

**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="2012"/>		299846.98
(b) Cash on Hand at Beginning of Reporting Period.....	318695.07	
(c) Total Receipts (from Line 19)	34299.22	53709.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	352994.29	353556.49
7. Total Disbursements (from Line 31).....	10370.40	10932.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	342623.89	342623.89
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

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29359.54	42040.37
(ii) Unitemized	850.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30209.54	43240.37
(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)	30209.54	43240.37
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.).....	4089.68	10469.14
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))..... ▶	34299.22	53709.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34299.22	53709.51

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	370.40	370.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	370.40	370.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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	0.00	562.20
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)) ..	10370.40	10932.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10370.40	10932.60

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)	30209.54	43240.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30209.54	43240.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	370.40	370.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	370.40	370.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Terrence Calder MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10067
Mailing Address 222 Eichelberger St.		Amount of Each Receipt this Period 2000.00
City Hanover	State PA	Zip Code 17331
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Millside Pain Management	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) B. Kenneth Champman MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2012 Transaction ID : SA11AI.10050
Mailing Address 8 Fort Hill Park		Amount of Each Receipt this Period 1000.00
City Staten Island	State NY	Zip Code 10301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ann Conn MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10053
Mailing Address 7015 Hwy 190 E Service Road		Amount of Each Receipt this Period 365.00
City Covington	State LA	Zip Code 70433
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Premier Pain Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	3365.00
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 14
<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. John Dombrowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 New Mexico Ave. NW #346

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.10054

Amount of Each Receipt this Period
1000.00

Contribution

B. Michael Engle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8677 Four Season Trl

City Poland	State OH	Zip Code 44514
----------------	-------------	-------------------

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

Name of Employer PM&R North	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
 02 / 22 / 2012
Transaction ID : SA11AI.10070

Amount of Each Receipt this Period
500.00

Contribution

C. Kevin Fitzgerald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 Middlesboro Lane

City Grand Rapids	State MI	Zip Code 49506
----------------------	-------------	-------------------

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

Name of Employer Michigan Pain Consultants	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.10057

Amount of Each Receipt this Period
375.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
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 14
<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. Paul Hubbell MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2012 Transaction ID : SA11AI.10073
Mailing Address 2701 Lake Villa Dr		Amount of Each Receipt this Period 454.54
City Metairie	State LA	Zip Code 70002
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 ▼ 871.21	

Full Name (Last, First, Middle Initial) B. Sayeed Khan MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 Transaction ID : SA11AI.10076
Mailing Address 1927 Stonycroft Lane		Amount of Each Receipt this Period 365.00
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Doloran Pain Management	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Benjamin Lampert MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10058
Mailing Address 4367 E. Bogey Ct.		Amount of Each Receipt this Period 2000.00
City Springfield	State MO	Zip Code 65809
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer St. John's Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2819.54
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 14
	<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. Chandrakala Manchikanti		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 Transaction ID : SA11AI.10051
Mailing Address 2075 Natchez Lane		Amount of Each Receipt this Period 5000.00
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer KSA Enterprises, Inc.	Occupation Executive	
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. Laxmaiah Manchikanti MD		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 Transaction ID : SA11AI.10052
Mailing Address 2075 Natchez Lane		Amount of Each Receipt this Period 5000.00
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer PMCP PSC	Occupation Medical Director	
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. W. Stephen Minore MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10059
Mailing Address 2202 Harlem Rd.		Amount of Each Receipt this Period 5000.00
City Loves Park	State IL	Zip Code 61111
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Rockford Anest. Assoc.	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).....▶	15000.00
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 14
<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. Sam Page MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 Transaction ID : SA11AI.10082
Mailing Address 176 Windsor Terrace Lane		Amount of Each Receipt this Period 500.00
City St. Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Western Anesthesiology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Calin Salvi MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10062
Mailing Address 505 E. Matthews Ave.		Amount of Each Receipt this Period 500.00
City Jonesboro	State AR	Zip Code 72401
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Peter Staats MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 Transaction ID : SA11AI.10079
Mailing Address 47 Orchard Lane		Amount of Each Receipt this Period 3650.00
City Colts Neck	State NJ	Zip Code 07722
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Premier Pain Centers	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00	

SUBTOTAL of Receipts This Page (optional).....▶	4650.00
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 14
	<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

Full Name (Last, First, Middle Initial) A. Daniel Theesfeld MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 Transaction ID : SA11AI.10080
Mailing Address 3312 N. University		Amount of Each Receipt this Period 500.00
City Nacogdoches	State TX	Zip Code 75965
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Timothy Ward MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 Transaction ID : SA11AI.10074
Mailing Address 185 Feathergrass Lane		Amount of Each Receipt this Period 150.00
City Thomasville	State GA	Zip Code 31792
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer South Georgia Anes. Assn.	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. Stephen Wyble MD		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 Transaction ID : SA11AI.10066
Mailing Address 3983 I49 S. Service Road		Amount of Each Receipt this Period 1000.00
City Opelousas	State LA	Zip Code 70510
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	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	29359.54

**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 14
<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="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10091
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="16.67"/>
Receipt For:	Aggregate Year-to-Date ▼	Monthly earned interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6396.13"/>	

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="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10092
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="292.19"/>
Receipt For:	Aggregate Year-to-Date ▼	Dividends earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6688.32"/>	

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10093
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3780.82"/>
Receipt For:	Aggregate Year-to-Date ▼	Change in investment
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10469.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4089.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="4089.68"/>

**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
payment for 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
02 / 29 / 2012

Transaction ID : SB21B.10089

Amount of Each Disbursement this Period

78.51

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2012

Transaction ID : SB21B.10090

Amount of Each Disbursement this Period

291.89

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

370.40

370.40

**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. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City State Zip Code
Crystal Falls MI 49920

Purpose of Disbursement
Political Contribution

Candidate Name

DANIEL J BENISHEK

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2012

Transaction ID : SB23.10083

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DONALD A. MANZULLO FOR CONGRESS

Mailing Address PO Box 7783
PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Political Contribution

Candidate Name

DONALD A MANZULLO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2012

Transaction ID : SB23.10088

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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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)..... ▶

10000.00

10000.00
