Arent Fox
ATTORNEYS AT LAW

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July 5, 2000

VIA CERTIFIED MAIL

Federal Election Commission
999 E. Street, N. W.
Washington, D. C. 20463

RE: Interventional Pain Physician PAC of the Association of Pain Management Anesthesiologists

Dear Sir/Madam:

Please find enclosed an amended Statement of Organization (FEC Form 1) for our client Interventional Pain Physician PAC of the Association of Pain Management Anesthesiologists. The amendment designates Jose Rivera, M.D., as Assistant Treasurer.

Any questions regarding this filing may be directed to me on 202/857-6183.

Thank you for your assistance.

Sincerely,

Mike McNamara

CC: Lax Manchikanti, M.D.
William A. Sarraille, Esq.
Elliott F. Portnoy, Esq.

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE (IN FULL) ☐ (Check if name is changed)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

2. DATE
6/28/00

(b) Number and Street Address ☐ (Check if address is changed)
2831 Lone Oak Road

(c) City, State and ZIP Code
Paducah, KY 42003

3. FEC Identification Number
C00351197

4. Is this Report an Amendment?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Association of Pain Management Anesthesiologists	2831 Lone Oak Road Paducah, KY 42003	Connected

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☒ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Arent Fox Kintner Plotkin & Kahn PLLC	1050 Connecticut Ave. NW Washington, DC 20036-5339	Counsel to PAC

8. Treasurer: List the name and address (phone number — optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Laxmaiah Manchikanti, M.D.	2831 Lone Oak Road Paducah, KY 42003	Treasurer
Jose Rivera, M.D.		Asst. Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Banterra Bank	3151 Jackson Street Paducah, KY 42003

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Laxmaiah Manchikanti, M.D.		6/28/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FE5AN11(PDF

FEC FORM 1
(revised 4/97)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 7-3-00
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	7-11-00
PREPARER	DATE PREPARED

(6/2000)