SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 63	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	w information copied from such Reports and Sta	temente may	y not be sold or used by any perso		
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					
Α.	Full Name (Last, First, Middle Initial) Chandrakala Manchikanti			Date of Receipt	
	Mailing Address 2075 Natchez Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State		Zip Code	Transaction ID: SA11A1.7127	
	Paducah	KY	42001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		4000.00	
	Name of Employer KSA Enterprises, Inc.	Occupation Executive		Contribution	
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General	199.194		1	
	Other (specify) ▼	0 0	4000.00		
— В.	Full Name (Last, First, Middle Initial) Laxmaiah Manchikanti			Date of Receipt	
	Mailing Address 2075 Natchez Lane			M M / D D / Y Y Y Y	
	City State Zip Code		01 09 2007		
	Paducah	KY	42001	Transaction ID: SA11A1.7128 Amount of Each Receipt this Period	
			42001		
	FEC ID number of contributing federal political committee.	C		4000.00	
	Name of Employer	Occupation	<u> </u>	Contribution	
	Name of Employer PMCP PSC	Medical E			
	Receipt For:		Year-to-Date ▼		
	Primary General		4000.00	1	
	Other (specify)	0 0	4000.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Ben Massey			Date of Receipt	
	Mailing Address 1202 W. 31st St.			0 4 1 8 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.7273	
	Pueblo	CO	81008	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupation		Contribution	
	Receipt For:	Physician	n Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-date V	1	
	Other (specify) ▼		1000.00		
SUBTOTAL of Receipts This Page (optional)				9000.00	
SUBTOTAL of Receipts This Page (optional)					
TOTAL This Period (last page this line number only)					