

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
 Check if different than previously reported. (ACC)
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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2008 through 06 30 2008

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 20 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		280698.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	248489.39									
(c) Total Receipts (from Line 19)	15393.11	71115.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	263882.50	351813.93								
7. Total Disbursements (from Line 31)	48164.04	136095.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	215718.46	215718.46								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12944.33	59742.33
(i) Itemized (use Schedule A)	1166.67	4041.67
(ii) Unitemized	14111.00	63784.00
(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)	14111.00	63784.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1282.11	5331.74
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))	15393.11	71115.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15393.11	71115.74

DETAILED SUMMARY PAGE

of Disbursements

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.....	7164.04	15095.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7164.04	15095.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	121000.00
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))..	48164.04	136095.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48164.04	136095.47

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	14111.00	63784.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14111.00	63784.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7164.04	15095.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7164.04	15095.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Richard Ball, MD
Mailing Address 4099 Hidden Creek Drive
City State Zip Code
Traverse City MI 49684
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 MM / DD / YYYY
06 / 03 / 2008
Transaction ID: SA11AI.8123
Amount of Each Receipt this Period 100.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
Satish Dasari MD
Mailing Address 1057 Royal Dublin Lane
City State Zip Code
Dyer IN 46311
FEC ID number of contributing federal political committee. **C**
Name of Employer S. Darai MD PC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
06 / 11 / 2008
Transaction ID: SA11AI.8128
Amount of Each Receipt this Period 1000.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
Richard Epter
Mailing Address P.O. Box 211839
City State Zip Code
Augusta GA 30917
FEC ID number of contributing federal political committee. **C**
Name of Employer Augusta Pain Center Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1220.00
Date of Receipt MM / DD / YYYY
06 / 18 / 2008
Transaction ID: SA11AI.8130
Amount of Each Receipt this Period 305.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 1405.00
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 7 / 17
	<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) Vincent Galan		Date of Receipt
	Mailing Address 4231 Ridgehurst Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2008
	City	State	Zip Code
	Smyrna	GA	30080
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8131
Name of Employer Riverdale Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
			Political Contribution

B.	Full Name (Last, First, Middle Initial) Vijay Gupta, MD		Date of Receipt
	Mailing Address 1550 Cambridge Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Flosssmoor	IL	60422
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8149
Name of Employer Midwest Interventional Spine S		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Political Contribution

C.	Full Name (Last, First, Middle Initial) Joseph Jasper, MD		Date of Receipt
	Mailing Address 2611 Lemons Beach Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2008
	City	State	Zip Code
	University Place	WA	98465
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8133
Name of Employer Advanced Pain Med. Physicians		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			Political Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3365.00
TOTAL 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 8 / 17
	<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) Williams Jones		Date of Receipt
	Mailing Address 19 Green Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2008
	City	State	Zip Code
	Ruc	NY	11570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8134
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Political Contribution

B.	Full Name (Last, First, Middle Initial) Ravi Kanakanedala		Date of Receipt
	Mailing Address 1328 Ballybunion		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Dyer	IN	46311
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8129
Name of Employer Midwest Pain Mgmt.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Political Contribution

C.	Full Name (Last, First, Middle Initial) Shaun Kondamuri, MD		Date of Receipt
	Mailing Address 1943 Redwood Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Munster	IN	46321
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8151
Name of Employer Midwest Interventional Spine		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Political Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL 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: PAGE 9 / 17
(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

<p>A. Full Name (Last, First, Middle Initial) Kalyan Krishnan, MD</p> <p>Mailing Address 131 Woodsedge Dr.</p> <p>City State Zip Code Milton PA 17841</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Geisinger Health System Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 06 / 18 / 2008</p> <p>Transaction ID: SA11AI.8135</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Political Contribution</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Marion Lee, MD</p> <p>Mailing Address 2233 Arabi-Warwick Road</p> <p>City State Zip Code Cordele GA 31015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Attrinity Health Group Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 608.33</p>	<p>Date of Receipt 06 / 18 / 2008</p> <p>Transaction ID: SA11AI.8136</p> <p>Amount of Each Receipt this Period 608.33</p> <p>Political Contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Edward Magaziner</p> <p>Mailing Address 2186 Route 27</p> <p>City State Zip Code New Brunswick NJ 08902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 03 / 2008</p> <p>Transaction ID: SA11AI.8124</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Political Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	2108.33
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 10 / 17

(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)
Michael Prater

Mailing Address 8004 Marbella Circle

City State Zip Code
Las Vegas NV 89128

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2008

Transaction ID: SA11AI.8125

Amount of Each Receipt this Period 500.00

Political Contribution

B. Full Name (Last, First, Middle Initial)
James Robles, MD

Mailing Address 412 E. 18th Street

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 06 / 18 / 2008

Transaction ID: SA11AI.8137

Amount of Each Receipt this Period 416.00

Political Contribution

C. Full Name (Last, First, Middle Initial)
Donald Roland, MD

Mailing Address 555 West Court Street
Suite 100

City State Zip Code
Kankakee IL 60901

FEC ID number of contributing federal political committee. C

Name of Employer Metro Area Pain Consultants Occupation
Metro Area Pain Consultants Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2008

Transaction ID: SA11AI.8153

Amount of Each Receipt this Period 600.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) 1516.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17
(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)
David Shawa

Mailing Address 17 Via Sevilla

City State Zip Code
Rolling Hills Esta CA 90274

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11AI.8138
 Amount of Each Receipt this Period: 1000.00
 Political Contribution

B. Full Name (Last, First, Middle Initial)
Robert Wailes, MD

Mailing Address 2729 Ocean St.

City State Zip Code
Carlsbad CA 92008

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11AI.8139
 Amount of Each Receipt this Period: 1000.00
 Political Contribution

C. Full Name (Last, First, Middle Initial)
Les Zuckerman, MD

Mailing Address 11921 Rockville Pike #505

City State Zip Code
Rockville MD 20852

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

Name of Employer Self Occupation
The Center for Pain Management Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11AI.8140
 Amount of Each Receipt this Period: 50.00
 Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 2050.00

TOTAL This Period (last page this line number only) ► 12944.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 17	
	(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"/> 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.

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA17.8177
Name of Employer		Amount of Each Receipt this Period <input type="text" value="1282.11"/>
Occupation		Monthly Earned Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5331.74"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1282.11"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1282.11"/>

**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 13 / 17

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8174</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 128.98</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Brokerage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8175</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 250.37</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Disbursement for Changes in Investment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8176</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 6784.69</p>

SUBTOTAL of Disbursements This Page (optional)

7164.04

TOTAL This Period (last page this line number only)

7164.04

**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)

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<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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR BUNNING</p> <p>Mailing Address 1717 DIXIE HIGHWAY SUITE 180</p> <p>City FT WRIGHT State KY Zip Code 41011</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JIM BUNNING</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8156 Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2004</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8168 Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ENZI FOR US SENATE</p> <p>Mailing Address PO BOX 2775</p> <p>City CODY State WY Zip Code 82414</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL B ENZI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8167 Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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<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) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.8154 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO BOX 3197 P O BOX 118	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement Contribution Candidate Name BLANCHE LAMBERT LINCOLN Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SESSIONS SENATE COMMITTEE INC	Transaction ID: SB23.8170 Date of Disbursement 06 / 19 / 2008
	Mailing Address P O BOX 4278	Amount of Each Disbursement this Period 5000.00
	City MONTGOMERY State AL Zip Code 36103	
	Purpose of Disbursement Contribution Candidate Name JEFF SESSIONS Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 00	

C.	Full Name (Last, First, Middle Initial) MCCAIN VICTORY KENTUCKY	Transaction ID: SB23.8173 Date of Disbursement 06 / 18 / 2008
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 5000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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 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

<p>A. Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS</p> <p>Mailing Address P O Box 7313</p> <p>City Louisville State KY Zip Code 40257</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ANNE MEAGHER NORTHUP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8169</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC</p> <p>Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180</p> <p>City AUSTIN State TX Zip Code 78731</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN CORNYN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8164</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS</p> <p>Mailing Address 900 East Market Street Suite 100</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN A MR YARMUTH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8160</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	41000.00

Image# 28991537065

Form/Schedule: **SB23**

Transaction ID: **SB23.8170**

The 2004 October Quarterly Report was amended to reflect a contribution in the amount of \$1000.00 to the Sessions Senate Committee in 7/2004 as being designated for the primary election. At the time of the filing, it was inadvertently designated as a general election contribution. The reporting error has been corrected. Therefore, the attached contribution of \$5000.00 to the general election does not exceed contribution limits.
