

**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. ANN CLEMMER FOR CONGRESS**

Mailing Address PO BOX 7878

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement  
Political contribution

Candidate Name

**ANN V CLEMMER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

**Transaction ID : SB23.10986**

Amount of Each Disbursement this Period

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

**B. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement  
Political contribution

Candidate Name

**MICHAEL B ENZI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

**Transaction ID : SB23.10988**

Amount of Each Disbursement this Period

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

**C. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
Political contribution

Candidate Name

**ROY BLUNT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

**Transaction ID : SB23.10989**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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