Report of RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 NOV 30 A 11: 02

1. NAME OF COMMITTEE (in full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ☐ Check if different than previously reported
2801 Lone Oak Road

2. FEC IDENTIFICATION NUMBER
C00351197

CITY, STATE, and ZIP CODE
Paducah KY 42003

3. [X] 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)

Monthly Report Due On:

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

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

[X] Thirtieth day report following the General Election
on 11/07/2000 in the State of _____

☐ Termination report

(b) Is this Report an Amendment ☐ YES [X] NO

SUMMARY

5. Covering Period 10/01/2000 through 11/27/2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		35000.00
(b) Cash on Hand at Beginning of Reporting Period	31942.50	
(c) Total Receipts (from line 19)	3433.96	81474.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35376.46	116474.76
7. Total Disbursements (from line 30)	30083.96	111182.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5292.50	5292.50
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

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 9/93)

4-06179

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

(revised 1/1/91)

NAME OF COMMITTEE
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

REPORT COVERING PERIOD
FROM 10/01/2000 TO: 11/27/2000

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)	3250.00	77250.00	11.a.i
ii. Unitemized	100.00	1950.00	11.a.ii.
iii. Total (add i and ii)→	3350.00	79200.00	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)→	3350.00	79200.00	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.)	83.96	2274.76	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)→	3433.96	81474.76	19.
20. Total Federal Receipts (subtract line 18 from line 19)→	3433.96	81474.76	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	83.96	182.26	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)→	83.96	182.26	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	30000.00	106000.00	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	0.00	3000.00	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)→	0.00	3000.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)→	30083.96	111182.26	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)→	30083.96	111182.26	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3350.00	79200.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	3000.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	3350.00	76200.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)→	83.96	182.26	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)→	83.96	182.26	37.

4-00-73

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Grabow 9 Valore Drive Newport Coast CA 92657	Self	10/20/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 1100.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Richman MD 7 Cornelu Street #1C New York NY 10014	Self	10/30/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pain Management Anesthesiologist Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Imad Rasool, MD 18124 Hastings Way Northridge CA 91326	Self	11/02/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pain Management Physician Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Solomon Kamson 8400 Felland Dr. S Seattle WA 98118	Self	11/04/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pain Physician Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Swicegood MD 12 Berry Hill Rd. Fort Smith AR 72903	West Arkansas Anesth. Assoc	11/10/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Interventional Pain Management Aggregate Year-to-Date > $ 250.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	3250.00

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 17

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnara Bank 3151 Jackson Street Paducah KY 42003		10/31/2000	63.96
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > 5 2274.76		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	63.96

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5/6 FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILL THOMAS CAMPAIGN COMMITTEE PO BOX 395 BAKERSFIELD CA 93302	(House - CA - 21) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	3000.00
CRANE FOR CONGRESS COMMITTEE PO BOX 8534 ROLLING MEADOWS IL 60008	(House - IL - 08) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	3000.00
FRIENDS OF JERRY KLECZKA 3288 SOUTH 9TH STREET MILWAUKEE WI 53215	(House - WI - 04) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
FRIENDS OF SAM JOHNSON PO BOX 850098 PLANO TX 75085	(House - TX - 03) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	3000.00
FRIENDS OF SHERROD BROWN 607 14TH STREET NW SUITE 800 WASHINGTON DC 20005	(House - OH - 13) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
JOHN D DINGELL FOR CONGRESS COMMITTEE 807 FOURTEENTH STREET NW WASHINGTON DC 20005	(House - MI - 16) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
JOHN LEWIS FOR CONGRESS 1520 PINEHURST DRIVE SW ATLANTA GA 30311	(House - GA - 05) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
PICKERING FOR CONGRESS PO BOX 8440 LAUREL MS 39441	(House - MS - 03) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
RANGEL FOR CONGRESS 2000 PO BOX 5577 MANHATTANVILLE STA NEW YORK NY 10027	(House - NY - 15) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/25/2000	2000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1998 NEW BRITAIN CT 06050	(House - CT - 05) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	10/25/2000	2000.00
STUPAK FOR CONGRESS 817 9TH AVENUE PO BOX 143 MENOMINEE MI 49858	(House - MI - 01) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	10/25/2000	2000.00
WATTS FOR CONGRESS P.O. BOX 720445 NORMAN OK 73070	(House - OK - 04) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	10/25/2000	5000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	30000.00

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.

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(6/2000)