**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

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)
- X 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 2005 through 06 30 2005

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 01 26 2005

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**
(Rev. 02/2003)

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



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

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2005 | | 94704.47 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 94704.47 | |
| (c) Total Receipts (from Line 19) ..... | 73270.69 | 73270.69 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 167975.16 | 167975.16 |
| 7. Total Disbursements (from Line 31) ..... | 87958.01 | 87958.01 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 80017.15 | 80017.15 |
| 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 (Rev. 02/2003)



Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

| 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) | 70891.81 | 70891.81 |
| (ii) Unitemized | 1800.00 | 1800.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 72691.81 | 72691.81 |
| (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) ▶ | 72691.81 | 72691.81 |
| 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.) | 576.88 | 576.88 |
| 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)) | 73270.69 | 73270.69 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 73270.69 | 73270.69 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 1458.01 | 1458.01 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 1458.01 | 1458.01 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 86500.00 | 86500.00 |
| 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)) | 87958.01 | 87958.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 87958.01 | 87958.01 |

# DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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) ..... | 72691.81 | 72691.81 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 72691.81 | 72691.81 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... | 1458.01 | 1458.01 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 1458.01 | 1458.01 |

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

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

FOR LINE NUMBER: PAGE 6 / 41
(check only one)
[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)
Irwin Abraham
Mailing Address 9 Westland Ave
City: Rochester State: NY Zip Code: 14618
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 14 2005
Transaction ID: SA11A1.6205
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Sairam Atluri MD
Mailing Address 10160 Meadowknoll Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee: C
Name of Employer: AICC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 04 02 2005
Transaction ID: SA11A1.6230
Amount of Each Receipt this Period: 2000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Leland Berkwits
Mailing Address 1 Fern Hill Road
City: Kennett Square State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: Rehab. Assc.
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 30 2005
Transaction ID: SA11A1.6208
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2750.00

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

# SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

**A.**
Full Name (Last, First, Middle Initial): Cliff Bernstein
Mailing Address: 450 Newport Center Dr.
City: Newport Beach | State: CA | Zip Code: 97660
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6232
Amount of Each Receipt this Period: 1000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Klee Bethel MD
Mailing Address: 3063 N. Holmes Road
City: Apache Junction | State: AZ | Zip Code: 85219
FEC ID number of contributing federal political committee: C
Name of Employer: ABC Anesthasiologists
Occupation: Pain Management Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6234
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Lora Brown
Mailing Address: 603 7th Street South Apt. # 340
City: St. Petersburg | State: FL | Zip Code: 33708
FEC ID number of contributing federal political committee: C
Name of Employer: West Florida Pain Managem-ent
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 16 2005
Transaction ID: SA11A1.6293
Amount of Each Receipt this Period: 500.00
individual contribution

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

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

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

**A.**
Full Name (Last, First, Middle Initial)
Dr. Daniel Bruning
Mailing Address 11364 W. 121st Terrace
City: Overland Park State: KS Zip Code: 66213
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Care
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6235
Amount of Each Receipt this Period: 5000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Jim Burdine
Mailing Address 2267 Cedardale Ave.
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 02 2005
Transaction ID: SA11A1.6236
Amount of Each Receipt this Period: 400.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Jim Burdine
Mailing Address 2267 Cedardale Ave.
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.6284
Amount of Each Receipt this Period: 400.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5800.00

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

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

**A.**
Full Name (Last, First, Middle Initial): Jim Burdine
Mailing Address: 2267 Cedardale Ave.
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6294
Amount of Each Receipt this Period: 400.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Dr. John Chelus
Mailing Address: 15632 Troon Ct
City: Northville State: WI Zip Code: 48167
FEC ID number of contributing federal political committee: C
Name of Employer: Michigan Pain Specialists
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6209
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Harold Gardner, MD
Mailing Address: 12635 North A1A
City: Vero Beach State: FL Zip Code: 32963
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physican
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6210
Amount of Each Receipt this Period: 2000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2900.00

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

## SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**
Full Name (Last, First, Middle Initial): Joseph Crapanzano
Mailing Address: 282 Glenwood Dr.
City: Metairie | State: LA | Zip Code: 70005
FEC ID number of contributing federal political committee: C
Name of Employer: Parish Pain Specialists
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 05 2005
Transaction ID: SA11A1.6238
Amount of Each Receipt this Period: 1000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Dr. Steve Cray
Mailing Address: 20 Endicott Lane
City: Highwood | State: IL | Zip Code: 60040
FEC ID number of contributing federal political committee: C
Name of Employer: Anesthesia Consultants, LTD.
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 12 2005
Transaction ID: SA11A1.6285
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): John Culclasure
Mailing Address: 3325 Love Circle
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee: C
Name of Employer: Neurosurgical Assc.
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6240
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2500.00

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

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

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

**A.**
Full Name (Last, First, Middle Initial): Joseph Curletta
Mailing Address: 890 N. Cafco Center Court, Ste 250
City: Phoenix State: AZ Zip Code: 85008
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6241
Amount of Each Receipt this Period: 250.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Ray D'Amours
Mailing Address: 4730 Northridge Dr.
City: Palmdale State: CA Zip Code: 93551
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6244
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Jonathan Deitch, MD
Mailing Address: 812 Cape View Drive
City: Fort Myers State: FL Zip Code: 33919
FEC ID number of contributing federal political committee: C
Name of Employer: APMS
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 04 15 2005
Transaction ID: SA11A1.6243
Amount of Each Receipt this Period: 2000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2750.00

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**
Full Name (Last, First, Middle Initial): Satish Desai MD
Mailing Address: 1057 Royal Dublin Lane
City: Dyer | State: IN | Zip Code: 46311
FEC ID number of contributing federal political committee: C
Name of Employer: S. Desai MD PC
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6245
Amount of Each Receipt this Period: 1000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Delores Dunber
Mailing Address: 8502 Westover Dr.
City: Prospect | State: KY | Zip Code: 40059
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Control Network
Occupation: Administrator
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6295
Amount of Each Receipt this Period: 2000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Rodrigo Duraide
Mailing Address: 200 Colonial Homes Dr. #1106
City: Atlanta | State: GA | Zip Code: 30309
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Consultants of Atlanta
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.6286
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4000.00

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**
Full Name (Last, First, Middle Initial): Mayo Friedlis
Mailing Address: 9500 Lost Trail Way
City: Potomac | State: MD | Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Ctr for Phys Med & Pain Mgmt
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6298
Amount of Each Receipt this Period: 5000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Scott Gammel
Mailing Address: 4212 W. Congress
City: Lafayette | State: LA | Zip Code: 70508
FEC ID number of contributing federal political committee: C
Name of Employer: A&PC
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 16 2005
Transaction ID: SA11A1.6297
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): John Gilbert
Mailing Address: 898 McMeekin Place
City: Lexington | State: KY | Zip Code: 40502
FEC ID number of contributing federal political committee: C
Name of Employer: Physician Services
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 08 2005
Transaction ID: SA11A1.6248
Amount of Each Receipt this Period: 500.00
individual contribution

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: PAGE 14 / 41
(check only one)
[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): Carlos Giron MD
Mailing Address: 7600 Zebulon Rd.
City: Macon | State: GA | Zip Code: 31220
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 30 2005
Transaction ID: SA11A1.6211
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Carlos Giron MD
Mailing Address: 7600 Zebulon Rd.
City: Macon | State: GA | Zip Code: 31220
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6250
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): John Givargis, MD
Mailing Address: 1120 Springdale Rd
City: Gainesville | State: GA | Zip Code: 30501
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6212
Amount of Each Receipt this Period: 500.00
individual contribution

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

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(check only one)
[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)
Michael Gorback MD
Mailing Address 311D Scenic Elm Street
City: Houston State: TX Zip Code: 77059
FEC ID number of contributing federal political committee: C
Name of Employer: The Center for Pain Relief
Occupation: Physician, Pain Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6251
Amount of Each Receipt this Period: 1000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Dr. Richard Gregg
Mailing Address 9580 Linfield Drive
City: Cincinnati State: OH Zip Code: 45242
FEC ID number of contributing federal political committee: C
Name of Employer: Anesthesia Associates of Cincinnati
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6299
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Robert Hamilton
Mailing Address P.O. Box 29
City: Arcadia State: FL Zip Code: 34285
FEC ID number of contributing federal political committee: C
Name of Employer: West Coast Anest.
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6319
Amount of Each Receipt this Period: 500.00
individual contribution

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

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[ ] 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): Paul Hubbell
Mailing Address: 236 W. Livingston Place
City: Metairie | State: LA | Zip Code: 70005
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Pain
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6253
Amount of Each Receipt this Period: 2000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Donna Jesper
Mailing Address: 2811 Lemons Beach Rd. W
City: Tacoma | State: WA | Zip Code: 98466
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Pain Med. Physicians
Occupation: Administrator
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 441.81
Date of Receipt: 06 29 2005
Transaction ID: SA11A1.6301
Amount of Each Receipt this Period: 441.81
individual contribution

**C.**
Full Name (Last, First, Middle Initial): John Jaworowicz
Mailing Address: 1235 N. Mulford Rd.
City: Rockford | State: IL | Zip Code: 61111
FEC ID number of contributing federal political committee: C
Name of Employer: MPMS
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6255
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3441.81**

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

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[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): John Joseph
Mailing Address: 1517 Ruereynard
City: Menasha | State: WI | Zip Code: 54952
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 02 2005
Transaction ID: SA11A1.6257
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Todd Joye, MD
Mailing Address: 825 Fiddlers Point Lane
City: Mt. Pleasant | State: SC | Zip Code: 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: 06 09 2005
Transaction ID: SA11A1.6302
Amount of Each Receipt this Period: 1000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Ram Kanekanadala
Mailing Address: 1328 Ballybunion
City: Dyer | State: IN | Zip Code: 46311
FEC ID number of contributing federal political committee: C
Name of Employer: Midwest Pain Mgmt.
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 02 2005
Transaction ID: SA11A1.6259
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2500.00

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: PAGE 18 / 41
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[ ] 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): David Kloth
Mailing Address: 85 Georges Hill Road
City: Newtown State: CT Zip Code: 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: 2500.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6261
Amount of Each Receipt this Period: 2500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Thomas Knox
Mailing Address: 6456 Cedar Hill Dr.
City: Hamilton State: OH Zip Code: 45011
FEC ID number of contributing federal political committee: C
Name of Employer: MAC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6214
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Dr. Shaun Kondamuri
Mailing Address: 701 Superior Ave. Ste. C
City: Munster State: IN Zip Code: 46321
FEC ID number of contributing federal political committee: C
Name of Employer: Midwest Pain Mgmt. Centers
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 05 2005
Transaction ID: SA11A1.6262
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4000.00

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: PAGE 19 / 41
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[ ] 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): Stephen Kramerich
Mailing Address: 12058 Rising Oaks Ct.
City: Jacksonville State: FL Zip Code: 32223
FEC ID number of contributing federal political committee: C
Name of Employer: Riverside Spine
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6217
Amount of Each Receipt this Period: 250.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Dr. Kalyan Krishnan
Mailing Address: 111 Charlene Dr.
City: Danville State: PA Zip Code: 17821
FEC ID number of contributing federal political committee: C
Name of Employer: Geisinler Health System
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 01 2005
Transaction ID: SA11A1.6263
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Scott Magnuson
Mailing Address: 903 S. Riverside Harbor Dr.
City: Post Falls State: ID Zip Code: 83854
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 08 2005
Transaction ID: SA11A1.6264
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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: PAGE 20 / 41
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

**A.**
Full Name (Last, First, Middle Initial)
Ben Massey
Mailing Address 1202 W. 31st St.
City: Pueblo State: CO Zip Code: 81008
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6303
Amount of Each Receipt this Period: 300.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Dr. David McKeller
Mailing Address 179 Churchwell Road
City: Purvis State: MS Zip Code: 39475
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Consultants of South Mississippi
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6307
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
David Miller
Mailing Address 8865 W 400 North
City: Michigan City State: IN Zip Code: 46360
FEC ID number of contributing federal political committee: C
Name of Employer: Woodland Pain Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6308
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

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

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

**A.**
Full Name (Last, First, Middle Initial): Laura Minore
Mailing Address: 2816 Springcreek
City: Rockford | State: IL | Zip Code: 61107
FEC ID number of contributing federal political committee: C
Name of Employer: RAA | Occupation: CRNA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6310
Amount of Each Receipt this Period: 5000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Scott Mitchell, MD
Mailing Address: 14709 Longford Way
City: Edmond | State: OK | Zip Code: 73013
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Pain Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6266
Amount of Each Receipt this Period: 1000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Sathish Modugu
Mailing Address: 220 N. Central Ave.
City: Hartsdale | State: NY | Zip Code: 10530
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6311
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6500.00

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

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

**A.**
Full Name (Last, First, Middle Initial)
Gordon Mortensen
Mailing Address 10438 N. Pine Tree Circle
City: Mequon State: WI Zip Code: 53092
FEC ID number of contributing federal political committee: C
Name of Employer: AAW
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 30 2005
Transaction ID: SA11A1.6218
Amount of Each Receipt this Period: 300.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Scott Neftvin
Mailing Address 5938 Haasdahl Road
City: Orefield State: PA Zip Code: 18069
FEC ID number of contributing federal political committee: C
Name of Employer: Northeastern Rehab
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 27 2005
Transaction ID: SA11A1.6287
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Peyman Nazmi
Mailing Address 11512 Allecingie Parkway
City: Richmond State: VA Zip Code: 23235
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Mgmt. Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.6288
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

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

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

**A.**
Full Name (Last, First, Middle Initial)
Christopher Nelson
Mailing Address 16802 Crosstimbers Court
City: Louisville State: KY Zip Code: 40245
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Control Network
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 06 2005
Transaction ID: SA11A1.6289
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Margaret Ochalfree
Mailing Address 104 Monbeigne Drive
City: Lafayette State: LA Zip Code: 70506
FEC ID number of contributing federal political committee: C
Name of Employer: CRNA
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 22 2005
Transaction ID: SA11A1.6267
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
John Paggioli
Mailing Address 20 Diamond Hill Drive
City: Salem State: CT Zip Code: 06420
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6289
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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

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

**A.**
Full Name (Last, First, Middle Initial): Allen Parr, MD
Mailing Address: 1241 Bluewater Drive
City: Mandeville | State: LA | Zip Code: 70471
FEC ID number of contributing federal political committee: C
Name of Employer: Northshore Interventional Pain
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 04 05 2005
Transaction ID: SA11A1.6271
Amount of Each Receipt this Period: 5000.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Jimmy Ponder
Mailing Address: 149 Frontage Road
City: Gray | State: LA | Zip Code: 70359
FEC ID number of contributing federal political committee: C
Name of Employer: Headache and Pain Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6314
Amount of Each Receipt this Period: 5000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): Eduardo Quesada
Mailing Address: 15 Cabot Lane
City: Bedford | State: NH | Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: Amoskeag Anesthesia
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6219
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **10250.00**

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

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[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): Francis Riegler
Mailing Address: 3827 Castlerock Rd.
City: Malibu | State: CA | Zip Code: 90265
FEC ID number of contributing federal political committee: C
Name of Employer: Universal Pain Mgmt.
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 30 2005
Transaction ID: SA11A1.6220
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial): Adam Sackstein
Mailing Address: P.O. Box 318
City: Voorhees | State: NJ | Zip Code: 08043
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Control Assc.
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 12 2005
Transaction ID: SA11A1.6273
Amount of Each Receipt this Period: 500.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial): David Shaws
Mailing Address: 4813 Chastant St.
City: Metairie | State: LA | Zip Code: 70008
FEC ID number of contributing federal political committee: C
Name of Employer: Parish Pain Specialists
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 05 2005
Transaction ID: SA11A1.6274
Amount of Each Receipt this Period: 1000.00
individual contribution

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: PAGE 26 / 41
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[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)
Stephen Sims
Mailing Address 901 Elkins Lake
City: Huntsville State: TX Zip Code: 77340
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 09 2005
Transaction ID: SA11A1.6315
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Dennis Slavin
Mailing Address 1330 E. 6th Street Ste 304
City: Weslaco State: TX Zip Code: 78596
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2005
Transaction ID: SA11A1.6278
Amount of Each Receipt this Period: 250.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Gregory Suelzle
Mailing Address 2361 North Euclid Ave.
City: Upland State: CA Zip Code: 91784
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 29 2005
Transaction ID: SA11A1.6316
Amount of Each Receipt this Period: 400.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1150.00

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: PAGE 27 / 41
(check only one)
[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. John Swicegood
Mailing Address 12 Berry Hill Rd.
City: Fort Smith | State: AR | Zip Code: 72903
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 21 2005
Transaction ID: SA11A1.6207
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
Full Name (Last, First, Middle Initial)
Dr. Roy Talley
Mailing Address 1015 Milstead Avenue Suite 100
City: Conyers | State: GA | Zip Code: 30012
FEC ID number of contributing federal political committee: C
Name of Employer: Atlanta East Pain Relief Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 30 2005
Transaction ID: SA11A1.6224
Amount of Each Receipt this Period: 250.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Edward Weisebaugh, III
Mailing Address 2850 W. Delhi Road
City: Ann Arbor | State: MI | Zip Code: 48103
FEC ID number of contributing federal political committee: C
Name of Employer: Michigan Pain Specialists
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6225
Amount of Each Receipt this Period: 1000.00
individual contribution

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: PAGE 28 / 41
(check only one)
[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)
Jeffrey Wasserman
Mailing Address 7808 Hanover Street
City: Dallas State: TX Zip Code: 75225
FEC ID number of contributing federal political committee: C
Name of Employer: Pinnacle Anesthesia
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6228
Amount of Each Receipt this Period: 500.00
individual contribution

**B.**
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: C
Name of Employer: IPP
Occupation: Interventional Pain Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6228
Amount of Each Receipt this Period: 1000.00
individual contribution

**C.**
Full Name (Last, First, Middle Initial)
Frank Zondlo
Mailing Address 482 Captains Circle
City: Destin State: FL Zip Code: 32541
FEC ID number of contributing federal political committee: C
Name of Employer: Physiatry Pain Mgmt.
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 24 2005
Transaction ID: SA11A1.6229
Amount of Each Receipt this Period: 500.00
individual contribution

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

TOTAL This Period (last page this line number only) ..... ▶ **70891.81**

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

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

FOR LINE NUMBER: PAGE 29 / 41
(check only one)
☐ 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): Bankers Bank
Mailing Address: 3151 Jackson Street
City: Paducah State: KY Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 207.16
Date of Receipt: 02 28 2005
Transaction ID: SA17.6200
Amount of Each Receipt this Period: 97.27
monthly interest (February)

**B.**
Full Name (Last, First, Middle Initial): Bankers Bank
Mailing Address: 3151 Jackson Street
City: Paducah State: KY Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 295.34
Date of Receipt: 03 30 2005
Transaction ID: SA17.6201
Amount of Each Receipt this Period: 88.18
monthly interest (March)

**C.**
Full Name (Last, First, Middle Initial): Bankers Bank
Mailing Address: 3151 Jackson Street
City: Paducah State: KY Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 380.77
Date of Receipt: 04 30 2005
Transaction ID: SA17.6202
Amount of Each Receipt this Period: 85.43
monthly interest (April)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **270.88**

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: PAGE 30 / 41
(check only one)
☐ 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)
Bankers Bank
Mailing Address 3151 Jackson Street
City: Paducah
State: KY
Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 484.43

Date of Receipt: 05 30 2005
Transaction ID: SA17.6203
Amount of Each Receipt this Period: 103.66
monthly interest (May)

**B.**
Full Name (Last, First, Middle Initial)
Bankers Bank
Mailing Address 3151 Jackson Street
City: Paducah
State: KY
Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 578.88

Date of Receipt: 06 30 2005
Transaction ID: SA17.6204
Amount of Each Receipt this Period: 94.45
monthly interest (June)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **198.11**

TOTAL This Period (last page this line number only) ..... ▶ **468.99**

# 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)

| | | | | | |
|---|---|---|---|---|---|
| [X] 21b | [ ] 22 | [ ] 23 | [ ] 24 | [ ] 25 | [ ] 26 |
| [ ] 27 | [ ] 28a | [ ] 28b | [ ] 28c | [ ] 29 | [ ] 30b |



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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

Purpose of Disbursement
Payment for credit card fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6196
Date of Disbursement: 04 / 30 / 2005

Amount of Each Disbursement this Period: 163.10

**B.**
Full Name (Last, First, Middle Initial)
Bantera Bank

Mailing Address 3151 Jackson Street

City: Paducah
State: KY
Zip Code: 42003

Purpose of Disbursement
payment for credit card fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6197
Date of Disbursement: 05 / 30 / 2005

Amount of Each Disbursement this Period: 603.01

**C.**
Full Name (Last, First, Middle Initial)
Bantera Bank

Mailing Address 3151 Jackson Street

City: Paducah
State: KY
Zip Code: 42003

Purpose of Disbursement
payment for credit card fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6198
Date of Disbursement: 06 / 30 / 2005

Amount of Each Disbursement this Period: 57.41

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 823.52

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)

| | | | | | | |
|---|---|---|---|---|---|---|
| [X] 21b | [ ] 22 | [ ] 23 | [ ] 24 | [ ] 25 | [ ] 26 | |
| [ ] 27 | [ ] 28a | [ ] 28b | [ ] 28c | [ ] 29 | [ ] 30b | |



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

A. Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address: Internal Revenue Service Center

City: Ogden
State: UT
Zip Code: 84201

Purpose of Disbursement: Payment to the IRS

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6193
Date of Disbursement: 03 / 30 / 2005

Amount of Each Disbursement this Period: 461.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 461.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 1284.52 |

# 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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial): BOOZMAN FOR CONGRESS
Mailing Address: PO BOX 671
City: ROGERS State: AR Zip Code: 72757
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: AR District: 03
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6189
Date of Disbursement: 06 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial): CANTOR FOR CONGRESS
Mailing Address: P. O. Box 17813
City: Richmond State: VA Zip Code: 23226
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: VA District: 07
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6176
Date of Disbursement: 06 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial): COLEMAN FOR SENATE 08
Mailing Address: 7300 HUDSON BLVD SUITE 270A
City: ST PAUL State: MN Zip Code: 55128
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: MN District: 00
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6177
Date of Disbursement: 06 / 22 / 2005
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis | State TX | Zip Code 75120

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 06

Disbursement For: 2006 Primary X General / Other (specify)

Transaction ID: SB23.6159
Date of Disbursement 02 / 07 / 2005

Amount of Each Disbursement this Period
5000.00

**B.**
Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis | State TX | Zip Code 75120

Purpose of Disbursement
Political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 06

Disbursement For: 2006 X Primary General / Other (specify)

Transaction ID: SB23.6160
Date of Disbursement 02 / 07 / 2005

Amount of Each Disbursement this Period
5000.00

**C.**
Full Name (Last, First, Middle Initial)
DAVID VITTER FOR CONGRESS

Mailing Address 202 EAST LIVINGSTON PLACE

City METAIRIE | State LA | Zip Code 70005

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: LA District: 01

Disbursement For: 2006 X Primary General / Other (specify)

Transaction ID: SB23.6166
Date of Disbursement 03 / 29 / 2005

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial): ED ROYCE FOR CONGRESS
Mailing Address: P.O. Box 2525
City: Orange | State: CA | Zip Code: 92859
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 40
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6157
Date of Disbursement: 02 / 04 / 2005
Amount of Each Disbursement this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial): FRIENDS OF BOBBY JINDAL INC
Mailing Address: PO BOX 8628
City: METAIRIE | State: LA | Zip Code: 70011
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: LA District: 00
Disbursement For: 2006 Primary / X General / Other (specify)
Transaction ID: SB23.6170
Date of Disbursement: 05 / 16 / 2005
Amount of Each Disbursement this Period: 5000.00

**C.**
Full Name (Last, First, Middle Initial): FRIENDS OF BOBBY JINDAL INC
Mailing Address: PO BOX 8628
City: METAIRIE | State: LA | Zip Code: 70011
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: LA District: 00
Disbursement For: 2005 X Primary / General / Other (specify)
Transaction ID: SB23.6171
Date of Disbursement: 05 / 16 / 2005
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial): FRIENDS OF JOE PITTS
Mailing Address: PO BOX 216
City: Unionville | State: PA | Zip Code: 19375
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: PA District: 16
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6183
Date of Disbursement: 06/22/2005
Amount of Each Disbursement this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial): FRIENDS OF ROY BLUNT
Mailing Address: PO Box 50100 PO Box 50100
City: Springfield | State: MO | Zip Code: 65805
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: MO District: 07
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6184
Date of Disbursement: 06/22/2005
Amount of Each Disbursement this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial): HUTCHINSON FOR SENATE
Mailing Address: PO BOX 998
City: ROGERS | State: AR | Zip Code: 72757
Purpose of Disbursement: political contribution
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: AR District: 00
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6182
Date of Disbursement: 03/01/2005
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial)
INGLIS FOR CONGRESS COMMITTEE INC.

Mailing Address Post Office Box 361

City Greenville | State SC | Zip Code 29602

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: SC District: 04

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.6185
Date of Disbursement 06/22/2005

Amount of Each Disbursement this Period
1000.00

**B.**
Full Name (Last, First, Middle Initial)
LEWIS FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 247

City Redlands | State CA | Zip Code 02373

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: CA District: 41

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.6174
Date of Disbursement 05/23/2005

Amount of Each Disbursement this Period
5000.00

**C.**
Full Name (Last, First, Middle Initial)
LOUISIANA REFORM PAC

Mailing Address PO BOX 857B6

City WASHINGTON | State DC | Zip Code 20095

Purpose of Disbursement
political contribution - 2005

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.6188
Date of Disbursement 04/06/2005

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial)
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address: Post Office Box 52956
333 Texas Street Suite 1900

City: Shreveport | State: LA | Zip Code: 71135

Purpose of Disbursement: political contribution

Candidate Name:

Category/Type:

Office Sought: X House / Senate / President

State: LA District: 04

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: SB23.6191
Date of Disbursement: 06 / 28 / 2005

Amount of Each Disbursement this Period: 2000.00

**B.**
Full Name (Last, First, Middle Initial)
NELSON FOR U S SENATE

Mailing Address: P O BOX 8666

City: OMAHA | State: NE | Zip Code: 68108

Purpose of Disbursement: political contribution

Candidate Name:

Category/Type:

Office Sought: House / X Senate / President

State: NE District: 00

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: SB23.6187
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 4000.00

**C.**
Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address: PO BOX 3176

City: LONG BRANCH | State: NJ | Zip Code: 07740

Purpose of Disbursement: political contribution

Candidate Name:

Category/Type:

Office Sought: X House / Senate / President

State: NJ District: 06

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: SB23.6183
Date of Disbursement: 03 / 17 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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 | ☐ 30b |



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): SANTORUM 2006
Mailing Address: ONE TOWER BRIDGE SUITE 1440
City: WEST CONSHOHOCKEN State: PA Zip Code: 19428
Purpose of Disbursement: political contribution
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: PA District: 00
Disbursement For: 2006 X Primary General Other (specify)
Transaction ID: SB23.6172
Date of Disbursement: 05 / 16 / 2005
Amount of Each Disbursement this Period: 5000.00

**B.**
Full Name (Last, First, Middle Initial): SANTORUM 2006
Mailing Address: ONE TOWER BRIDGE SUITE 1440
City: WEST CONSHOHOCKEN State: PA Zip Code: 19428
Purpose of Disbursement: political contribution
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: PA District: 00
Disbursement For: 2006 Primary X General Other (specify)
Transaction ID: SB23.6173
Date of Disbursement: 05 / 16 / 2005
Amount of Each Disbursement this Period: 5000.00

**C.**
Full Name (Last, First, Middle Initial): TALENT FOR SENATE COMMITTEE
Mailing Address: 147 N MERAMEC SUITE 100
City: ST LOUIS State: MO Zip Code: 63105
Purpose of Disbursement: political contribution
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: MO District: 00
Disbursement For: 2006 X Primary General Other (specify)
Transaction ID: SB23.6181
Date of Disbursement: 03 / 01 / 2005
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11500.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial): TIAHRT FOR CONGRESS
Mailing Address: 2250 N Rock Rd #118 A
City: Wichita State: KS Zip Code: 67226
Purpose of Disbursement: political contribution
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: KS District: 04
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6190
Date of Disbursement: 06 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial): VIRGINIA FOXX FOR CONGRESS
Mailing Address: P.O. Box 1750
City: Blowing Rock State: NC Zip Code: 28605
Purpose of Disbursement: political contribution
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: NC District: 05
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: SB23.6181
Date of Disbursement: 06 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial): VOLUNTEER PAC
Mailing Address: 2000 Glen Echo Road Suite 107
City: Nashville State: TN Zip Code: 37215
Purpose of Disbursement: Political contribution - 2005
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.6158
Date of Disbursement: 02 / 04 / 2005
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE
State KY
Zip Code 42241

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: KY District: 01

Disbursement For: 2006
Primary / X General / Other (specify)

Transaction ID: SB23.6164
Date of Disbursement
03 / 29 / 2005

Amount of Each Disbursement this Period
5000.00

**B.**
Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE
State KY
Zip Code 42241

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: KY District: 01

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.6165
Date of Disbursement
03 / 29 / 2005

Amount of Each Disbursement this Period
5000.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 10000.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 86500.00 |