

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) 2831 Lone Oak Road Paducah KY 42003

2. FEC IDENTIFICATION NUMBER C C00351197 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Manchikanti, Laxmaiah, , MD Type or Print Name of Treasurer

Signature of Treasurer Manchikanti, Laxmaiah, , MD [Electronically Filed] Date 07 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		353189.28
(b) Cash on Hand at Beginning of Reporting Period.....	353189.28	
(c) Total Receipts (from Line 19) .....	117281.76	117281.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	470471.04	470471.04
7. Total Disbursements (from Line 31).....	67941.39	67941.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	402529.65	402529.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	104759.96	104759.96
(ii) Unitemized .....	570.00	570.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	105329.96	105329.96
(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) .....	105329.96	105329.96
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.).....	11951.80	11951.80
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)).....▶	117281.76	117281.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	117281.76	117281.76

**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 .....	5441.39	5441.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5441.39	5441.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	55000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	5000.00	5000.00
(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)).....	5000.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	67941.39	67941.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67941.39	67941.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	105329.96	105329.96
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100329.96	100329.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5441.39	5441.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5441.39	5441.39

**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 50
<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**

**A. Agarin, Taghogo, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121 Cambridge Drive  
 City West Plains State MO Zip Code 65775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ozarks Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.12290**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Albers, Sheri, , , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2178 Morley Way  
 City Sacramento State CA Zip Code 95864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12254**  
 Amount of Each Receipt this Period 365.00  
 Memo Item Contribution

**C. Ambrose, Michael, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 Lucas Avenue Unit 215  
 City St. Louis State MO Zip Code 63101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.12287**  
 Amount of Each Receipt this Period 365.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1230.00
<b>TOTAL</b> 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 50
<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. Arora, Ripu, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22910 Crenshaw Blvd.  
 Ste. A  
 City Torrance State CA Zip Code 90505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peninsula Pain Management Ctr Occupation (for Individual) 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  
 04 / 22 / 2017  
**Transaction ID : SA11AI.12279**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**B. Aydin, Steve, , , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Walsh Drive  
 City Mahwah State NJ Zip Code 07430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2017  
**Transaction ID : SA11AI.12194**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item Contribution

**C. Bakhit, Cyrus, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1316 S. Jefferson Street  
 City Roanoke State VA Zip Code 24016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Spine & Pain Clinics Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2017  
**Transaction ID : SA11AI.12302**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> 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 50
	<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**

**A. Balog, Carl, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9527 NW Arborview Drive  
 City Portland State OR Zip Code 97229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Portland Pain & Spin Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.12222**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item Contribution

**B. Boswell, Mark, , , MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1934 Spring Drive  
 City Louisville State KY Zip Code 40265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Louisville Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12265**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item Contribution

**C. Boutwell, Kaylea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16617 Caulks Creek Ridge  
 City Wildwood State MO Zip Code 63005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12253**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> 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 50
<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. Buenaventura, Ricardo, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 Timberleaf Dr.  
 City Beavercreek State OH Zip Code 45430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dayton Pain Med Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : SA11AI.12193**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Bukhalo, Yuriy, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 Pfingsten Road  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : SA11AI.12209**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Calodney, MD, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1814 Roseland  
 City Tyler State TX Zip Code 75711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Spine Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **04 / 24 / 2017**  
**Transaction ID : SA11AI.12256**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> 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 50
<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. Conn, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7015 Hwy 190 E Serv. Rd.  
 City Covington State LA Zip Code 70433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Pain Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 23 / 2017**  
**Transaction ID : SA11AI.12225**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Corder, MD, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13837 US 1  
 City Sebastian State FL Zip Code 32958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 24 / 2017**  
**Transaction ID : SA11AI.12264**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Dasari MD, Satish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8840 Calumet Ave. Ste 103  
 City Munster State IN Zip Code 46321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Interventional Spine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 22 / 2017**  
**Transaction ID : SA11AI.12277**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 50
<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. Datta, Sukdeb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Treetop Ct  
 City Berkley Heights State NJ Zip Code 07927  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Datta Surgery and Pain Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12258**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Day, Miles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 4th Street Rm 1C282  
 City Lubbock State TX Zip Code 79430  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Texas Tech University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : SA11AI.12251**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Diwan, Sudhir, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Carter Street  
 City Norwood State NJ Zip Code 07648  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12263**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 12 OF 50
<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. Fairbanks, J.H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 301

City Vidalia	State LA	Zip Code 71373
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2017

**Transaction ID : SA11AI.12208**

Amount of Each Receipt this Period  
150.00

Memo Item Contribution

**B. Fairbanks, J.H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 301

City Vidalia	State LA	Zip Code 71373
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

**Transaction ID : SA11AI.12221**

Amount of Each Receipt this Period  
150.00

Memo Item Contribution

**C. Fairbanks, J.H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 301

City Vidalia	State LA	Zip Code 71373
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2017

**Transaction ID : SA11AI.12232**

Amount of Each Receipt this Period  
150.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 13 OF 50
<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. Fairbanks, J.H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 301

City Vidalia	State LA	Zip Code 71373
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

**Transaction ID : SA11AI.12300**

Amount of Each Receipt this Period  
150.00

Memo Item Contribution

**B. Fairbanks, J.H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 301

City Vidalia	State LA	Zip Code 71373
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

**Transaction ID : SA11AI.12308**

Amount of Each Receipt this Period  
150.00

Memo Item Contribution

**C. Flynn, Greg, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 152199

City Tampa	State FL	Zip Code 33607
---------------	-------------	-------------------

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

Name of Employer (for Individual) Spine Diagnostics & Interventi	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2017

**Transaction ID : SA11AI.12189**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 14 OF 50
<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. Galan, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4160 Riverview Road  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2017  
**Transaction ID : SA11AI.12235**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item Contribution

**B. Galuardi, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Powell Circle  
 City Berlin State MD Zip Code 21811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berlin Interventional Pain Occupation (for Individual) 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  
 01 / 27 / 2017  
**Transaction ID : SA11AI.12205**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**C. Gharibo, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 292 Haven Road  
 City Franklin Lakes State NJ Zip Code 07417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) 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  
 04 / 24 / 2017  
**Transaction ID : SA11AI.12275**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> 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 15 OF 50
	<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**

**A. Giron, Carlos, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3356 Vineville Ave

City Macon	State GA	Zip Code 31204
---------------	-------------	-------------------

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

Name of Employer (for Individual) Pain Institute of Georgia	Occupation (for Individual) 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	/	28	/	2017

**Transaction ID : SA11AI.12211**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B. Glaser, Scott, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 E 4th Street

City Hinsdale	State IL	Zip Code 60521
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pain Spec.of Greater Chicago	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2017

**Transaction ID : SA11AI.12190**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**C. Gore, Herman, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cox Rd.

City Gastonia	State NC	Zip Code 28054
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : SA11AI.12199**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> 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 16 OF 50
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gossler, Kenneth, , , MD</b>		Date of Receipt
Mailing Address 1475 E. Canyon Spring Ct.		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.12267</b>
Name of Employer (for Individual) Pain Institute of S. Arizona		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gupta, Mayank, , , MD</b>		Date of Receipt
Mailing Address 9640 Falcon Ridge Drive		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Lenexa	State KS	Zip Code 66220
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.12289</b>
Name of Employer (for Individual) Anesthesiology Professional		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Haney, Bill, , , MD</b>		Date of Receipt
Mailing Address 4205 Springhurst Blvd #101		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.12297</b>
Name of Employer (for Individual) ELIPS, PLLL		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 17 OF 50
<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. Haney, Bill, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4205 Springhurst Blvd #101  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELIPS, PLLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 30 / 2017  
**Transaction ID : SA11AI.12305**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Haney, Perry, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6680  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spine One, Inc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2017  
**Transaction ID : SA11AI.12210**  
 Amount of Each Receipt this Period 365.00  
 Memo Item Contribution

**C. Harned, Michael, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1223 Summit Drive  
 City Lexington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. of Kentucky Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017  
**Transaction ID : SA11AI.12303**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1365.00
<b>TOTAL</b> 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 18 OF 50
<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. Helm II MD, Standiford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 Calle de Los Alamos  
 City San Clemente State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacific Coast Pain Management Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 24 / 2017**  
**Transaction ID : SA11AI.12259**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Henick, James, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17541 Francis Farm Place  
 City Hamilton State VA Zip Code 20158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bon Secours Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : SA11AI.12197**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**C. Hubbell, Paul, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 W. Livingston Place  
 City Metairie State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pain Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : SA11AI.12201**  
 Amount of Each Receipt this Period 416.66  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1716.66
<b>TOTAL</b> 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 19 OF 50
<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. Hubbell, Paul, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 W. Livingston Place  
 City Metairie State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pain Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : SA11AI.12215**  
 Amount of Each Receipt this Period 416.66  
 Memo Item Contribution

**B. Hubbell, Paul, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 W. Livingston Place  
 City Metairie State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pain Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt **03 / 28 / 2017**  
**Transaction ID : SA11AI.12226**  
 Amount of Each Receipt this Period 416.66  
 Memo Item Contribution

**C. Hubbell, Paul, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 W. Livingston Place  
 City Metairie State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pain Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **04 / 28 / 2017**  
**Transaction ID : SA11AI.12298**  
 Amount of Each Receipt this Period 416.66  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1249.98
<b>TOTAL</b> 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 20 OF 50
<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. Hubbell, Paul, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 W. Livingston Place

City Metairie	State LA	Zip Code 70005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern Pain	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2017

**Transaction ID : SA11AI.12306**

Amount of Each Receipt this Period  
416.66

Memo Item Contribution

**B. Hubbell, Paul, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 W. Livingston Place

City Metairie	State LA	Zip Code 70005
------------------	-------------	-------------------

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

Name of Employer (for Individual) Southern Pain	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

**Transaction ID : SA11AI.12309**

Amount of Each Receipt this Period  
416.66

Memo Item Contribution

**C. Kaye, Alan, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 278 Citrus Road

City River Ridge	State LA	Zip Code 70123
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LSUHSC	Occupation (for Individual) 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
04	/	24	/	2017

**Transaction ID : SA11AI.12273**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1333.32
<b>TOTAL</b> 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 21 OF 50
<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. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : SA11AI.12202**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**B. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : SA11AI.12216**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**C. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **03 / 28 / 2017**  
**Transaction ID : SA11AI.12227**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 22 OF 50
<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. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200.00

Date of Receipt 04 / 28 / 2017  
**Transaction ID : SA11AI.12299**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**B. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1500.00

Date of Receipt 05 / 30 / 2017  
**Transaction ID : SA11AI.12307**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**C. Kerschner, Magdalene, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Ivy Hills Blvd.  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) APSI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1800.00

Date of Receipt 06 / 28 / 2017  
**Transaction ID : SA11AI.12310**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 23 OF 50
<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. Kloth, David, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Mill Plain Road

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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 Y
01 / 27 / 2017

**Transaction ID : SA11AI.12203**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**B. Kloth, David, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Mill Plain Road

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

**Transaction ID : SA11AI.12217**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C. Kloth, David, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Mill Plain Road

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 28 / 2017

**Transaction ID : SA11AI.12228**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 24 OF 50
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Loudermilk, Eric, , MD</b>		Date of Receipt
Mailing Address 112 Carter Oak Rdg.		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.12184</b>
Name of Employer (for Individual) Self		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Malik, Vinod, , MD</b>		Date of Receipt
Mailing Address 767 N. Beach Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Osmond Beach	State FL	Zip Code 32174
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.12214</b>
Name of Employer (for Individual) Alliance Healthcare		Occupation (for Individual) Physicians
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Manchikanti, Chandrakala, , ,</b>		Date of Receipt
Mailing Address 2075 Natchez Lane		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.12188</b>
Name of Employer (for Individual) KSA Enterprises, Inc.		Occupation (for Individual) Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 25 OF 50
	<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**

**A. Manchikanti, Laxmaiah, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2075 Natchez Lane  
 City Paducah State KY Zip Code 42001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PMCP PSC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 16 / 2017**  
**Transaction ID : SA11AI.12187**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Miller, Eric, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Hunters Village  
 City New Braunfels State TX Zip Code 78132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 20 / 2017**  
**Transaction ID : SA11AI.12241**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Miller, Michelle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Hunters Village  
 City New Braunfels State TX Zip Code 78132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 20 / 2017**  
**Transaction ID : SA11AI.12244**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> 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 26 OF 50
<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. Minore, W. Stephen, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2202 Harlem Rd.  
 City Loves Park State IL Zip Code 61111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockford Anest. Assoc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 27 / 2017  
**Transaction ID : SA11AI.12200**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Parks, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 N. Oliver  
 City Wichita State KS Zip Code 67220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Pain Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 03 / 2017  
**Transaction ID : SA11AI.12231**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item Contribution

**C. Parmele, James, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16312 Limerick Lane  
 City Minnetonka State MN Zip Code 55345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : SA11AI.12237**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 27 OF 50
<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. Parr, Allan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7015 Highway 190 East Service Road  
 City Covington State LA Zip Code 70433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Pain Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : SA11AI.12248**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Patel, Ketan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9475 Canonbury Square  
 City Fairfax State VA Zip Code 22031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NSPC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12272**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Ponder, Jimmy, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Acadia Woods Dr.  
 City Thibodaux State LA Zip Code 70301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 27 / 2017  
**Transaction ID : SA11AI.12206**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> 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 28 OF 50
	<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**

**A. Potter, Ryan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5734 Spohn Drive  
 Ste. A  
 City Corpus Christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2017  
**Transaction ID : SA11AI.12212**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**B. Randhawa, Manjit, , , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Bayou Road  
 City Lake Jackson State TX Zip Code 77566  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2017  
**Transaction ID : SA11AI.12182**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**C. Ray, Mahoua, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9640 Falcon Ridge Drive  
 City Lennexa State KS Zip Code 66220  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Occupation (for Individual) 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  
 04 / 21 / 2017  
**Transaction ID : SA11AI.12286**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... 1000.00  
**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 29 OF 50
	<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**

**A. Riegler, Francis, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 819 Auto Center Drive  
 Ste A  
 City Palmdale State CA Zip Code 93551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Universal Pain Mgmt. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **625.00**

Date of Receipt **04 / 20 / 2017**  
**Transaction ID : SA11AI.12246**  
 Amount of Each Receipt this Period **625.00**  
 Memo Item Contribution

**B. Rupert, Steven, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2330 Lynch Road  
 City Evansville State IN Zip Code 47711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 20 / 2017**  
**Transaction ID : SA11AI.12247**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item Contribution

**C. Sanapati, Mahendra, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7311 Parkridge Dr.  
 City Newburgh State IN Zip Code 47630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Pain Care Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 29 / 2017**  
**Transaction ID : SA11AI.12207**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **7625.00**  
**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 30 OF 50
<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. Sanchez, Manuel, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 944 Calef Highway

City Barrington	State NH	Zip Code 03825
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Interventional Spine Medicine	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2017

**Transaction ID : SA11AI.12186**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**B. Sanchez, Manuel, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 944 Calef Highway

City Barrington	State NH	Zip Code 03825
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Interventional Spine Medicine	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

**Transaction ID : SA11AI.12219**

Amount of Each Receipt this Period  
365.00

Memo Item Contribution

**C. Seeman, Benjamin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6900 Forest Ave.  
Ste. 310

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : SA11AI.12195**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<b>TOTAL</b> 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 31 OF 50
<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. Sellers, Alethia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 422 Summit Way  
 City Fultondale State AL Zip Code 35068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAB Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 24 / 2017**  
**Transaction ID : SA11AI.12191**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Shwartzman, Boris, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Knob Hill Street  
 City Sharon State MA Zip Code 02067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.12292**  
 Amount of Each Receipt this Period 450.00  
 Memo Item Contribution

**C. Silverman, Sanford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Sample Rd. Suite 200  
 City Pompano Beach State FL Zip Code 33064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Silverman Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.12280**  
 Amount of Each Receipt this Period 375.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> 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 32 OF 50
	<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. Singh, Vijay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8090 W. Millie Hill Estates  
 City Iron Mountain State MI Zip Code 49801  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 01 / 2017  
**Transaction ID : SA11AI.12220**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Snook, Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2283 Auburn Blvd. Ste 106  
 City Sacramento State CA Zip Code 95821  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) MPMC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12260**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Wang, Jeffrey, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1066 Hoa Street  
 City Honolulu State HI Zip Code 96825  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Honolulu Pain Mgmt Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.12282**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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 33 OF 50
<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. Wilson, James, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E. 75th Street  
 Ste. 110  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2017  
**Transaction ID : SA11AI.12269**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Woska, Scott, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Farm Bridge Rd.  
 City Marlboro State NJ Zip Code 07746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : SA11AI.12249**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Yates, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Corbett Drive  
 City Paducah State KY Zip Code 42001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pain Management Center Occupation (for Individual) Receptionist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2017  
**Transaction ID : SA11AI.12233**  
 Amount of Each Receipt this Period 400.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<b>TOTAL</b> This Period (last page this line number only).....	104759.96

**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 34 OF 50
<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**

**A. Bantera Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1815.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

**Transaction ID : SA17.12347**

Amount of Each Receipt this Period  
1636.00

Memo Item  
Change in Investment

**B. Bantera Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1826.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

**Transaction ID : SA17.12351**

Amount of Each Receipt this Period  
11.50

Memo Item  
Interest

**C. Bantera Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
6790.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

**Transaction ID : SA17.12352**

Amount of Each Receipt this Period  
4963.79

Memo Item  
Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6611.29
<b>TOTAL</b> 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 35 OF 50
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12353</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="133.24"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Change in Investment
Aggregate Year-to-Date ▼ <input type="text" value="6923.95"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12357</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="16.04"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="6939.99"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12358</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="855.97"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Dividends
Aggregate Year-to-Date ▼ <input type="text" value="7795.96"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1005.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 36 OF 50
<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**

**A. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7809.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.12362**

Amount of Each Receipt this Period  
13.45

Memo Item  
Interest

**B. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7955.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.12363**

Amount of Each Receipt this Period  
146.40

Memo Item  
Dividends

**C. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
9315.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.12365**

Amount of Each Receipt this Period  
1360.18

Memo Item  
Change in Investment

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1520.03
<b>TOTAL</b> 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 37 OF 50
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12368</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="19.28"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="9335.27"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12369</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="146.39"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Dividends
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="9481.66"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bantera Bank</b>		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.12370</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1117.01"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Change in Investment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="10598.67"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1282.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 38 OF 50
<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**

**A. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10616.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA17.12373**

Amount of Each Receipt this Period  
17.65

Memo Item  
Interest

**B. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11580.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA17.12374**

Amount of Each Receipt this Period  
964.59

Memo Item  
Dividends

**C. Bantera Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3151 Jackson Street

City Paducah	State KY	Zip Code 42003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
11951.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA17.12376**

Amount of Each Receipt this Period  
370.89

Memo Item  
Change in Investment

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1353.13
<b>TOTAL</b> This Period (last page this line number only).....	11772.38

**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"/> 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  
Online Contribution Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12344**  
Amount of Each Disbursement this Period  
[ ] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah

State KY

Zip Code 42003

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12348**  
Amount of Each Disbursement this Period  
[ ] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah

State KY

Zip Code 42003

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12344**  
Amount of Each Disbursement this Period  
[ ] 466.97

Memo Item

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

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

5	0	1	7	3	1	9	0	6	9	8	8	2	8	7	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

5	0	1	7	3	1	9	0	6	9	8	8	2	8	7	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**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"/> 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  
Online Contribution Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12350**  
Amount of Each Disbursement this Period  
[ ] 15.35

Memo Item

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

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12377**  
Amount of Each Disbursement this Period  
[ ] 309.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City  
Paducah

State  
KY

Zip Code  
42003

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12355**  
Amount of Each Disbursement this Period  
[ ] 111.40

Memo Item

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

[ ] 436.01

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

[ ]



**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"/> 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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2017

Mailing Address 3151 Jackson Street

FEC Identification Number

C
---

**Transaction ID : SB21B.12356**  
Amount of Each Disbursement this Period

15.00
-------

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Online Contribution Fee

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2017

Mailing Address 3151 Jackson Street

FEC Identification Number

C
---

**Transaction ID : SB21B.12359**  
Amount of Each Disbursement this Period

66.57
-------

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Change in Investment

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2017

Mailing Address 3151 Jackson Street

FEC Identification Number

C
---

**Transaction ID : SB21B.1236t**  
Amount of Each Disbursement this Period

538.49
--------

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Credit Card Fee

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

620.06
--------

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

--

**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"/> 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  
Online Contribution Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.12361

Amount of Each Disbursement this Period

[ ] 15.20

Memo Item

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  
04 / 30 / 2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.12364

Amount of Each Disbursement this Period

[ ] 310.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2017

FEC Identification Number

C [ ]

Transaction ID : SB21B.12366

Amount of Each Disbursement this Period

[ ] 1312.38

Memo Item

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

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

[ ] 1637.59

[ ]

**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"/> 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  
Online Contribution Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.12367  
Amount of Each Disbursement this Period  
15.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.12371  
Amount of Each Disbursement this Period  
199.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Online Contribution Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.12372  
Amount of Each Disbursement this Period  
15.10

Memo Item

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

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

229.81

**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"/> 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  
Brokerage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.12375**

Amount of Each Disbursement this Period

[ ] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address Internal Revenue Service Center

City  
Ogden

State  
UT

Zip Code  
84201

Purpose of Disbursement  
Payment to IRS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.12354**

Amount of Each Disbursement this Period

[ ] 1820.00

Memo Item

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 1822.50

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

[ ] 5247.94

**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"/> 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. CARPER FOR SENATE**

Mailing Address PO BOX 2882

City  
WILMINGTON

State  
DE

Zip Code  
19805

Purpose of Disbursement  
Contribution

Candidate Name

**CARPER, THOMAS R, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2017

FEC Identification Number

**C** C00349217

**Transaction ID : SB23.12332**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City  
CLARENCE

State  
NY

Zip Code  
14031

Purpose of Disbursement  
Contribution

Candidate Name

**COLLINS, CHRISTOPHER C, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NY

District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

FEC Identification Number

**C** C00520379

**Transaction ID : SB23.12340**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF RAJA FOR CONGRESS**

Mailing Address PO BOX 681202

City  
SCHAUMBURG

State  
IL

Zip Code  
60168

Purpose of Disbursement  
Contribution

Candidate Name

**KRISHNAMOORTHY, S. RAJA, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: IL

District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

FEC Identification Number

**C** C00575092

**Transaction ID : SB23.12314**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

**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"/> 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. HANDEL FOR CONGRESS, INC.**

Mailing Address 4010 OLD MILTON PKWY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement Contribution

Candidate Name

**HANDEL, KAREN CHRISTINE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

**C** C00633362

**Transaction ID : SB23.12338**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN S FUND**

Mailing Address PO BOX 853

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2017

FEC Identification Number

**C** C00390831

**Transaction ID : SB23.12321**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LATTA FOR CONGRESS**

Mailing Address PO BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement Contribution

Candidate Name

**LATTA, ROBERT EDWARD, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2017

FEC Identification Number

**C** C00438697

**Transaction ID : SB23.12328**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

**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"/> 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. NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2017

FEC Identification Number

C00459123

Transaction ID : SB23.12324

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCALISE LEADERSHIP FUND**

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name

**SCALISE, STEVE MR., , ,**

Office Sought:  House  Senate  President  
State: LA District: 01

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2017

FEC Identification Number

C H0LA01087

Transaction ID : SB23.12334

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement Contribution

Candidate Name

**SHIMKUS, JOHN M., , ,**

Office Sought:  House  Senate  President  
State: IL District: 19

Disbursement For: 2018  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2017

FEC Identification Number

C C00258855

Transaction ID : SB23.12319

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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"/> 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. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. Box 5458

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Contribution

Candidate Name

**SHIMKUS, JOHN M, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	7

FEC Identification Number

**C** C00258855

**Transaction ID : SB23.12320**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS INC**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
Contribution

Candidate Name

**WALDEN, GREGORY P MR., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00333427

**Transaction ID : SB23.12322**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALDEN FOR CONGRESS INC**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
Contribution

Candidate Name

**WALDEN, GREGORY P MR., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00333427

**Transaction ID : SB23.12323**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

55000.00



**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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) <b>A. Malik, Vinod, , , MD</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2017	
Mailing Address 767 N. Beach Street		FEC Identification Number C [ ]	
City Osmond Beach	State FL	Zip Code 32174	Transaction ID : <b>SB28A.12341</b> Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund of excessive contribution - disclosed on 2016 Post-General Report		Category/ Type	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period Memo Item <input type="checkbox"/>
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period Memo Item <input type="checkbox"/>
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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)		PAGE 50 OF 50				
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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

**A. Ed Gillespie for Governor**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 71596

City Richmond State VA Zip Code 23255

Purpose of Disbursement Non-federal Contribution

Candidate Name Gillespie, Edward, , ,

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) ▼

State: VA District:

Date of Disbursement: MM / DD / YYYY  
03 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB29.12318

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00