10/18/2004 17 : 23

# 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

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **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) X General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on 11 02 2004 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 10 01 2004 through 10 13 2004

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 10 18 2004

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 | | | | | | | |
|---|---|---|---|---|---|---|---|

**FEC FORM 3X**
(Rev. 02/2003)

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



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

Report Covering the Period: From: 10 01 2004 To: 10 13 2004

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2004 | | 136771.45 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 108272.07 | |
| (c) Total Receipts (from Line 19) ..... | 13050.00 | 252887.70 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 121322.07 | 389659.15 |
| 7. Total Disbursements (from Line 31) ..... | 9000.00 | 277337.08 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 112322.07 | 112322.07 |
| 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 | |

X 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. 02/2003)



Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 10 01 2004 To: 10 13 2004

| 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) ..... | 12750.00 | |
| (ii) Unitemized ..... | 300.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 13050.00 | 245810.00 |
| (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) ..... ▶ | 13050.00 | 245810.00 |
| 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 | 6000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) ..... | 0.00 | 1077.70 |
| 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)) ..... | 13050.00 | 252887.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 13050.00 | 252887.70 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 0.00 | 3837.08 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 0.00 | 3837.08 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 9000.00 | 268500.00 |
| 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 | 5000.00 |
| (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 | 5000.00 |
| 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)) | 9000.00 | 277337.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 9000.00 | 277337.08 |

# 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) ..... | 13050.00 | 245810.00 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | 0.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 13050.00 | 240810.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 3637.08 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 0.00 | 3637.08 |

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

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

FOR LINE NUMBER: PAGE 6 / 10
(check only one)
[X] 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): Klee Bethel MD
Mailing Address: 3063 N. Holmes Road
City: Apache Junction | State: AZ | Zip Code: 85219
FEC ID number of contributing federal political committee: C
Name of Employer: ABC Anesthesiologists
Occupation: Pain Management Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 13 2004
Transaction ID: SA11A1.6084
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Joseph Chun
Mailing Address: 373B W. 6th St.
City: Los Angeles | State: CA | Zip Code: 90020
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: 10 06 2004
Transaction ID: SA11A1.6069
Amount of Each Receipt this Period: 500.00
Individual contribution

**C.**
Full Name (Last, First, Middle Initial): MD. Harold Cordner
Mailing Address: 13637 US 1
City: Sebastian | State: FL | Zip Code: 32958
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: 2500.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6070
Amount of Each Receipt this Period: 2000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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 7 / 10
(check only one)
[X] 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)
Dr. Hans Hansen
Mailing Address 3408 Pinehurst Road
City: Statesville State: NC Zip Code: 28625
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Relief Centeres, PA
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6073
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Kalyan Krishnan
Mailing Address 131 Woodsedge Dr.
City: Milton State: PA Zip Code: 17841
FEC ID number of contributing federal political committee: C
Name of Employer: Geisinger Health System
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 13 2004
Transaction ID: SA11A1.6085
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Benjamin Lampert
Mailing Address 4367 E. Bogey Ct.
City: Springfield State: MO Zip Code: 65809
FEC ID number of contributing federal political committee: C
Name of Employer: St. John's Physicians
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6074
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: PAGE 8 / 10
(check only one)
[X] 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): Scott Magnuson
Mailing Address: 903 S. Riverside Harbor Dr.
City: Post Falls | State: ID | Zip Code: 83854
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: 10 06 2004
Transaction ID: SA11A1.6075
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Kyle Norris
Mailing Address: 1119 N. Aztec
City: Flagstaff | State: AZ | Zip Code: 86001
FEC ID number of contributing federal political committee: C
Name of Employer: NAD | Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6076
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Stephen Sims
Mailing Address: 901 Elkins Lake
City: Huntsville | State: TX | Zip Code: 77340
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6080
Amount of Each Receipt this Period: 5000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6000.00

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 9 / 10
(check only one)
[X] 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)
Robert Wales
Mailing Address 2729 Ocean St
City: Carlsbad State: CA Zip Code: 92008
FEC ID number of contributing federal political committee: C
Name of Employer: Pacific Pain Medical
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6081
Amount of Each Receipt this Period: 250.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Steven Weldman
Mailing Address 120 Udine Way
City: Bel Air State: CA Zip Code: 90077
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: 2000.00

Date of Receipt: 10 06 2004
Transaction ID: SA11A1.6082
Amount of Each Receipt this Period: 2000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2250.00

TOTAL This Period (last page this line number only) ..... ▶ 12750.00

# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City: Erlanger
State: KY
Zip Code: 41018

Purpose of Disbursement: Political Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KY District: 04

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6087
Date of Disbursement: 10 / 01 / 2004

Amount of Each Disbursement this Period: 2000.00

**B.**
Full Name (Last, First, Middle Initial)
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City: Shreveport
State: LA
Zip Code: 71135

Purpose of Disbursement: Political Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: LA District: 04

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.6085
Date of Disbursement: 10 / 13 / 2004

Amount of Each Disbursement this Period: 2000.00

**C.**
Full Name (Last, First, Middle Initial)
OBAMA FOR ILLINOIS INC

Mailing Address P.O. BOX 802799

City: CHICAGO
State: IL
Zip Code: 60680

Purpose of Disbursement: Political Contribution

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: IL District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6082
Date of Disbursement: 10 / 13 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9000.00

TOTAL This Period (last page this line number only) ..... ▶ 9000.00