

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)

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☒ 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 (Last, First, Middle Initial)

A. Kalyan Krishnan MD

Mailing Address 131 Woodsedge Drive

City State Zip Code
Milton PA 17847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.10715

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jonathan Kuo MD

Mailing Address 350 Broadway
Suite 200

City State Zip Code
New York NY 10013

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 ▼

365.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.10716

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Suzanne Lagosky MD

Mailing Address 5213 Hickory Park Drive

City State Zip Code
Glen Allen VA 23059

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Spine & Pain Centers

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : SA11AI.10824

Amount of Each Receipt this Period

1000.00

Contribution

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

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

2365.00