



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		374826.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	339227.52									
(c) Total Receipts (from Line 19) .....	14956.61	117581.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	354184.13	492408.08								
7. Total Disbursements (from Line 31) .....	33889.99	172113.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	320294.14	320294.14								
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. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	9256.66	82273.30
(ii) Unitemized .....	500.00	2020.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9756.66	84293.30
(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) .....	9756.66	84293.30
12. Transfers From Affiliated/Other Party Committees .....	0.00	16975.89
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.) .....	5199.95	16312.74
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 Transfer (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)) .....	14956.61	117581.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14956.61	117581.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	389.99	13169.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	389.99	13169.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	158500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 .....	0.00	0.00
(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)) .....	0.00	0.00
29. Other Disbursements.....	0.00	444.12
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33889.99	172113.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33889.99	172113.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9756.66	84293.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9756.66	84293.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	389.99	13169.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	389.99	13169.82

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Jonathan Daitch, MD		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 812 Cape View Drive		<b>Transaction ID:</b> SA11AI.9446
City Fort Myers	State FL	Zip Code 33919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer APMS	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Carlos Giron, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2010
Mailing Address 7600 Zebulon Rd.		<b>Transaction ID:</b> SA11AI.9440
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Abigail Hubbell		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 236 W. Livingston Place		<b>Transaction ID:</b> SA11AI.9450
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.67
Name of Employer Housewife	Occupation Housewife	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6416.67</b>
<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: PAGE 7 / 14

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Paul Hubbell, MD

Mailing Address 236 W. Livingston Place

City State Zip Code  
**Metairie LA 70005**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Southern Pain Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt M M / D D / Y Y Y Y  
07 / 27 / 2010

**Transaction ID: SA11AI.9451**

Amount of Each Receipt this Period 416.67

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Demetrios Kaiapas, MD

Mailing Address 903 Harbor Drive

City State Zip Code  
**Bellecur Beach FL 33786**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Clearwater Pain Management Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 30 / 2010

**Transaction ID: SA11AI.9454**

Amount of Each Receipt this Period 100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
David Kloth, MD

Mailing Address 4 Old Bedow Mountain Road

City State Zip Code  
**Ridgehold CT 00877**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Connecticut Pain Care, PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 27 / 2010

**Transaction ID: SA11AI.9452**

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1516.67

**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: 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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marion Lee, MD</p> <p>Mailing Address 2233 Arabi-Warwick Road</p> <p>City State Zip Code <b>Cordele GA 31015</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Attrinity Health Group      Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2499.96</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 07 / 2010</span></p> <p><b>Transaction ID: SA11AI.9447</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.66</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Marion Lee, MD</p> <p>Mailing Address 2233 Arabi-Warwick Road</p> <p>City State Zip Code <b>Cordele GA 31015</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Attrinity Health Group      Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2916.62</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 29 / 2010</span></p> <p><b>Transaction ID: SA11AI.9453</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.66</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Francis Riegler, MD</p> <p>Mailing Address 3827 Castlerock Rd.</p> <p>City State Zip Code <b>Malibu CA 90265</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Universal Pain Mgmt.      Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">875.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 30 / 2010</span></p> <p><b>Transaction ID: SA11AI.9455</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">125.00</span></p> <p>Contribution</p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">958.32</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Trimba, MD		Date of Receipt																					
	Mailing Address 341 Mayfair Dr. South		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	6		2	0	1	0														
	City State Zip Code Brooklyn NY 11234		<b>Transaction ID:</b> SA11AI.9449																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00																					
Name of Employer Advanced Pain Care Medical PC		Occupation Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution Aggregate Year-to-Date ▼ 365.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9256.66

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<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 checked="" type="checkbox"/> 16

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

**A.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11172.88

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA17.9479

Amount of Each Receipt this Period  
60.09

Monthly earned interest

**B.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11498.01

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA17.9480

Amount of Each Receipt this Period  
325.13

Dividends earned

**C.**

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16312.74

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA17.9481

Amount of Each Receipt this Period  
4814.73

Change in investment

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

5199.95

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

5199.95

**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 11 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9477 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 121.78
<b>B.</b> Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Brokerage fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9478 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 268.21

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

389.99

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

389.99

# 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"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>  Mailing Address <b>PO Box 25950</b>  City <b>Woodbury</b> State <b>MN</b> Zip Code <b>55125</b>  Purpose of Disbursement Political Contribution  Candidate Name <b>MICHELE M BACHMANN</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9466</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	4	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	4	/	2	0	1	0														
5000.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BART'S BRIDGE PAC</b>  Mailing Address <b>817 NINTH AVENUE SECOND FLOOR PO BOX 1021</b>  City <b>MENOMINEE</b> State <b>MI</b> Zip Code <b>49858</b>  Purpose of Disbursement Political Contribution  Candidate Name   Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9476</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	6	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	6	/	2	0	1	0														
5000.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BENISHEK FOR CONGRESS</b>  Mailing Address <b>802 Pentoga Trail</b>  City <b>Crystal Falls</b> State <b>MI</b> Zip Code <b>49920</b>  Purpose of Disbursement Political Contribution  Candidate Name <b>DANIEL J BENISHEK</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>01</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9459</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	0	9	/	2	0	1	0														
5000.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;"><b>15000.00</b></td> </tr> </table>	<b>15000.00</b>
<b>15000.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

**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"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) BOOZMAN FOR ARKANSAS	Transaction ID: SB23.9472 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON SUITE A-B	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name JOHN BOOZMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HEARTLAND VALUES PAC	Transaction ID: SB23.9474 Date of Disbursement
	Mailing Address PO Box 505	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS	Transaction ID: SB23.9470 Date of Disbursement
	Mailing Address PO Box 8446	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Asheville State NC Zip Code 28814	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOSEPH HEATH SHULER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE</b> Mailing Address PO Box 3241 City Cheyenne State WY Zip Code 82003 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>YARMUTH FOR CONGRESS</b> Mailing Address 900 East Market Street Suite 100 City Louisville State KY Zip Code 40202 Purpose of Disbursement Political Contribution Candidate Name JOHN A MR YARMUTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

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

7500.00

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

33500.00