

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. **12FE4M5**
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) **2831 Lone Oak Road**
Check if different than previously reported. (ACC) **Paducah KY 42003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00351197 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 03 / 01 / 2018 through 03 / 31 / 2018

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

Signature of Treasurer Manchikanti, Laxmaiah, , MD [Electronically Filed] Date 05 / 16 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value=""/>	<input type="text" value="362952.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="373055.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60161.89"/>	<input type="text" value="86650.65"/>
(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="433217.76"/>	<input type="text" value="449602.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40843.53"/>	<input type="text" value="57228.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="392374.23"/>	<input type="text" value="392374.23"/>
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. 05/2016)

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 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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).....	59683.33	86244.99
(ii) Unitemized	466.67	566.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	60150.00	86811.66
(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)	60150.00	86811.66
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11.89	- 161.01
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)).....▶	60161.89	86650.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	60161.89	86650.65

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	843.53	2228.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	843.53	2228.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	55000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	40843.53	57228.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40843.53	57228.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	60150.00	86811.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60150.00	86811.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	843.53	2228.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	843.53	2228.51

**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 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Ailani, Hary, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 E Dupont Rd.
 Ste. 200
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3500.00**

Date of Receipt **03 / 19 / 2018**
Transaction ID : SA11AI.12562
 Amount of Each Receipt this Period **1000.00**
 Memo Item Contribution

B. Albers, Sheri, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2178 Morley Way
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2018**
Transaction ID : SA11AI.12551
 Amount of Each Receipt this Period **500.00**
 Memo Item Contribution

C. Alsabbagh, Eyad, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12148 Cartez Blvd.
 City Brooksville State FL Zip Code 34613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pain Management & Spine Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 19 / 2018**
Transaction ID : SA11AI.12577
 Amount of Each Receipt this Period **2000.00**
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 24
<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. Boswell, Mark, , , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Blue Waterleaf Lane
 City Georgetown State TX Zip Code 78626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Pain Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12556
 Amount of Each Receipt this Period 3000.00
 Memo Item Contribution

B. Branscum, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Saddle Ridge Drive
 City Mt. Juliet State TN Zip Code 37120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clint Pharmaceutical Occupation (for Individual) Sales representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12559
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Bukhalo, Yuriy, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 West Central Rd #3600
 City Arlington Heights State IL Zip Code 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11AI.12602
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4300.00
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 24
	<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. Candido, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Canterbury Lane
 City Oak Brook State IL Zip Code 60523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 03 / 16 / 2018
Transaction ID : SA11AI.12552
 Amount of Each Receipt this Period 2000.00
 Memo Item Contribution

B. Chalifoux, Roland, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 W. Baltimore St.
 City McMechen State WV Zip Code 26040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Pain Management Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12569
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Crapanzano, Joseph, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 282 Glenwood Dr.
 City Metairie State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parish Pain Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 03 / 16 / 2018
Transaction ID : SA11AI.12550
 Amount of Each Receipt this Period 2000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 24
<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. Datta, Sukdeb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Treetop Ct
 City Berkley Heights State NJ Zip Code 07927
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Datta Surgery and Pain Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 16 / 2018
Transaction ID : SA11AI.12555
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Diaz-Ramirez, M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 Torrey Pines Way
 City Sarasota State FL Zip Code 34238
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12567
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Epter, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Augusta Pain Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12579
 Amount of Each Receipt this Period 5000.00
 Memo Item 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 10 OF 24
<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. Formoso, Ferdinand, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4472 Glen Kerman Pkwy
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Spine and Pain Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12587
 Amount of Each Receipt this Period 2000.00
 Memo Item Contribution

B. Galan, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 Rock Quarry Rd
 City Stockbridge State GA Zip Code 30281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pain Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12561
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Ghazi, Majid, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 41 Street S
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CPM Surgery Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12557
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	8000.00
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 24
<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. Grisales, Dario, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5928 Jefferson Park Drive
 City Tampa State FL Zip Code 33625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan American Pain Institute Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12565
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Helm II MD, Standiford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 Calle de Los Alamos
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Coast Pain Management Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12594
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Hubbell, Paul, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Southern Pain Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 28 / 2018
Transaction ID : SA11AI.12612
 Amount of Each Receipt this Period 416.66
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1916.66
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 24
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Jassal, Navdeep, , , MD		Date of Receipt MM / DD / YYYY 03 / 19 / 2018 Transaction ID : SA11AI.12570
Mailing Address 449 S 12th Street Unit 1805		Amount of Each Receipt this Period 1000.00
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Florida Pain Medicine	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jha, Sachin, , , MD		Date of Receipt MM / DD / YYYY 03 / 19 / 2018 Transaction ID : SA11AI.12590
Mailing Address 2151 Vallejo Drive		Amount of Each Receipt this Period 500.00
City Tustin	State CA	Zip Code 92782
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) UCLA	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Katz, Stephen, , , MD		Date of Receipt MM / DD / YYYY 03 / 19 / 2018 Transaction ID : SA11AI.12591
Mailing Address 3311 Prescott Rd #415		Amount of Each Receipt this Period 1000.00
City Alexandria	State LA	Zip Code 71301
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lampert, Benjamin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 S Farm Road 197
 City Springfield State MO Zip Code 65809
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Mercy Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 28 / 2018
Transaction ID : SA11AI.12609
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Lantz, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Young Lane
 City Rye State NH Zip Code 03870
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Interventional Spine Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12572
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Lipnick, Jesse, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6209 NW 83rd Drive
 City Gainesville State FL Zip Code 32653
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Southeastern Integrated Med Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 28 / 2018
Transaction ID : SA11AI.12610
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. Minore, W. Stephen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2202 Harlem Rd.
 City Loves Park State IL Zip Code 61111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Anest. Assoc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12593
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Onyewu, Chukwuma, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12903 Isaac Duckett Rd
 City Bowie State MD Zip Code 20721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jeco Medical LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12585
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Ponder, Jimmy, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Frontage Rd A
 City Gray State LA Zip Code 70359
 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 ▼ 2500.00

Date of Receipt 03 / 26 / 2018
Transaction ID : SA11AI.12606
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	8500.00
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 24
	<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. Porter, Tom, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 Webb Drive
 Ste. 200
 City Davenport State FL Zip Code 33837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Right Path Pain & Spine Center Occupation (for Individual) 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
 03 / 19 / 2018
Transaction ID : SA11AI.12575
 Amount of Each Receipt this Period
 2000.00
 Memo Item Contribution

B. Raj, Madankumar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unit #150 Riverport Condos
 11 W
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) 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
 03 / 19 / 2018
Transaction ID : SA11AI.12580
 Amount of Each Receipt this Period
 500.00
 Memo Item Contribution

C. Riegler, Francis, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 1250.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : SA11AI.12611
 Amount of Each Receipt this Period
 416.67
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2916.67
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 16 OF 24
	<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. Saeger, Louis, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Main Street SE
#7012

City Minneapolis	State MN	Zip Code 55414
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
 03 / 19 / 2018

Transaction ID : SA11AI.12581

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

B. Silverman, Sanford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7251 Montrico Drive

City Boca Raton	State FL	Zip Code 33433
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : SA11AI.12604

Amount of Each Receipt this Period
800.00

Memo Item Contribution

C. Singh, Vijay, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Roosevelt

City Niagara	State WI	Zip Code 54151
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2018

Transaction ID : SA11AI.12564

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	6800.00
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 24
<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. Subramanian, Joysree, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4325 N Josey Lane
 Plaza III Ste 206
 City Carrollton State TX Zip Code 75010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : SA11AI.12553
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Tracy, Tracy, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10019 Twelve Oaks
 City Brookville State FL Zip Code 34613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : SA11AI.12599
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Contribution

C. Vinayakan, Anilkumar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4609 Crossfield Circle
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norton Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018
Transaction ID : SA11AI.12589
 Amount of Each Receipt this Period 1000.00
 Memo Item
 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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Waling, Joseph, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3188 Brookfield Dr.

City Newburgh	State IN	Zip Code 47630
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : SA11AI.12608

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Wendel, Mark, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 CR 780

City Jonesboro	State AR	Zip Code 72401
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Interventional Pain Mgmt Ctr	Occupation (for Individual) 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
03	/	19	/	2018

Transaction ID : SA11AI.12583

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	59683.33

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

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

FOR LINE NUMBER: PAGE 19 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bantera Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3151 Jackson Street
 City Paducah State KY Zip Code 42003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 161.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA17.12631
 Amount of Each Receipt this Period
 11.89
 Memo Item
 Interest earned

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 Memo Item

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

11.89
 11.89

**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"/> 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2018

Mailing Address 3151 Jackson Street

FEC Identification Number

C []

Transaction ID : SB21B.12627

Amount of Each Disbursement this Period

[] 174.78

Memo Item

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Credit Card Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2018

Mailing Address 3151 Jackson Street

FEC Identification Number

C []

Transaction ID : SB21B.12628

Amount of Each Disbursement this Period

[] 15.20

Memo Item

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Online contribution fee

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2018

Mailing Address 3151 Jackson Street

FEC Identification Number

C []

Transaction ID : SB21B.12625

Amount of Each Disbursement this Period

[] 110.91

Memo Item

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[] 300.89

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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
Dividends

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	3		3	1		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.12630

Amount of Each Disbursement this Period

[] 542.64

Memo Item

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 542.64

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

[] 843.53

**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"/> 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.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

FEC Identification Number

C C00467571

Purpose of Disbursement Contribution

Category/Type

Transaction ID : SB23.12619

Amount of Each Disbursement this Period

5000.00

Candidate Name

BARR, GARLAND ANDY, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: KY District: 06

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

FEC Identification Number

C C00435974

Purpose of Disbursement Contribution

Category/Type

Transaction ID : SB23.12620

Amount of Each Disbursement this Period

5000.00

Candidate Name

HARRIS, ANDREW P, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: MD District: 01

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

FEC Identification Number

C C00543983

Purpose of Disbursement Contribution

Category/Type

Transaction ID : SB23.12613

Amount of Each Disbursement this Period

5000.00

Candidate Name

CASSIDY, WILLIAM M, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

Memo Item

State: LA District: 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"/> 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. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City
BATON ROUGE

State
LA

Zip Code
70898

Purpose of Disbursement
Contribution

Candidate Name

CASSIDY, WILLIAM M, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2018

FEC Identification Number

C C00543983

Transaction ID : SB23.12615

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMER FOR CONGRESS

Mailing Address P.O. BOX 338

City
TOMPKINSVILLE

State
KY

Zip Code
42167

Purpose of Disbursement
Contribution

Candidate Name

COMER, JAMES, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00588764

Transaction ID : SB23.12621

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMER FOR CONGRESS

Mailing Address P.O. BOX 338

City
TOMPKINSVILLE

State
KY

Zip Code
42167

Purpose of Disbursement
Contribution

Candidate Name

COMER, JAMES, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00588764

Transaction ID : SB23.12624

Amount of Each Disbursement this Period

5000.00

Memo Item

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"/> 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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	8

FEC Identification Number

C C00480228

Transaction ID : SB23.12618

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CREATING OPPORTUNITIES, MARKETS AND ENTHUSIASM IN RURAL KENTUCKY PAC

Mailing Address 228 S WASHINGTON ST
STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	8

FEC Identification Number

C C00650853

Transaction ID : SB23.12625

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

40000.00