

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

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

FOR LINE NUMBER: PAGE 8 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ponder, Jimmy, , MD**

Mailing Address 208 Acadia Woods Drive

City  
Thibodaux

State  
LA

Zip Code  
70301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Headache & Pain Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2020

Transaction ID : SA11AI.13099

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ramirez, Manuel, , MD**

Mailing Address 4225 Wingren Drive  
Ste. 205

City  
Irving

State  
TX

Zip Code  
75062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dallas Pain and Anesthesia

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 14 / 2020

Transaction ID : SA11AI.13102

Amount of Each Receipt this Period

365.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Riegler, Francis, , MD**

Mailing Address 3827 Castlerock Road

City  
Malibu

State  
CA

Zip Code  
90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Universal Pain Mgmt.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2020

Transaction ID : SA11AI.13106

Amount of Each Receipt this Period

416.66

☐ Memo Item  
Contribution

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

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

5781.66

11746.66