

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Laxmaiah Manchikanti MD [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		317316.34
(b) Cash on Hand at Beginning of Reporting Period.....	317316.34	
(c) Total Receipts (from Line 19)	101160.84	101160.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	418477.18	418477.18
7. Total Disbursements (from Line 31).....	95545.17	95545.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	322932.01	322932.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

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).....	87083.70	87083.70
(ii) Unitemized	1820.34	1820.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88904.04	88904.04
(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)	88904.04	88904.04
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.....	750.00	750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11506.80	11506.80
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))..... ▶	101160.84	101160.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	101160.84	101160.84

DETAILED SUMMARY PAGE
of Disbursements

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	19530.17	19530.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19530.17	19530.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	75000.00
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	1015.00	1015.00
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)) ..	95545.17	95545.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95545.17	95545.17

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)	88904.04	88904.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88904.04	88904.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19530.17	19530.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19530.17	19530.17

**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 41
	<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. Sheri Albers DO		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 Transaction ID : SA11AI.11480
Mailing Address 2178 Morley Way		Amount of Each Receipt this Period 365.00
City Sacramento	State CA	Zip Code 95864
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) B. Anthony Alexander		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 Transaction ID : SA11AI.11542
Mailing Address 3809 Muirfield Drive		Amount of Each Receipt this Period 167.00
City New Albany	State IN	Zip Code 47274
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Pain Medicine & Rehab Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

Full Name (Last, First, Middle Initial) C. Sanjay Bakhshi MD		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.11504
Mailing Address 254 Stafford Avenue		Amount of Each Receipt this Period 5000.00
City Staten Island	State NY	Zip Code 10312
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Neuroscience Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5532.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.11519

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 ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11AI.11551

Amount of Each Receipt this Period
170.00

Contribution

C. Jason Brajer MD
Full Name (Last, First, Middle Initial)

Mailing Address 601 Cornerstone Lane

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : SA11AI.11526

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Daniel Bruning MD		Date of Receipt MM / DD / YYYY 06 / 09 / 2015 Transaction ID : SA11AI.11524
Mailing Address 10501 Metcalf		Amount of Each Receipt this Period 5000.00
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee.	C	
Name of Employer Pain Care	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Allen Burton MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : SA11AI.11485
Mailing Address 3738 Belle Fontaine		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77025
FEC ID number of contributing federal political committee.	C	
Name of Employer MD Anderson	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Kenneth Chapman MD		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : SA11AI.11512
Mailing Address 860 Fifth Avenue		Amount of Each Receipt this Period 2500.00
City New York	State NY	Zip Code 10065
FEC ID number of contributing federal political committee.	C	
Name of Employer The Spine and Pain Institute	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	7750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 41
(check only one)

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

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

A. 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 ▼
416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11Al.11545

Amount of Each Receipt this Period
416.67

Contribution

B. 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 ▼
833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : SA11Al.11548

Amount of Each Receipt this Period
416.67

Contribution

C. Harold Dalton
Full Name (Last, First, Middle Initial)

Mailing Address 6000 N Federal Highway

City Fortland	State FL	Zip Code 33308
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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 ▼
1250.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11Al.11543

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 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Dombrowski MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2015 Transaction ID : SA11AI.11475
Mailing Address 5123 Watson St., NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20016
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. John Dombrowski MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 Transaction ID : SA11AI.11528
Mailing Address 5123 Watson St., NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20016
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. Cynthia Drake MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2015 Transaction ID : SA11AI.11525
Mailing Address 3 S Street		Amount of Each Receipt this Period 5000.00
City Lake Lotawana	State MO	Zip Code 64086
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer Pain Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P.O. Box 211839

City Augusta State GA Zip Code 30917

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

Name of Employer Augusta Pain Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 28 / 2015**

Transaction ID : SA11AI.11477

Amount of Each Receipt this Period **500.00**

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 ▼ **300.00**

Date of Receipt **03 / 03 / 2015**

Transaction ID : SA11AI.11489

Amount of Each Receipt this Period **150.00**

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 ▼ **450.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : SA11AI.11552

Amount of Each Receipt this Period **150.00**

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 12 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J.H. Fairbanks MD		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 Transaction ID : SA11AI.11516
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. J.H. Fairbanks MD		Date of Receipt MM / DD / YYYY 06 / 08 / 2015 Transaction ID : SA11AI.11527
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mark Fallows MD		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 Transaction ID : SA11AI.11495
Mailing Address 120 SE 2nd Avenue		Amount of Each Receipt this Period 5000.00
City Crystal River	State FL	Zip Code 34429
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 ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5300.00
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 13 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Vincent Galan
Full Name (Last, First, Middle Initial)

Mailing Address 4231 Ridgehurst Dr.

City State Zip Code
Smyrna GA 30080

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

Name of Employer Occupation
Riverdale Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 10 / 2015
Transaction ID : SA11AI.11508

Amount of Each Receipt this Period
5000.00

Contribution

B. Mark Goodson MD
Full Name (Last, First, Middle Initial)

Mailing Address 116 Rose St.

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
Rehab Med & Pain Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 09 / 2015
Transaction ID : SA11AI.11503

Amount of Each Receipt this Period
2000.00

Contribution

C. Bill Haney MD
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Springhurst Blvd #101

City State Zip Code
Louisville KY 40241

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

Name of Employer Occupation
ELIPS, PLLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
05 / 15 / 2015
Transaction ID : SA11AI.11546

Amount of Each Receipt this Period
166.67

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 7166.67

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 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bill Haney MD		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 Transaction ID : SA11AI.11540
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 ▼ 500.01	

Full Name (Last, First, Middle Initial) B. Paul Hubbell MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : SA11AI.11486
Mailing Address 236 W. Livingston Place		Amount of Each Receipt this Period 833.34
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 ▼ 833.34	

Full Name (Last, First, Middle Initial) C. Paul Hubbell MD		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : SA11AI.11492
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 ▼ 1250.01	

SUBTOTAL of Receipts This Page (optional).....▶	1416.68
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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Paul Hubbell MD			Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : SA11AI.11513
Mailing Address 236 W. Livingston Place			Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	Contribution	

Full Name (Last, First, Middle Initial) B. Paul Hubbell MD			Date of Receipt MM / DD / YYYY 05 / 28 / 2015 Transaction ID : SA11AI.11522
Mailing Address 236 W. Livingston Place			Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	Contribution	

Full Name (Last, First, Middle Initial) C. Paul Hubbell MD			Date of Receipt MM / DD / YYYY 06 / 29 / 2015 Transaction ID : SA11AI.11534
Mailing Address 236 W. Livingston Place			Amount of Each Receipt this Period 416.67
City Metairie	State LA	Zip Code 70005	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southern Pain	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	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 16 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 New York Avenue
 City State Zip Code
 Oak Ridge TN 37830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Comprehensive Pain Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11AI.11533
 Amount of Each Receipt this Period
 2000.00
 Contribution

B. Todd Joye MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9231 Medical Plaza Drive
 City State Zip Code
 North Charleston SC 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : SA11AI.11517
 Amount of Each Receipt this Period
 500.00
 Contribution

C. Eric Loudermilk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Carter Oak Rdg.
 City State Zip Code
 Anderson SC 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2015
Transaction ID : SA11AI.11467
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward Magaziner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2186 Route 27
 City New Brunswick State NJ Zip Code 08902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 26 / 2015**
Transaction ID : SA11AI.11532
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Vinod Malik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 767 N. Beach Street
 City Osmond Beach State FL Zip Code 32174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRC Associates Occupation Physicians
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 09 / 2015**
Transaction ID : SA11AI.11501
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Chandrakala Manchikanti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2075 Natchez Lane
 City Paducah State KY Zip Code 42001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KSA Enterprises, Inc. Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 05 / 2015**
Transaction ID : SA11AI.11468
 Amount of Each Receipt this Period **5000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 18 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laxmaiah Manchikanti MD		Date of Receipt
Mailing Address 2075 Natchez Lane		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Paducah	KY	42001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11469
Name of Employer	Occupation	Amount of Each Receipt this Period
PMCP PSC	Medical Director	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vivekanand Manocha MD		Date of Receipt
Mailing Address 478 N. Main Street		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Springboro	OH	45040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11491
Name of Employer	Occupation	Amount of Each Receipt this Period
Midwest Spine Intervention	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. Stephen Minore MD		Date of Receipt
Mailing Address 2202 Harlem Rd.		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Loves Park	IL	61111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11466
Name of Employer	Occupation	Amount of Each Receipt this Period
Rockford Anest. Assoc.	Physician	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Morgan MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 Transaction ID : SA11AI.11523
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Richard Morgan MD		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 Transaction ID : SA11AI.11535
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Newton MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 Transaction ID : SA11AI.11474
Mailing Address 5101 Covington Court		Amount of Each Receipt this Period 365.00
City Columbia	State MO	Zip Code 65203
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	

SUBTOTAL of Receipts This Page (optional).....▶	465.00
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 20 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ram Pasupuleti MD		Date of Receipt MM / DD / YYYY 06 / 26 / 2015 Transaction ID : SA11AI.11531
Mailing Address 15621 Bridlegate Dr.		Amount of Each Receipt this Period 365.00
City Louisville	State KY	Zip Code 40299
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) B. Cyril Philip MD		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.11507
Mailing Address 285 Third Street, Suite 242		Amount of Each Receipt this Period 1000.00
City Cambridge	State MA	Zip Code 02142
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Mernard Medical School	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. Jimmy Ponder MD		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 Transaction ID : SA11AI.11470
Mailing Address 208 Acadia Woods Dr.		Amount of Each Receipt this Period 3000.00
City Thibodaux	State LA	Zip Code 70301
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 ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4365.00
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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Leonid Reyfman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2279 Coney Island Avenue
 City Brooklyn State NY Zip Code 11223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pain Physicians NY Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 29 / 2015
Transaction ID : SA11AI.11541
 Amount of Each Receipt this Period 2000.00
 Contribution

B. Francis Riegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3827 Castlerock Rd.
 City Malibu State CA Zip Code 90265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Pain Mgmt. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11AI.11488
 Amount of Each Receipt this Period 166.67
 Contribution

C. Francis Riegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3827 Castlerock Rd.
 City Malibu State CA Zip Code 90265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Pain Mgmt. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt 03 / 27 / 2015
Transaction ID : SA11AI.11494
 Amount of Each Receipt this Period 166.67
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2333.34
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 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Francis Riegler MD		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : SA11AI.11515
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 166.67
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Universal Pain Mgmt.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

Full Name (Last, First, Middle Initial) B. Francis Riegler MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 Transaction ID : SA11AI.11521
Mailing Address 3827 Castlerock Rd.		Amount of Each Receipt this Period 4333.32
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Universal Pain Mgmt.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Dr. David Schultz		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 Transaction ID : SA11AI.11465
Mailing Address 5950 Ridge Road		Amount of Each Receipt this Period 5000.00
City Shorewood	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer MAPS	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	9499.99
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Vanilla Singh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Bodega Court
 City Fremont State CA Zip Code 94539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : SA11AI.11506
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Jan Slezak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 246
 City Durham State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interventional Spine Med. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2015**
Transaction ID : SA11AI.11498
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Kevin Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2202 S. Milwaukee St.
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Denver Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : SA11AI.11496
 Amount of Each Receipt this Period **365.00**
 Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Amol Soin MD
Full Name (Last, First, Middle Initial)
Mailing Address 2201 Annandale Place
City Xenia State OH Zip Code 45385
FEC ID number of contributing federal political committee. **C**
Name of Employer Ohio Pain Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : SA11AI.11505
Amount of Each Receipt this Period **5000.00**
Contribution

B. Peter Staats MD
Full Name (Last, First, Middle Initial)
Mailing Address 47 Orchard Lane
City Colts Neck State NJ Zip Code 07722
FEC ID number of contributing federal political committee. **C**
Name of Employer Premier Pain Centers Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 05 / 2015**
Transaction ID : SA11AI.11518
Amount of Each Receipt this Period **2500.00**
Contribution

C. Michael Stanton-Hicks MD
Full Name (Last, First, Middle Initial)
Mailing Address 11405 Clearfield Lane
City Chardon State OH Zip Code 44024
FEC ID number of contributing federal political committee. **C**
Name of Employer Cleveland Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 25 / 2015**
Transaction ID : SA11AI.11520
Amount of Each Receipt this Period **250.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **7750.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 25 OF 41
(check only one)

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

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

A. Renata Variakojis MD

Full Name (Last, First, Middle Initial)
Mailing Address 5610 South PArt Avenue

City Hinsdale	State IL	Zip Code 60521
------------------	-------------	-------------------

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 ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : SA11AI.11509

Amount of Each Receipt this Period
2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M 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).....▶	87083.70

**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 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <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 : SA17.11413
Name of Employer		Amount of Each Receipt this Period <input type="text" value="198.60"/>
Occupation		Dividends
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="397.19"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <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 : SA17.11414
Name of Employer		Amount of Each Receipt this Period <input type="text" value="6364.64"/>
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="6761.83"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <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 : SA17.11419
Name of Employer		Amount of Each Receipt this Period <input type="text" value="3.23"/>
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="6765.06"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6566.47"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <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 : SA17.11420
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="977.44"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="7742.50"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <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 : SA17.11421
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="4.84"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="7747.34"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <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 : SA17.11422
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="192.64"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="7939.98"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1174.92"/>
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 28 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <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 : SA17.11423
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2077.86"/>
		Change in investment
		<input type="text" value="10017.84"/>

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <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 : SA17.11427
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5.51"/>
		Interest
		<input type="text" value="10023.35"/>

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <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 : SA17.11428
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="193.13"/>
		Dividends
		<input type="text" value="10216.48"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2276.50"/>
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 29 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <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 : SA17.11429
Name of Employer		Amount of Each Receipt this Period <input type="text" value="415.20"/>
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="10631.68"/>	

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <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 : SA17.11430
Name of Employer		Amount of Each Receipt this Period <input type="text" value="3.47"/>
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="10635.15"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <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 : SA17.11431
Name of Employer		Amount of Each Receipt this Period <input type="text" value="871.65"/>
Occupation		Dividends
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11506.80"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1290.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="11308.21"/>

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

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

FOR LINE NUMBER: PAGE 30 OF 41
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. CANTOR FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 17813

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2015
Transaction ID : SA16.11439

Amount of Each Receipt this Period
750.00

Remaining General 2014 contribution refund

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2015

Transaction ID : SB21B.11410

Amount of Each Disbursement this Period

300.56

Full Name (Last, First, Middle Initial)

B. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2015

Transaction ID : SB21B.11411

Amount of Each Disbursement this Period

3007.80

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

M M M	/	D D D	/	Y Y Y Y Y
02		28		2015

Transaction ID : SB21B.11415

Amount of Each Disbursement this Period

412.39

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

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

3720.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2015

Transaction ID : SB21B.11416

Amount of Each Disbursement this Period

359.00

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
03 / 31 / 2015

Transaction ID : SB21B.11417

Amount of Each Disbursement this Period

86.59

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

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.11418

Amount of Each Disbursement this Period

2778.25

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

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

3223.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB21B.11424

Amount of Each Disbursement this Period

691.42

B. Bantera Bank

Full Name (Last, First, Middle Initial)

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB21B.11425

Amount of Each Disbursement this Period

353.15

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
05 / 31 / 2015

Transaction ID : SB21B.11426

Amount of Each Disbursement this Period

297.01

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

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

1341.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit card 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
06	/	30	/	2015

Transaction ID : SB21B.11432

Amount of Each Disbursement this Period

272.71

Full Name (Last, First, Middle Initial)

B. 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
06	/	30	/	2015

Transaction ID : SB21B.11433

Amount of Each Disbursement this Period

5103.29

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Payment to IRS

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
03	/	31	/	2015

Transaction ID : SB21B.11438

Amount of Each Disbursement this Period

5868.00

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

11244.00

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

19530.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement Contribution

Candidate Name **GARLAND ANDY BARR**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: KY District: 06

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : SB23.11446

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement Contribution

Candidate Name **DANIEL J BENISHEK**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: MI District: 01

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : SB23.11443

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 292

City ROANOKE State VA Zip Code 24002

Purpose of Disbursement Contribution

Candidate Name **ROBERT W. GOODLATTE**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: VA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SB23.11460

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

**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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. BOB GOODLATTE FOR CONGRESS COMMITTEE

Date of Disbursement

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

Mailing Address P.O. BOX 292

Transaction ID : SB23.11461

City ROANOKE State VA Zip Code 24002

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contribution

--

Candidate Name

ROBERT W. GOODLATTE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 06

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	5

Mailing Address PO BOX 6545

Transaction ID : SB23.11442

City VISALIA State CA Zip Code 93290

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contribution

--

Candidate Name

DEVIN GERALD NUNES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SUSAN BROOKS

Date of Disbursement

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

Mailing Address 9425 N MERIDIAN STREET
237

Transaction ID : SB23.11452

City INDIANAPOLIS State IN Zip Code 46260

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement
Contribution

--

Candidate Name

SUSAN MRS. BROOKS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

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

1	4	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. JOHN S FUND

Mailing Address PO BOX 853

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SB23.11441

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Contribution

Candidate Name

MICHAEL R POMPEO

Office Sought: House Senate President
State: KS District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SB23.11447

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. RAND PAUL VICTORY COMMITTEE

Mailing Address PO BOX 72190

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : SB23.11463

Amount of Each Disbursement this Period

5000.00

Category/
Type

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. RAND PAUL VICTORY COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Mailing Address PO BOX 72190

Transaction ID : SB23.11464

City NEWPORT State KY Zip Code 41072

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement Contribution

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Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Mailing Address PO BOX 23219

Transaction ID : SB23.11549

City JEFFERSON State LA Zip Code 70183

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement Contribution

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Candidate Name

Category/Type

STEVE MR. SCALISE

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 01

Full Name (Last, First, Middle Initial)

C. SCALISE LEADERSHIP FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Mailing Address 317 15TH ST NE

Transaction ID : SB23.11550

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement Contribution

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Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. THOROUGHbred PAC

Mailing Address PO BOX 65116
C/O ARENT FOX PLLC

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SB23.11558

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name

JOHN M SHIMKUS

Office Sought: House Senate President
State: IL District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SB23.11440

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

Candidate Name

GREGORY P MR. WALDEN

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : SB23.11436

Amount of Each Disbursement this Period

5000.00

Category/
Type

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
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 / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SB23.11559

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / 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)..... ▶

5000.00

75000.00

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

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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
Transfer of individual dues mistakenly deposited into wrong ASIPP account.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.11563

Amount of Each Disbursement this Period

1	0	1	5	.	0	0
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1	0	1	5	.	0	0
---	---	---	---	---	---	---

1	0	1	5	.	0	0
---	---	---	---	---	---	---