REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 13 P 4: 35

1. NAME OF COMMITTEE (In full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

ADDRESS (number and street) ☐ Check if different than previously reported
2831 Lone Oak Road

2. FEC IDENTIFICATION NUMBER
C00351197

CITY, STATE, and ZIP CODE
Paducah KY 42003

3. ☐ This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/2000 through 03/31/2000		
6. (a) Cash on Hand, January 1, 2000		35000.00
(b) Cash on Hand at Beginning of Reporting Period	35000.00	
(c) Total Receipts (from line 19)	49250.00	49250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84250.00	84250.00
7. Total Disbursements (from line 30)	9000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75250.00	75250.00
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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, Treasurer

Signature of Treasurer

Date 4/11/00

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

FEC FORM 3X
(revised 8/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

REPORT COVERING PERIOD
FROM 01/01/2000 TO: 03/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	48500.00	48500.00	11.a.i.
ii. Unitemized	750.00	750.00	11.a.ii.
iii. Total (add i and ii)»	49250.00	49250.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	49250.00	49250.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	49250.00	49250.00	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	49250.00	49250.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	8000.00	8000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	1000.00	1000.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	1000.00	1000.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	9000.00	9000.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	9000.00	9000.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	49250.00	49250.00	32.
33. Total Contribution Refunds (from line 28d)	1000.00	1000.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	48250.00	48250.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Scott Mitchell 14709 Longford Way Edmond OK 73013 Receipt For: Primary General Other (specify):	Self Pain Physician Aggregate Year-to-Date > $ 1000.00	01/31/2000	1000.00
Mary Jo A. Curran Advanced Pain Treatment Ctrs Ltd. 132 E Delaware Pl #5105 Chicago IL 60611 Receipt For: Primary General Other (specify):	Advanced Pain Treatment Ctrs Ltd Physician Aggregate Year-to-Date > $ 1000.00	02/02/2000 Contribution Refunded by IPP PAC Check 0092 dated 2/17/00	1000.00
Bhupinder Saini 980 Madera Circle Elm Grove WI 53122 Receipt For: Primary General Other (specify):	Advanced Pain Management Physician Aggregate Year-to-Date > $ 2000.00	02/03/2000	2000.00
Vishal Lal 12200 W. White Oak Drive Greenfield WI 53228 Receipt For: Primary General Other (specify):	Advanced Pain Management Manager Aggregate Year-to-Date > $ 500.00	02/04/2000	500.00
Bert Fellows 2244 Holt Road Paducah KY 42001 Receipt For: Primary General Other (specify):	Pain Management Center of Paducah Clinical Psychologist Aggregate Year-to-Date > $ 1000.00	02/07/2000	1000.00
Jimmy N. Ponder 209 Country Club Blvd. Thibodaux LA 70301 Receipt For: Primary General Other (specify):	Headache and Pain Center Physician Aggregate Year-to-Date > $ 1000.00	02/11/2000	1000.00
Steven Rupert 6221 Berry Drive Evansville IN 47710 Receipt For: Primary General Other (specify):	Center of Pain Relief ISMR Physician Aggregate Year-to-Date > $ 1000.00	02/14/2000	1000.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chandrakala Manchikanti 2075 Natchez Lane Paducah KY 42001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KSA Enterprises, Inc. Occupation: Executive Aggregate Year-to-Date > $ 5000.00	02/29/2000	5000.00
Laxmaiah Manchikanti 2075 Natchez Lane Paducah KY 42001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Medical Director Aggregate Year-to-Date > $ 5000.00	02/29/2000	5000.00
A. Ghafoor Baha 3011 Jefferson Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	03/08/2000	5000.00
Mina M. Baha 3011 Jefferson Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Housewife Aggregate Year-to-Date > $ 5000.00	03/08/2000	5000.00
David Kloth 65 Georges Hill Road Newtown CT 06470 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Connecticut Pain Care, PC Occupation: Physician Aggregate Year-to-Date > $ 3000.00	03/08/2000	3000.00
Joseph Waling 3188 Brookfield Newburgh IN 47630 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Industrial Sports Medicine Occupation: Physician Aggregate Year-to-Date > $ 500.00	03/08/2000	500.00
Thomas Falasca 3211 Liberty Street #115 Erie PA 16508 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Interventional Pain Physician Aggregate Year-to-Date > $ 1000.00	03/09/2000	1000.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cyrus E. Bakhit 3807 Sunhaven Ct. #512 Roanoke VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Roanoke Pain Center Occupation: Physician Aggregate Year-to-Date > $ 5000.00	03/10/2000	5000.00
Betsy U. Rivera 823 Aspen Way Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Housewife Aggregate Year-to-Date > $ 5000.00	03/10/2000	5000.00
Jose J. Rivera 823 Aspen Way Paducah KY 42003-5130 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	03/10/2000	5000.00
Jeffrey T. Summers 210 Morningside South Ridgeland MS 39157 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Professional Association/DISC Occupation: Pain Management Aggregate Year-to-Date > $ 1000.00	03/16/2000	1000.00
Cameron Govonlu 55 Nottingham Drive Raynham MA 02767 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Physicians Pain Management Occupation: Physician Aggregate Year-to-Date > $ 250.00	03/23/2000	250.00
Ferdinand M. Ramos 625 Fairfield Drive Crown Point IN 46307 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	APAC Occupation: Physician Aggregate Year-to-Date > $ 250.00	03/23/2000	250.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	48500.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 8 FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arent Fox Kintner Plotkin & Kahn, PLLC 1050 Connecticut Ave., N.W. [MEMO ITEM] Washington DC 20036	Exempt Legal Services 11CFR 100.7a14 Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	03/31/2000	4174.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	0.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 8 FOR LINE NUMBER 25

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NAME OF COMMITTEE (in Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SENATOR NICKLES P O BOX 1549 PONCA CITY OK 74602	(Senate - OK - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/15/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LUCAS FOR CONGRESS 2000 P.O. BOX 17344 COVINGTON KY 41017	(House - KY - 4) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/15/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MORRISEY FOR CONGRESS P.O. BOX 2885 WESTFIELD NJ 07091	(House - NJ - 7) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/16/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PALLONE FOR CONGRESS PO BOX 3178 LONG BRANCH NJ 07740	(House - NJ - 06) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/16/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETE STARK RE-ELECTION COMMITTEE PO BOX 8331 FREMONT CA 94537	(House - CA - 13) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/16/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PICKERING FOR CONGRESS PO BOX 5440 LAUREL MS 39441	(House - MS - 03) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/15/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WHITFIELD FOR CONGRESS COMMITTEE P.O. BOX 391 HOPKINSVILLE KY 42241	(House - KY - 01) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/15/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WYDEN FOR SENATE PO BOX 3498 PORTLAND OR 97208	(Senate - OR - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/15/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	8000.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8 FOR LINE NUMBER 28A

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Jo A. Curran Advanced Pain Treatment Ctrs Ltd. 132 E Delaware Pl #5106 Chicago IL 60611	Refund of Check 2743 dated 2/2/00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	02/17/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00

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 4-13-00
☐	First Class Mail	POSTMARKED
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☐	Received from the House office of Records and Registration	Date of Receipt
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	4-13-00
PREPARER	DATE PREPARED

(4/98)