction ID : SA11AI.11728
 Amount of Each Receipt this Period
 365.00
 Contribution

C. Steven Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17573 Middle Lake Dr.
 City Boca Raton State FL Zip Code 33496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 11 / 19 / 2015
Transaction ID : SA11AI.11706
 Amount of Each Receipt this Period
 365.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	5730.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Andrea M. Trescot MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2558 Admirals Walk Dr. S.
 City Orange Park State FL Zip Code 32073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clay Surgery Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11AI.11667
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Michael Trimba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2417 Ocean Avenue
 City Brooklyn State NY Zip Code 11229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Pain Care Medical PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11AI.11646
 Amount of Each Receipt this Period 365.00
 Contribution

C. Joseph Waling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3188 Brookfield
 City Newburgh State IN Zip Code 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 ▼ 1000.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11AI.11649
 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: (check only one)	PAGE 31 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Douglas Wisor
 Full Name (Last, First, Middle Initial)
 Mailing Address 11905 Lerade Court
 City State Zip Code
 Glen Allen VA 23059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Spine & Pain Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11AI.11690
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Baher Yanni
 Full Name (Last, First, Middle Initial)
 Mailing Address 300A Princeton Highstown Road
 City State Zip Code
 East Windsor NJ 08520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.11662
 Amount of Each Receipt this Period
 1000.00
 Contribution

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

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	41268.39

**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 32 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11589
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1.92"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11508.72"/>	Interest

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11590
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="250.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11759.04"/>	Dividends

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11591
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1651.07"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="13410.11"/>	Change in investment

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1903.31"/>
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: (check only one)	PAGE 33 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11592
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.75"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13410.86"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11593
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="196.43"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13607.29"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11594
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.85"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13608.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="198.03"/>
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: (check only one)	PAGE 34 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11595
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="764.32"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="14372.46"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11596
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5.55"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="14378.01"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11597
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="305.51"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="14683.52"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1075.38"/>
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: (check only one)	PAGE 35 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11598
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="8697.27"/>
Receipt For:	Aggregate Year-to-Date ▼	Change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="23380.79"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11600
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="8.16"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="23388.95"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11601
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="145.05"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="23534.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8850.48"/>
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: (check only one)	PAGE 36 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Paducah State KY Zip Code 42003		Transaction ID : SA17.11602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="535.00"/>
Name of Employer	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="24069.00"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah State KY Zip Code 42003		Transaction ID : SA17.11603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="8.85"/>
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="24077.85"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah State KY Zip Code 42003		Transaction ID : SA17.11604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="3.00"/>
Name of Employer	Occupation	Online contribution test deposit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="24080.85"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="546.85"/>
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: (check only one)	PAGE 37 OF 47
<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.11605
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="3644.69"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Dividends
Aggregate Year-to-Date ▼		
<input type="text" value="27725.54"/>		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text"/>		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3644.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="16218.74"/>

**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

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

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11576

Amount of Each Disbursement this Period

213.22

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11578

Amount of Each Disbursement this Period

354.95

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.11579

Amount of Each Disbursement this Period

91.38

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

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

659.55

**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

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

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Change in investment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.11580

Amount of Each Disbursement this Period

9792.48

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.11581

Amount of Each Disbursement this Period

116.60

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.11582

Amount of Each Disbursement this Period

5084.85

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

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

14993.93

**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

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

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.11583

Amount of Each Disbursement this Period

326.42

B. Bantera Bank

Full Name (Last, First, Middle Initial)

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.11586

Amount of Each Disbursement this Period

159.80

C. Bantera Bank

Full Name (Last, First, Middle Initial)

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.11584

Amount of Each Disbursement this Period

151.54

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

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

637.76

**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

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

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB21B.11585

Amount of Each Disbursement this Period

343.26

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Online contribution fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.11587

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Change in investment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.11588

Amount of Each Disbursement this Period

6890.73

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

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

7252.99

23544.23

**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

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

Full Name (Last, First, Middle Initial)

A. ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Mailing Address PO BOX 1672

Transaction ID : SB23.11612

City State Zip Code
ALEXANDRIA VA 22313

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Mailing Address PO BOX 80505

Transaction ID : SB23.11617

City State Zip Code
BATON ROUGE LA 70898

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

WILLIAM CASSIDY

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: LA District: 06

Full Name (Last, First, Middle Initial)

C. BOOZMAN FOR ARKANSAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Mailing Address 322 NORTH BLOOMINGTON SUITE A-B

Transaction ID : SB23.11611

City State Zip Code
LOWELL AR 72745

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

JOHN BOOZMAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District: 00

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

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

15000.00

--

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial)

A. CHESAPEAKE PAC

Mailing Address 170 OLD ENTERPRISE ROAD
PO BOX 5323

City UPPER MARLORO State MD Zip Code 20774

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB23.11609

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB23.11627

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CRAWFORD FOR CONGRESS

Mailing Address PO Box 16956

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contribution

Candidate Name

ERIC ALAN RICK CRAWFORD

Office Sought: House
 Senate
 President
State: AR District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB23.11607

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial)

A. FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement Contribution

Candidate Name

RODNEY P. FRELINGHUYSEN

Office Sought: House Senate President
State: NJ District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SB23.11606

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement Contribution

Candidate Name

MICHELLE LUJAN GRISHAM

Office Sought: House Senate President
State: NM District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2015

Transaction ID : SB23.11630

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

KEVIN MCCARTHY

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2015

Transaction ID : SB23.11619

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

--

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

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

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

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

KEVIN MCCARTHY

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB23.11621

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB23.11610

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PAPE FOR CONGRESS

Mailing Address 4537 FT. CAMPBELL BLVD

City HOPKINSVILLE State KY Zip Code 42240

Purpose of Disbursement Contribution

Candidate Name

MICHAEL J PAPE

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB23.11622

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial)

A. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
Voided check from 12/2014

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
11	/	30	/	2015

Transaction ID : SB23.11751

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Returned contribution

Candidate Name

ED WHITFIELD

Office Sought: House Senate President
State: KY District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SB23.11749

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C.

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

--

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

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

-10000.00

50000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ASIPP

Mailing Address 2831 Lone Oak Road

City Paducah State KY Zip Code 42003

Purpose of Disbursement
REALLOCATION OF ACCIDENTAL DEPOSIT 8/25/15

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB29.11753

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. Illinois Republican Party

Mailing Address PO Box 64897

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB29.11671

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5650.00

5650.00