

NOTIFICATION OF MULTICANDIDATE STATUS

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FEC MAIL ROOM

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

2000 JUL 14 A 11:24

1. (a) NAME OF COMMITTEE IN FULL

INTERVENTIONAL PAIN PHYSICIAN PAC OF THE
ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

(b) Number and Street Address

2831 Lone Oak Road

(c) City, State and ZIP Code

Paducah KY 42003

2. FEC IDENTIFICATION NUMBER
C00351197

3. TYPE OF COMMITTEE (check one)

- STATE PARTY
 OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the live (5) federal candidates listed below (ONLY State party committees may leave this blank):

	Name	Office Sought	State/District	Date
(i)	FRIENDS OF SENATOR NICKLES	Senate	OK	3/15/00
(ii)	LUCAS FOR CONGRESS 2000	House	KY/04	3/15/00
(iii)	WHITFIELD FOR CONGRESS COMM	House	KY/01	3/15/00
(iv)	PETE STARK RE-ELECTION COMM	House	CA/13	3/15/00
(v)	FALLONE FOR CONGRESS	House	NJ/06	3/15/00

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: 6/27/00

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/7/99

- (d) **Qualification:** The committee met the above requirements on: 6/27/00

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

TYPE OR PRINT NAME OF TREASURER

Jose J. Rivera, Asst. Treasurer

SIGNATURE OF TREASURER

J. Rivera

DATE

7/13/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-219-3420

FEC FORM 1M

(9/03)

