

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
3. IS THIS REPORT 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:
 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ 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 01 01 2006 through 03 31 2006

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 04 13 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 94600.44 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 94600.44 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 37509.81 | 37509.81 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 132110.25 | 132110.25 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 16859.41 | 16859.41 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 115250.84 | 115250.84 | | | | | | | | |
| 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 | | | | | | | | | |

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**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 35520.00 | 35520.00 |
| (i) Itemized (use Schedule A) | 1350.00 | 1350.00 |
| (ii) Unitemized | 36870.00 | 36870.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 36870.00 | 36870.00 |
| 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 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 639.81 | 639.81 |
| 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)) | 37509.81 | 37509.81 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 37509.81 | 37509.81 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 859.41 | 859.41 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 859.41 | 859.41 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16000.00 | 16000.00 |
| 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. 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)).. | 16859.41 | 16859.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 16859.41 | 16859.41 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 36870.00 | 36870.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36870.00 | 36870.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 859.41 | 859.41 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 859.41 | 859.41 |

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 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jonathan Blatt MD | | Date of Receipt MM / DD / YYYY 03 / 21 / 2006 |
| Mailing Address 3405 Belknap Drive | | Transaction ID: SA11A1.6587 |
| City West Linn | State OR | Zip Code 97068 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer self | Occupation physician | Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dr. Daniel Bruning | | Date of Receipt MM / DD / YYYY 01 / 10 / 2006 |
| Mailing Address 11364 W. 121st Terrace | | Transaction ID: SA11A1.6564 |
| City Overland Park | State KS | Zip Code 66213 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 5000.00 | |
| Name of Employer Pain Care | Occupation Physician | Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Thomas Buchheit, MDd | | Date of Receipt MM / DD / YYYY 02 / 14 / 2006 |
| Mailing Address 207 Parkridge Avenue | | Transaction ID: SA11A1.6611 |
| City Chapel Hill | State NC | Zip Code 27517 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Critical Health Systems | Occupation Physician | Individual Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| 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 7 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Jim Burdine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 2267 Cedardale Ave. | | Transaction ID: SA11A1.6565 | |
| City Baton Rouge | State LA | Zip Code 70808 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Self | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

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|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Jim Burdine | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 2267 Cedardale Ave. | | Transaction ID: SA11A1.6583 | |
| City Baton Rouge | State LA | Zip Code 70808 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Self | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | | |

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|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Patsy Burdine | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 2267 Cedardale Ave | | Transaction ID: SA11A1.6609 | |
| City Baton Rouge | State LA | Zip Code 70808 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Self | Occupation sales | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Sukdeb Datta | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4141 Woodlawn Drive #39 | | Transaction ID: SA11A1.6566 | |
| City Nashville | State TN | Zip Code 37205 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Physician | Occupation Univ. of Cincinnati | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. John Dooley, MD | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 7 Highland Green Court | | Transaction ID: SA11A1.6601 | |
| City Battendorf | State IA | Zip Code 52722 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Anesthesia Pain Consultants | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Donna Flaccavento | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 188 Highland Road | | Transaction ID: SA11A1.6602 | |
| City York | State PA | Zip Code 17403 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Self-Employed | Occupation Artist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Frederick Flaccavento | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 188 Highland Rd. | | Transaction ID: SA11A1.6567 | |
| City York | State PA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 17403 | | Individual Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Anesthesia Assc. | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Wayne Fleischhacker, MD | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 13 Old Dutch Rd | | Transaction ID: SA11A1.6568 | |
| City Warren | State NJ | Amount of Each Receipt this Period 250.00 | |
| Zip Code 07059 | | Individual Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Union Anesthesia Associates | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Harold Gear | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2558 Admirals Walk Dr. | | Transaction ID: SA11A1.6569 | |
| City Orange Park | State FL | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 32073 | | Individual Contribution | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Clay Surgery Center | Occupation Administrator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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|--|---------|
| 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: (check only one) | PAGE 10 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Cameron Govonlu, MD | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 55 Nottingham Drive | | Transaction ID: SA11A1.6571 | |
| City State Zip Code Raynham MA 02767 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Individual Contribution | | |
| Name of Employer Physicians Pain Management | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Dr. Richard Gregg | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 9580 Linfield Drive | | Transaction ID: SA11A1.6586 | |
| City State Zip Code Cincinnati OH 45242 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Individual Contribution | | |
| Name of Employer Anesthesia Associates of Cincinnati | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mark Jang, MD | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 14 Spinner Point Court | | Transaction ID: SA11A1.6604 | |
| City State Zip Code Sacramento CA 95831 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Individual Contribution | | |
| Name of Employer Titan Health Corp | Occupation CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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. Joseph Jasper

Mailing Address 2611 Lemons Beach Rd. W

City State Zip Code
University Place WA 98465

FEC ID number of contributing federal political committee. **C**

Name of Employer
Advanced Pain Medicine Physicians

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1570.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: SA11A1.6572

Amount of Each Receipt this Period
1570.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Todd Joye, MD

Mailing Address 825 Fiddlers Point Lane

City State Zip Code
Mt. Pleasant SC 29464

FEC ID number of contributing federal political committee. **C**

Name of Employer
Anesthesia Associates of Charleston

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: SA11A1.6581

Amount of Each Receipt this Period
1000.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
David Kloth

Mailing Address 65 Georges Hill Road

City State Zip Code
Newtown CT 06470

FEC ID number of contributing federal political committee. **C**

Name of Employer
Connecticut Pain Care, PC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: SA11A1.6580

Amount of Each Receipt this Period
5000.00

Individual Contribution

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 7570.00 |
| 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 12 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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. Todd Koppel | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3333 Henry Hudson Pkwy E 231 | | Transaction ID: SA11A1.6573 | |
| City State Zip Code Riverdale NY 10463 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Garden State Pain Management | | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Peter Kosek, MD | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2112 Aspen Ave | | Transaction ID: SA11A1.6606 | |
| City State Zip Code Portland OR 97210 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer self | | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dr. Joseph Mouhanna | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 13500 SW 69th Court | | Transaction ID: SA11A1.6575 | |
| City State Zip Code Miami FL 33156 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Miami Pain & Diagnostic | | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 13 / 16 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Allan Parr, MD | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 1241 Bluewater Drive | | Transaction ID: SA11A1.6576 | |
| City State Zip Code Mandeville LA 70471 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Northshore Interventional Pain | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Shawn Pettis, MD | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6500 Prairie Avenue | | Transaction ID: SA11A1.6607 | |
| City State Zip Code Omaha NE 68132 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Interventional Pain Management | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Jimmy Ponder, MD | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 209 Country Club Blvd. | | Transaction ID: SA11A1.6577 | |
| City State Zip Code Thibodaux LA 70301 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | Individual Contribution | |
| Name of Employer Headache and Pain Center | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10500.00 |
| TOTAL This Period (last page this line number only) ▶ | 35520.00 |

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

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 / 16 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Bantera Bank | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 3151 Jackson Street | | Transaction ID: SA17.6614 |
| City Paducah | State KY | Amount of Each Receipt this Period 212.57 |
| Zip Code 42003 | | Monthly Interest (February) y) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.71 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Bantera Bank | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 3151 Jackson Street | | Transaction ID: SA17.6615 |
| City Paducah | State KY | Amount of Each Receipt this Period 239.10 |
| Zip Code 42003 | | Monthly Interest (March) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 639.81 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 451.67 |
| TOTAL This Period (last page this line number only) ▶ | 451.67 |

**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)

PAGE 15 / 16

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bantera Bank | | Transaction ID: SB21B.6618 | |
| Mailing Address 3151 Jackson Street | | Date of Disbursement MM / DD / YYYY 02 / 28 / 2006 | |
| City Paducah | State KY | Zip Code 42003 | Amount of Each Disbursement this Period 165.91 |
| Purpose of Disbursement payment for credit card fees (February) | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bantera Bank | | Transaction ID: SB21B.6619 | |
| Mailing Address 3151 Jackson Street | | Date of Disbursement MM / DD / YYYY 03 / 31 / 2006 | |
| City Paducah | State KY | Zip Code 42003 | Amount of Each Disbursement this Period 214.96 |
| Purpose of Disbursement payment for credit card fees (March) | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Internal Revenue Service | | Transaction ID: SB21B.6620 | |
| Mailing Address Internal Revenue Service Center | | Date of Disbursement MM / DD / YYYY 03 / 03 / 2006 | |
| City Ogden | State UT | Zip Code 84201 | Amount of Each Disbursement this Period 353.00 |
| Purpose of Disbursement Tax filings | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 733.87 |
| TOTAL This Period (last page this line number only) | 733.87 |

**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)

PAGE 16 / 16

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF KENT CONRAD | | Transaction ID: SB23.6623 | |
| Mailing Address PO BOX 812 | | Date of Disbursement MM / DD / YYYY 02 / 21 / 2006 | |
| City BISMARCK | State ND | Zip Code 58502 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: ND | District: 00 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIO-NS | | Transaction ID: SB23.6624 | |
| Mailing Address 320 FIRST STREET SE | | Date of Disbursement MM / DD / YYYY 03 / 14 / 2006 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 15000.00 |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

SUBTOTAL of Disbursements This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

16000.00