

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

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

FOR LINE NUMBER: PAGE 9 OF 20
(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 (Last, First, Middle Initial)

A. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City State Zip Code
Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11AI.11113

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

B. Kalyan Krishnan MD

Mailing Address 115 Woodbine Lane

City State Zip Code
Danville PA 17822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept. of Pain Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.11084

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kenneth Lewis MD

Mailing Address 551 Kokopelli Blvd.

City State Zip Code
Fruita CO 81521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Rockies Interventional

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.11074

Amount of Each Receipt this Period

250.00

Contribution

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

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

1666.66