02/20/2003 10 : 39

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) ▼ 2631 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 X 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: X

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 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2003 through 01 31 2003

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 Electronically Filed by Laxmaiah Manchikanti, Treasurer Date 02 20 2003

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** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

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

Report Covering the Period: From: 01 01 2003 To: 01 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		30506.40
(b) Cash on Hand at Begining of Reporting Period	30506.40	
(c) Total Receipts (from Line 19)	12385.31	12385.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42891.71	42891.71
7. Total Disbursements (from Line 30)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42891.71	42891.71
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 (Revised 1/2001)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 01 01 2003 To: 01 31 2003

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)	11250.00	
(ii) Unitemized	1100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	12350.00	12350.00
(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 32, page 4) ..... ▶	12350.00	12350.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	35.31	35.31
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	12385.31	12385.31
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	12385.31	12385.31

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Revised 1/2001)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	0.00	0.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	0.00	0.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	12350.00	12350.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	12350.00	12350.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 7

[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): Dr. Thomas Hart
Mailing Address: 24 Inverness Circle
City: Little Rock State: AR Zip Code: 72212
FEC ID number of contributing federal political committee.
Name of Employer: Pain Consultants of Arkansas
Occupation: Physician
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 08 2003
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11A1.4859

B.
Full Name (Last, First, Middle Initial): Dr. Lawrence Miller
Mailing Address: 2996 Hummingbird Lane
City: Long Beach State: CA Zip Code: 90804
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 08 2003
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4864

C.
Full Name (Last, First, Middle Initial): Dr. Joseph Mouhanna
Mailing Address: 13500 SW 69th Court
City: Miami State: FL Zip Code: 33156
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 08 2003
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4868

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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: (check only one) PAGE 6 / 7

[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. David Schultz
Mailing Address: 5950 Ridge Road
City: Shorewood State: MN Zip Code: 55331
FEC ID number of contributing federal political committee.
Name of Employer: MAPS
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 17 2003
Amount of Each Receipt this Period: 5000.00
Contribution
Transaction ID: SA11A1.4870

B.
Full Name (Last, First, Middle Initial): Dr. Heidi Seifert
Mailing Address: P.O. Box 1322
City: Houston State: TX Zip Code: 77251
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 08 2003
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11A1.4871

C.
Full Name (Last, First, Middle Initial): Dr. K. Dean Willis
Mailing Address: 3015 Boundary Oaks
City: Hampton Cove State: AL Zip Code: 35763
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Pain Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 01 23 2003
Amount of Each Receipt this Period: 2000.00
Contribution
Transaction ID: SA11A1.4874

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7250.00**

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: (check only one) PAGE 7/7

[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. James Wilson, Jr.

Mailing Address
2716 Cheyenne Dr.

City: Naperville
State: IL
Zip Code: 60565

FEC ID number of contributing federal political committee.

Name of Employer: IPP
Occupation: Interventional Pain Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
01 17 2003

Amount of Each Receipt this Period
2000.00

Contribution

Transaction ID: SA11A1.4876

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **11250.00**