07/27/2001 11 : 31

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼ 2631 Lone Oak Road

Check if different than previously reported. (ACC)

Paducah | KY | 42003 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00351197

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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 (M13)

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

Election on in the State of

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

Election on in the State of

5. Covering Period 01 01 2001 through 06 30 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti, Treasurer

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti, Treasurer Date 07 26 2001

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

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

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		8356.46
(b) Cash on Hand at Begining of Reporting Period	8356.46	
(c) Total Receipts (from Line 19)	77673.76	77673.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86030.22	86030.22
7. Total Disbursements (from Line 30)	27020.00	27020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59010.22	59010.22
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 800-420-9530
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: 01 01 2001 To: 06 30 2001

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)	73500.00	
(ii) Unitemized	750.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	74250.00	74250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	74250.00	74250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	3000.00
17. Other Federal Receipts Dividends, Interest, etc.)	423.76	423.76
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	77673.76	77673.76
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	77673.76	77673.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	20.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	20.00	20.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	27000.00	27000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	27020.00	27020.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	27020.00	27020.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	74250.00	74250.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	74250.00	74250.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	20.00	20.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	20.00	20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 20

[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): A. Ghafoor Baha
Mailing Address: 2011 Jefferson #D
City: Paducah State: KY Zip Code: 42003
FEC ID number of contributing federal political committee.
Name of Employer: PMCP PSC
Occupation: Doctor
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 03 24 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4396

B.
Full Name (Last, First, Middle Initial): Mina M. Baha
Mailing Address: 2011 Jefferson #D
City: Paducah State: KY Zip Code: 42003
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Housewife
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 03 21 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4397

C.
Full Name (Last, First, Middle Initial): Cyrus E. Bakhit
Mailing Address: 5745 Spring Meadow Dr.
City: Roanoke State: VA Zip Code: 24018
FEC ID number of contributing federal political committee.
Name of Employer: Roanoke Pain Center
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 03 21 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4398

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 20

[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): Linda Davis DO
Mailing Address: 115 Century Road
City: Sedona State: AZ Zip Code: 86336
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 27 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4402

B.
Full Name (Last, First, Middle Initial): Richard Darby MD
Mailing Address: 901 Campus Dr. #310
City: Daly City State: CA Zip Code: 94015
FEC ID number of contributing federal political committee.
Name of Employer: Comprehensive Spinal Diagnostics
Occupation: Medical Director
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 06 21 2001
Amount of Each Receipt this Period: 3000.00
Transaction ID: SA11A1.4403

C.
Full Name (Last, First, Middle Initial): Elmer Dunber MD
Mailing Address: 6806 Foxcroft Rd.
City: Prospect State: KY Zip Code: 40059
FEC ID number of contributing federal political committee.
Name of Employer: Pain Control Network PSC
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 11 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4404

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 20

[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)
Bert Fellows

Mailing Address
2244 Holt Road

City: Paducah State: KY Zip Code: 42001

FEC ID number of contributing federal political committee.

Name of Employer: Pain Management Center of Paducah
Occupation: Clinical Psychologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 19 2001

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11A1.4406

B. Full Name (Last, First, Middle Initial)
Michael Hammer MD

Mailing Address
2600 Arlington Avenue South 47

City: Birmingham State: AL Zip Code: 35205

FEC ID number of contributing federal political committee.

Name of Employer: Orthopaedic Specialist
Occupation: Pain Management Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 14 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4407

C. Full Name (Last, First, Middle Initial)
Kendall Hansen, MD

Mailing Address
2028 River Vista Ct.

City: Villa Hills State: KY Zip Code: 41017

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Interventional Pain Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 20 2001

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11A1.4408

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 20

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

A.
Full Name (Last, First, Middle Initial): Stephen J. Hatch, MD
Mailing Address: 1410 Sevan Lake Ct
City: Ft. Wayne State: IN Zip Code: 46825
FEC ID number of contributing federal political committee.
Name of Employer: PMA
Occupation: Pain Management Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 04 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4410

B.
Full Name (Last, First, Middle Initial): Standiford Helm II MD
Mailing Address: 1803 Calle de Los Alamos
City: San Clemente State: CA Zip Code: 92672
FEC ID number of contributing federal political committee.
Name of Employer: Pacific Coast Pain Management
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 26 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4411

C.
Full Name (Last, First, Middle Initial): David Kloth
Mailing Address: 65 Georges Hill Road
City: Newtown State: CT Zip Code: 06470
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Pain Care, PC
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 05 17 2001
Amount of Each Receipt this Period: 2000.00
Transaction ID: SA11A1.4412

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 20

[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)
Chandrakala Manchikanti

Mailing Address
2075 Natchez Lane

City: Paducah State: KY Zip Code: 42001

FEC ID number of contributing federal political committee.

Name of Employer: KSA Enterprises, Inc.
Occupation: Executive

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 13 2001

Amount of Each Receipt this Period: 5000.00

Transaction ID: SA11A1.4415

B. Full Name (Last, First, Middle Initial)
Laxmaiah Manchikanti

Mailing Address
2075 Natchez Lane

City: Paducah State: KY Zip Code: 42001

FEC ID number of contributing federal political committee.

Name of Employer: PMCP PSC
Occupation: Medical Director

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 07 2001

Amount of Each Receipt this Period: 5000.00

Transaction ID: SA11A1.4416

C. Full Name (Last, First, Middle Initial)
Murali Manchikanti

Mailing Address
366 Longview Dr.

City: Paducah State: KY Zip Code: 42003

FEC ID number of contributing federal political committee.

Name of Employer: Ambulatory Surgery Center
Occupation: Safety and Maintenance

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 21 2001

Amount of Each Receipt this Period: 5000.00

Transaction ID: SA11A1.4417

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 20

[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)
Ram Manchikanti

Mailing Address
105 Paddock Ct

City: Paducah State: KY Zip Code: 42003

FEC ID number of contributing federal political committee.

Name of Employer: Ambulatory Surgery Center
Occupation: Maintenance and Purchasing

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 21 2001

Amount of Each Receipt this Period: 5000.00

Transaction ID: SA11A1.4418

B. Full Name (Last, First, Middle Initial)
Lawrence Miller, MD

Mailing Address
2996 Hummingbird Lane

City: Long Beach State: CA Zip Code: 90804

FEC ID number of contributing federal political committee.

Name of Employer: Conservative Care Specialists
Occupation: Pain Management Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 21 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4419

C. 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.

Name of Employer: Self
Occupation: Pain Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 14 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4421

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 20

[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)
Ronald Perelman MD

Mailing Address
3071 Mountain Park Drive

City: Calabasas State: CA Zip Code: 91302

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Orthopedic Surgeon

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 02 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4423

B. Full Name (Last, First, Middle Initial)
Imad Rasool, MD

Mailing Address
18124 Hastings Way

City: Northridge State: CA Zip Code: 91326

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Pain Management Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 21 2001

Amount of Each Receipt this Period: 2000.00

Transaction ID: SA11A1.4424

C. Full Name (Last, First, Middle Initial)
Betsy U. Rivera

Mailing Address
450 Ash Creek

City: Paducah State: KY Zip Code: 42001

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Housewife

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 03 2001

Amount of Each Receipt this Period: 5000.00

Transaction ID: SA11A1.4425

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 20

[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): Jose J. Rivera MD
Mailing Address: 450 Ash Creek
City: Paducah State: KY Zip Code: 42001
FEC ID number of contributing federal political committee.
Name of Employer: PMCP PSC
Occupation: Doctor
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 04 03 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4426

B.
Full Name (Last, First, Middle Initial): Bhupinder Saini
Mailing Address: 5900 South Lake Drive
City: Cudahy State: WI Zip Code: 53110
FEC ID number of contributing federal political committee.
Name of Employer: Advanced Pain Management
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 04 13 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4427

C.
Full Name (Last, First, Middle Initial): Francoise Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee.
Name of Employer: NHC
Occupation: Physician/Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 02 24 2001
Amount of Each Receipt this Period: 2500.00
Transaction ID: SA11A1.4431

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 20

[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): Francoise Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee.
Name of Employer: NHC
Occupation: Physician/Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 05 20 2001
Amount of Each Receipt this Period: 2500.00
Transaction ID: SA11A1.4430

B. Full Name (Last, First, Middle Initial): Vijay Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 02 24 2001
Amount of Each Receipt this Period: 2500.00
Transaction ID: SA11A1.4429

C. Full Name (Last, First, Middle Initial): Vijay Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 05 20 2001
Amount of Each Receipt this Period: 2500.00
Transaction ID: SA11A1.4432

SUBTOTAL of Receipts This Page (optional) ..... ▶ **7500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 20

[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 Swicegood MD

Mailing Address
12 Berry Hill Rd.

City: Fort Smith
State: AR
Zip Code: 72903

FEC ID number of contributing federal political committee.

Name of Employer: West Arkansas Anesth. Assoc.
Occupation: Interventional Pain Management

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 12 2001

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4433

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**250.00**
TOTAL This Period (last page this line number only)	▶	**73500.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 20

☐ 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)
FRIENDS OF SENATOR NICKLES

Mailing Address
P O BOX 1549

City: PONCA CITY
State: OK
Zip Code: 74602

FEC ID number of contributing federal political committee: C00115972

Name of Employer:
Occupation:

Receipt For: 2004
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 03 14 2001

Amount of Each Receipt this Period: 3000.00

stop pymt - lost 8/30/00 contribution

Transaction ID: SA16.4464

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**3000.00**
TOTAL This Period (last page this line number only) ..... ▶	**3000.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 / 20

☐ 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.

Name of Employer:
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
264.51

Date of Receipt
05 30 2001

Amount of Each Receipt this Period
124.93

interest

Transaction ID: SA17.4455

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.

Name of Employer:
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
423.76

Date of Receipt
06 30 2001

Amount of Each Receipt this Period
159.25

interest

Transaction ID: SA17.4456

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **284.18**

TOTAL This Period (last page this line number only) ..... ▶ **284.18**

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

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

A.
Full Name (Last, First, Middle Initial)
ED BRYANT FOR CONGRESS

Mailing Address
1715 AARON BRENNER DRIVE 8TH FLOOR
City: MEMPHIS State: TN Zip Code: 38120

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
ED BRYANT FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: TN District: 07

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

Date of Disbursement
03 14 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4446

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR NICKLES

Mailing Address
P O BOX 1549
City: PONCA CITY State: OK Zip Code: 74602

Purpose of Disbursement
reissue of contribution check no. 105

Candidate Name
FRIENDS OF SENATOR NICKLES

Category/Type

Office Sought: House / X Senate / President
State: OK District: 00

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

Date of Disbursement
03 14 2001

Amount of Each Disbursement this Period
3000.00

Transaction ID: SB23.4463

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR ROCKEFELLER

Mailing Address
PO BOX 764
City: ARLINGTON State: VA Zip Code: 22216

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF SENATOR ROCKEFELLER

Category/Type

Office Sought: House / X Senate / President
State: WV District: 00

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

Date of Disbursement
04 25 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4449

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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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 SHERROD BROWN

Mailing Address
607 14TH STREET NW SUITE 800

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF SHERROD BROWN

Category/Type

Office Sought: X House / Senate / President
State: OH District: 13

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

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 3000.00

Transaction ID: SB23.4448

B. Full Name (Last, First, Middle Initial)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address
PO BOX 16128

City: HOUSTON | State: TX | Zip Code: 77222

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
GENE GREEN CONGRESSIONAL CAMPAIGN

Category/Type

Office Sought: X House / Senate / President
State: TX District: 29

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

Date of Disbursement: 03 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4444

C. Full Name (Last, First, Middle Initial)
HUTCHINSON FOR SENATE

Mailing Address
PO BOX 999

City: ROGERS | State: AR | Zip Code: 72757

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
HUTCHINSON FOR SENATE

Category/Type

Office Sought: House / X Senate / President
State: AR District: 00

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

Date of Disbursement: 02 14 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4443

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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

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

A. Full Name (Last, First, Middle Initial)
JEAN CARNAHAN FOR MISSOURI COMMITTEE

Mailing Address
PO BOX 920
City: ROLLA State: MO Zip Code: 65402

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
JEAN CARNAHAN FOR MISSOURI COMMITTEE

Category/Type

Office Sought: House / X Senate / President
State: MO District: 00

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

Date of Disbursement: 06 / 13 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4451

B. 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
contribution to Federal candidate

Candidate Name
PALLONE FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 06

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

Date of Disbursement: 03 / 12 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4445

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

Mailing Address
PO BOX 6440
City: LAUREL State: MS Zip Code: 39441

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
PICKERING FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: MS District: 03

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

Date of Disbursement: 05 / 22 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4450

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 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

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

Mailing Address
817 9TH AVENUE PO BOX 143
City: MENOMINEE State: MI Zip Code: 49858

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
STUPAK FOR CONGRESS

Category/Type

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

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

Date of Disbursement
03 / 26 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4447

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
contribution to Federal candidate

Candidate Name
WHITFIELD FOR CONGRESS COMMITTEE

Category/Type

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

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

Date of Disbursement
06 / 20 / 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4452

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

TOTAL This Period (last page this line number only) ..... ▶ **27000.00**