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 NEW (N) **OR** X 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)	X Oct 20 (M10)	Jan 31 (M13)

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

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 09 01 2002 through 09 30 2002

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 10 28 2002

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: 09 01 2002 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		56336.32
(b) Cash on Hand at Begining of Reporting Period	13043.43	
(c) Total Receipts (from Line 19)	19654.71	70359.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32698.14	126696.14
7. Total Disbursements (from Line 30)	15010.00	109008.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17688.14	17688.14
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: 09 01 2002 To: 09 30 2002

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)	18950.00	
(ii) Unitemized	700.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	19650.00	70050.00
(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) ..... ▶	19650.00	70050.00
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.)	4.71	309.82
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) ..... ▶	19654.71	70359.82
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	19654.71	70359.82

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	10.00	208.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	10.00	208.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	108500.00
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	300.00
(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	300.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	15010.00	109008.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	15010.00	109008.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	19650.00	70050.00
33. Total Contribution Refunds (from Line 28(d))	0.00	300.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	19650.00	69750.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10.00	208.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	10.00	208.00

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 / 13

[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. Sairam Aluri

Mailing Address
10180 Meadowknoll Drive

City: Loveland | State: OH | Zip Code: 45140

FEC ID number of contributing federal political committee.

Name of Employer: AICC
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 3000.00

Contribution

Transaction ID: SA11A1.4719

B. Full Name (Last, First, Middle Initial)
Ms. Jo Anne Burkhardt

Mailing Address
P.O. Box 199

City: Glenview | State: IL | Zip Code: 60025

FEC ID number of contributing federal political committee.

Name of Employer: Self Employed
Occupation: Coding Expert

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 500.00

Contribution

Transaction ID: SA11A1.4721

C. Full Name (Last, First, Middle Initial)
John W. Culclasure MD

Mailing Address
2912 Woodlawn Dr.

City: Nashville | State: TN | Zip Code: 37215

FEC ID number of contributing federal political committee.

Name of Employer: Neurosurgical Associates
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 2500.00

Contributions

Transaction ID: SA11A1.4725

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: (check only one) PAGE 6 / 13

[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. Mark Gostine
Mailing Address: 2815 Lake Drive SE
City: Grand Rapids State: MI Zip Code: 49056
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2200.00
Date of Receipt: 09 30 2002
Amount of Each Receipt this Period: 2000.00
Contribution
Transaction ID: SA11A1.4728

B.
Full Name (Last, First, Middle Initial): Dr. Richard Gregg
Mailing Address: 9560 Linfield Drive
City: Cincinnati State: OH Zip Code: 45242
FEC ID number of contributing federal political committee.
Name of Employer: Anesthesia Associates of Cincinnati
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2002
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4729

C.
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.
Name of Employer: Pain Relief Centeres, PA
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2002
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4731

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: (check only one) PAGE 7 / 13

[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. Mark Kirsch

Mailing Address
15000 E 45 W

City: Wichita | State: KS | Zip Code: 67228

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: 09 30 2002

Amount of Each Receipt this Period: 250.00

Contribution

Transaction ID: SA11A1.4733

B. Full Name (Last, First, Middle Initial)
Dr. Marshall Millman

Mailing Address
2005 Maplemere Drive

City: Nashville | State: TN | Zip Code: 37215

FEC ID number of contributing federal political committee.

Name of Employer: Anesthesia/Pain Management Services
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 500.00

Contribution

Transaction ID: SA11A1.4737

C. Full Name (Last, First, Middle Initial)
Dr. Greg Ruhland

Mailing Address
28 Makakai Place

City: Hilo | State: HI | Zip Code: 96720

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 1000.00

Contribution

Transaction ID: SA11A1.4739

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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 8 / 13

[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): Steven Rupert MD
Mailing Address: 8221 Berry Drive
City: Evansville State: IN Zip Code: 47710
FEC ID number of contributing federal political committee.
Name of Employer: Center of Pain Relief ISMR
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2002
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4741

B.
Full Name (Last, First, Middle Initial): G. Samarasinghe, MD
Mailing Address: 4813 Hunting Hill Court
City: Roanoke State: VA Zip Code: 24014
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: 09 30 2002
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11A1.4742

C.
Full Name (Last, First, Middle Initial): Dr. Manuel Sanchez
Mailing Address: P.O. Box 910
City: Newfields State: NH Zip Code: 03856
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 09 30 2002
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11A1.4743

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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 9 / 13

[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. Joseph Waing

Mailing Address
3188 Brookfield

City: Newburgh | State: IN | Zip Code: 47630

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: 09 30 2002

Amount of Each Receipt this Period: 500.00

Contribution

Transaction ID: SA11A1.4744

B. Full Name (Last, First, Middle Initial)
Ballard Wright, MD

Mailing Address
131 Eastin Road

City: Lexington | State: KY | Zip Code: 40505

FEC ID number of contributing federal political committee.

Name of Employer: Ballard D. Wright, MD, PSC
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 2500.00

Contribution

Transaction ID: SA11A1.4745

C. Full Name (Last, First, Middle Initial)
Peter Wright, MD

Mailing Address
1974 Mountjoy Place

City: Lexington | State: KY | Zip Code: 40503

FEC ID number of contributing federal political committee.

Name of Employer: Ballard Wright MD PSC
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 30 2002

Amount of Each Receipt this Period: 2500.00

Contribution

Transaction ID: SA11A1.4746

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5500.00**

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 10 / 13

[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. Kenneth Zahl

Mailing Address
250 Ridgedale Avenue

City: Florham Park
State: NJ
Zip Code: 07932

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 30 2002

Amount of Each Receipt this Period
1500.00

Contribution

Transaction ID: SA11A1.4747

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**1500.00**
TOTAL This Period (last page this line number only) ..... ▶	**18950.00**

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 11 / 13

☐ 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)
Bantera Bank

Mailing Address
3151 Jackson Street

City: Paducah
State: KY
Zip Code: 42003

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
309.82

Date of Receipt
09 30 2002

Amount of Each Receipt this Period
4.71

Interest Income

Transaction ID: SA17.4759

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶	4.71
TOTAL This Period (last page this line number only) ▶	4.71

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

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)
DONALD A. MANZULLO FOR CONGRESS

Mailing Address
PO Box 7783 PO Box 7783
City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Contribution

Candidate Name
DONALD A MANZULLO

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 16

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
09 09 2002

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.4751

B.
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Mailing Address
320 FIRST STREET SE
City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For:
Primary General
Other (specify)

Date of Disbursement
09 11 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4754

C.
Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS 2002

Mailing Address
PO BOX 38585

City State Zip Code
DALLAS TX 75238

Purpose of Disbursement
Contribution

Candidate Name
PETE SESSIONS

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 32

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
09 30 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4756

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12500.00**

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

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

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)
RON LEWIS FOR CONGRESS 2000

Mailing Address
PO BOX 307

City: Elizabethtown
State: KY
Zip Code: 42701

Purpose of Disbursement
Contribution

Candidate Name
RONALD E LEWIS

Category/Type

Office Sought: X House / Senate / President
State: KY District: 02

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
09 09 2002

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.4749

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**2500.00**
TOTAL This Period (last page this line number only) ..... ▶	**15000.00**