

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

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

FOR LINE NUMBER: PAGE 8 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Chandrakala Manchikanti

Mailing Address 2075 Natchez Lane

City Paducah State KY Zip Code 42001

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

Name of Employer KSA Enterprises, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.9408
Amount of Each Receipt this Period 5000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Laxmaiah Manchikanti

Mailing Address 2075 Natchez Lane

City Paducah State KY Zip Code 42001

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

Name of Employer PMCP PSC Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.9409
Amount of Each Receipt this Period 5000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Eric Pearson, MD

Mailing Address 1001 14th Street

City Meridian State MS Zip Code 39301

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

Name of Employer Total Pain Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2010
Transaction ID: SA11AI.9402
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 10300.00

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