

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 03 01 2008 through 03 31 2008

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 06 20 2008

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								
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		280698.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	276636.55									
(c) Total Receipts (from Line 19)	10817.86	30589.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	287454.41	311288.16								
7. Total Disbursements (from Line 31)	23627.93	47461.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	263826.48	263826.48								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	9986.00	25441.00
(i) Itemized (use Schedule A)	50.00	1550.00
(ii) Unitemized	10036.00	26991.00
(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)	10036.00	26991.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	781.86	1598.97
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))	10817.86	30589.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10817.86	30589.97

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.....	5627.93	7461.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5627.93	7461.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	18000.00	40000.00
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))..	23627.93	47461.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23627.93	47461.68

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	10036.00	26991.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10036.00	26991.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5627.93	7461.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5627.93	7461.68

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

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 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)
C. Duane Bellamy

Mailing Address 2139 Auburn Ave.

City State Zip Code
Cincinnati OH 45219

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

Name of Employer Pain Mgmt. Assoc. Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: SA11AI.8017
Amount of Each Receipt this Period: 250.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
David Bryce

Mailing Address 7329 Summit Ridge Rd.

City State Zip Code
Middletown, WI 53562

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

Name of Employer ADM Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 18 / 2008
Transaction ID: SA11AI.8015
Amount of Each Receipt this Period: 2000.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
Michael Burdine, MD

Mailing Address 2267 Cedardale

City State Zip Code
Baton Rouge LA 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: 03 / 24 / 2008
Transaction ID: SA11AI.8019
Amount of Each Receipt this Period: 400.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 2650.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)

<input checked="" 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 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)
Patricia Burdine

Mailing Address 2267 Cedardale Ave

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Self Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2008

Transaction ID: SA11AI.8018

Amount of Each Receipt this Period
400.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)
Steven Carson, MD

Mailing Address 7781 Coldstream Woods Dr.

City State Zip Code
Cincinnati OH 45255

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

Name of Employer Pain Management Assn Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2008

Transaction ID: SA11AI.8012

Amount of Each Receipt this Period
250.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)
Norman Chernick, MD

Mailing Address 77 Medford Ave.

City State Zip Code
Patchogue NY 11706

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

Name of Employer South Shore Neurological Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.8009

Amount of Each Receipt this Period
500.00

Political 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16
(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)
John Culclasure

Mailing Address 3325 Love Circle

City State Zip Code
Nashville TN 37212

FEC ID number of contributing federal political committee. C

Name of Employer: Nerosurgical Assc. Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: SA11AI.8020

Amount of Each Receipt this Period: 1000.00

Political Contribution

B. Full Name (Last, First, Middle Initial)
Richard Epter

Mailing Address P.O. Box 211839

City State Zip Code
Augusta GA 30917

FEC ID number of contributing federal political committee. C

Name of Employer: Augusta Pain Center Occupation: MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: SA11AI.8021

Amount of Each Receipt this Period: 305.00

Political Contribution

C. Full Name (Last, First, Middle Initial)
Carlos Giron MD

Mailing Address 7600 Zebulon Rd.

City State Zip Code
Macon GA 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: 03 / 04 / 2008
Transaction ID: SA11AI.8011

Amount of Each Receipt this Period: 1000.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) 2305.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for 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

A.	Full Name (Last, First, Middle Initial) Scott Glaser	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 100 Tower Dr. Suite 120	Transaction ID: SA11AI.8022
	City Burr Ridge State IL Zip Code 60527	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Pain Spec.of Greater Chicago Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1095.00	

B.	Full Name (Last, First, Middle Initial) Dr. Richard Gregg	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 9580 Linfield Drive	Transaction ID: SA11AI.8013
	City Cincinnati State OH Zip Code 45242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political 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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lynda Groh, MD	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 815 Kingfish Lane	Transaction ID: SA11AI.8023
	City Cincinnati State OH Zip Code 45246	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Pain Management Assn Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1615.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 16
(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)
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code
Royse City TX 75189

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

Name of Employer Royse City Medical Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M / D D / Y Y Y Y Y
03 / 24 / 2008

Transaction ID: SA11AI.8024

Amount of Each Receipt this Period: 500.00

Political Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Lekan, MD

Mailing Address 6612 Pleasant Street

City State Zip Code
Cincinnati OH 45227

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

Name of Employer Pain Management Assn Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M / D D / Y Y Y Y Y
03 / 11 / 2008

Transaction ID: SA11AI.8014

Amount of Each Receipt this Period: 250.00

Political Contribution

C. Full Name (Last, First, Middle Initial)
Frances McDonnell, MD

Mailing Address 724 Kirkland Dr.

City State Zip Code
Lexington KY 40502

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: M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: SA11AI.8016

Amount of Each Receipt this Period: 500.00

Political 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) for 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"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Mark Pinkerton, MD		Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 3126 Wisconsin Ave.		Transaction ID: SA11AI.8025
	City Joplyn	State MO	Zip Code 64804
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Pinkerton Pain Therapy	Occupation Physician	Political Contribution

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) James Robles, MD		Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 412 E. 18th Street		Transaction ID: SA11AI.8026
	City Weslaco	State TX	Zip Code 78596
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
	Name of Employer Self	Occupation Physician	Political Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Dr. Praveen Suchdev		Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 4 Gilboa Lane		Transaction ID: SA11AI.8027
	City Nashua	State NH	Zip Code 03062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pain Solutions	Occupation Physician	Political Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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SUBTOTAL of Receipts This Page (optional)	1016.00
TOTAL This Period (last page this line number only)	9986.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 16
	(check only one)
<input 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 checked="" 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) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 03 / 31 / 2008
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.		Transaction ID: SA17.8038
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 86.27
Name of Employer		Interest Earned
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 903.38

B.

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 03 / 31 / 2008
City	State	Zip Code
Paducah	KY	42003
FEC ID number of contributing federal political committee.		Transaction ID: SA17.8039
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 695.59
Name of Employer		Interest Dividends Earned
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1598.97

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 781.86
TOTAL This Period (last page this line number only)	<input type="text"/> 781.86

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)

<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

A.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8035 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment for Credit Card Fees	<input type="text" value="191.57"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8036 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement Investment Disbursement	<input type="text" value="1268.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bantera Bank	Transaction ID: SB21B.8037 Date of Disbursement
	Mailing Address 3151 Jackson Street	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Paducah State KY Zip Code 42003	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment for Brokerage Fees	<input type="text" value="255.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1714.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service			Transaction ID: SB21B.8040 Date of Disbursement																				
	Mailing Address Internal Revenue Service Center			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	7		2	0	0	8															
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Payment			<table border="1"> <tr> <td colspan="10">3913.00</td> </tr> </table>		3913.00																		
3913.00																								
	Candidate Name																							
	Office Sought:	Disbursement For:																						
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State:	District:																						

SUBTOTAL of Disbursements This Page (optional) ▶

3913.00

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

5627.93

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)

<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

A. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement
Contribution for Primary debt Relief

Candidate Name
ANDREW P HARRIS

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.8034
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. 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
NORM COLEMAN

Office Sought: House
 Senate
 President
State: MN District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.8031
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT DAVID CAPIELLO FOR CONGRESS

Mailing Address PO BOX 3198

City DANBURY State CT Zip Code 06813

Purpose of Disbursement
Political Contribution

Candidate Name
DAVID J CAPIELLO

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.8033
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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<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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF WEINER		Transaction ID: SB23.8032	
	Mailing Address 1 Ascan Avenue #31 suite 31		Date of Disbursement MM / DD / YYYY 03 / 12 / 2008	
	City Forest Hills	State NY	Zip Code 11375	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Political Contribution		Category/ Type	
	Candidate Name ANTHONY D MR WEINER			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NY	District: 09		

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

18000.00