

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER 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, 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 04 20 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti Date 07 15 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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	4

D	D
2	0

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		94600.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	113370.84									
(c) Total Receipts (from Line 19)	21851.96	73481.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135222.80	168082.21								
7. Total Disbursements (from Line 31)	977.25	33836.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	134245.55	134245.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

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

Report Covering the Period: From:

M	M
0	4

D	D
2	0

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	19000.00	68520.00
(i) Itemized (use Schedule A)	2100.00	3570.00
(ii) Unitemized	21100.00	72090.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21100.00	72090.00
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.)	751.96	1391.77
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))	21851.96	73481.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21851.96	73481.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	477.25	1336.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	477.25	1336.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	32500.00
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	0.00
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))..	977.25	33836.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	977.25	33836.66

DETAILED SUMMARY PAGE
of Disbursements

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)	21100.00	72090.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21100.00	72090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	477.25	1336.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	477.25	1336.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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	

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)
Thomas Buchheit, MDd

Mailing Address 207 Parkridge Avenue

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer Critical Health Systems Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6636

Amount of Each Receipt this Period
1000.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Ricardo Buenaventura

Mailing Address 279 Timberleaf Dr.

City State Zip Code
Beavercreek OH 45430

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

Name of Employer Dayton Pain Med Occupation 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
0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.6702

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Ron Collins

Mailing Address 927 Franklin Street

City State Zip Code
Huntsville AL 35801

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

Name of Employer Self Occupation 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
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6644

Amount of Each Receipt this Period
500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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

Full Name (Last, First, Middle Initial) A. Ray D'Amours		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 4730 Northridge Dr.		Transaction ID: SA11A1.6703	
City Palmdale	State CA	Zip Code 93551	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Wayne Fleischhacker, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 13 Old Dutch Rd		Transaction ID: SA11A1.6646	
City Warren	State NJ	Zip Code 07059	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Union Anesthesia Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Ira Goodman, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1609 Greendale Ave.		Transaction ID: SA11A1.6680	
City Park Ridge	State IL	Zip Code 60068	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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. Full Name (Last, First, Middle Initial)
Nared Lakshimapathy, MD

Mailing Address 1816 Chapel Drive
Suite 7

City State Zip Code
Finchey OH 45840

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

Name of Employer Occupation
Midwest Pain Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.6684

Amount of Each Receipt this Period
5000.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Benjamin Lampert

Mailing Address 4367 E. Bogey Ct.

City State Zip Code
Springfield MO 65809

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

Name of Employer Occupation
St. John's Physicians Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6653

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Eugene Lipov, MD

Mailing Address 445 East Northwater

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.6690

Amount of Each Receipt this Period
3000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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. Full Name (Last, First, Middle Initial)
Edward Magaziner

Mailing Address 2186 Route 27

City State Zip Code
New Brunswick NJ 08902

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
05 / 12 / 2006

Transaction ID: SA11A1.6692

Amount of Each Receipt this Period
500.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Ben Massey

Mailing Address 1202 W. 31st St.

City State Zip Code
Pueblo CO 81008

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 10 / 2006

Transaction ID: SA11A1.6693

Amount of Each Receipt this Period
300.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Dr. David McKellar

Mailing Address 179 Churchwell Road

City State Zip Code
Purvis MS 39475

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

Name of Employer Pain Consultants of South Mississippi Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 28 / 2006

Transaction ID: SA11A1.6656

Amount of Each Receipt this Period
500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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. Full Name (Last, First, Middle Initial)
Rafael Miguel, MD

Mailing Address 25 Treasure Drive

City Tampa State FL Zip Code 33609

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

Name of Employer U. South Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	6

Transaction ID: SA11A1.6694

Amount of Each Receipt this Period
500.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence Miller

Mailing Address 2996 Hummingbird Lane

City Long Beach State CA Zip Code 90804

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	6

Transaction ID: SA11A1.6695

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Sathish Modogu

Mailing Address 220 N. Central Ave.

City Hartsdale State NY Zip Code 10530

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: SA11A1.6659

Amount of Each Receipt this Period
500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<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. Full Name (Last, First, Middle Initial)
David O'Brien, Jr.

Mailing Address 1713 Virginia Road

City State Zip Code
Winston Salem NC 27104

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

Name of Employer
Orthop. Spec. of the Carolinas

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6662

Amount of Each Receipt this Period
500.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
John Roberts

Mailing Address 4827 Core Creek Drive

City State Zip Code
Rownsboro AL 35741

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

Name of Employer

Occupation
MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6663

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Morris Scherlis

Mailing Address 3103 Providence Point SE

City State Zip Code
Owens Cross Roads AL 35763

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

Name of Employer
Self

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6666

Amount of Each Receipt this Period
500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<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. Full Name (Last, First, Middle Initial)
Steven Staires

Mailing Address 104 Montaigne Drive

City State Zip Code
Lafayette LA 70506

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2006

Transaction ID: SA11A1.6667

Amount of Each Receipt this Period
500.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Roy Talley

Mailing Address 1015 Milstead Avenue Suite 100

City State Zip Code
Conyers GA 30012

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

Name of Employer Atlanta East Pain Relief Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2006

Transaction ID: SA11A1.6668

Amount of Each Receipt this Period
250.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Dr. K. Dean Willis

Mailing Address 3015 Boundary Oaks

City State Zip Code
Hampton Cove AL 35763

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

Name of Employer Alabama Pain Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11A1.6704

Amount of Each Receipt this Period
1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 16	
	(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

A. Full Name (Last, First, Middle Initial)
Allan Zacher

Mailing Address 24 Falcon Crest Lane

City State Zip Code
Clyde NC 28721

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.6675

Amount of Each Receipt this Period
1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 16
	<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 (Last, First, Middle Initial) A. Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6 Transaction ID: SA17.6713 Amount of Each Receipt this Period 213.99 Monthly Acrued Interest (April)
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 853.80	

Full Name (Last, First, Middle Initial) B. Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: SA17.6714 Amount of Each Receipt this Period 274.87 Monthly Acrued Interest (May)
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1128.67	

Full Name (Last, First, Middle Initial) C. Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA17.6715 Amount of Each Receipt this Period 263.10 Monthly Acrued Interest (June)
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1391.77	

SUBTOTAL of Receipts This Page (optional)	751.96
TOTAL This Period (last page this line number only)	751.96

**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 15 / 16

<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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Transaction ID: SB21B.6716	
Mailing Address 3151 Jackson Street		Date of Disbursement 04 / 30 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Payment for Credit Fees (April)		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. Bantera Bank		Transaction ID: SB21B.6717	
Mailing Address 3151 Jackson Street		Date of Disbursement 05 / 31 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 158.05
Purpose of Disbursement Payment for Credit Fees (May)		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) C. Bantera Bank		Transaction ID: SB21B.6718	
Mailing Address 3151 Jackson Street		Date of Disbursement 06 / 30 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 299.20
Purpose of Disbursement Payment for Credit Fees (June)		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:			

SUBTOTAL of Disbursements This Page (optional)	477.25
TOTAL This Period (last page this line number only)	477.25

**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 16 / 16

<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

Full Name (Last, First, Middle Initial)
A. TALENT FOR SENATE COMMITTEE

Transaction ID: SB23.6711

Date of Disbursement

Mailing Address 147 N MERAMEC SUITE 100

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

City State Zip Code
ST LOUIS MO 63105

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00