REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1/8

RECEIVED
FEC MAIL ROOM

2000 JUL 14 A 11: 24

1. NAME OF COMMITTEE (in full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

ADDRESS (number and street) ☐ Check if different than previously reported
2831 Lone Oak Road

2. FEC IDENTIFICATION NUMBER
C00351197

CITY, STATE, and ZIP CODE
Paducah KY 42003

3. ☒ This committee has qualified as a multicandidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 04/01/2000 through 06/30/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand, January 1, 2000		35000.00
(b) Cash on Hand at Beginning of Reporting Period	75250.00	
(c) Total Receipts (from line 19)	19651.60	68901.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94901.60	103901.60
7. Total Disbursements (from line 30)	1098.30	10098.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93803.50	93803.50
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Jose J. Rivera, MD, Assistant Treasurer

Signature of Treasurer J. Rivera

Date 7/13/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 3/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGISTS

REPORT COVERING PERIOD
FROM 04/01/2000 TO: 06/30/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17500.00	66000.00	11.a.i.
ii. Unitemized	900.00	1650.00	11.a.ii.
iii. Total (add i and ii)	18400.00	67650.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)	18400.00	67650.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	1251.80	1251.80	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	19651.80	68901.80	19.
20. Total Federal Receipts (subtract line 18 from line 19)	19651.80	68901.80	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	98.30	98.30	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)	98.30	98.30	21 c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	8000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	1000.00	2000.00	28.a
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)	1000.00	2000.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	1098.30	10098.30	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	1098.30	10098.30	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	18400.00	67650.00	32.
33. Total Contribution Refunds (from line 28d)	1000.00	2000.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	17400.00	65650.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	98.30	98.30	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)	98.30	98.30	37.

4-60173

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kunnathu Geevarghese, MD 3113 Arden Rd. Louisville KY 40222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pain Control Network PSC Occupation: Pain Management Anesthesiology Aggregate Year-to-Date > $ 1000.00	04/10/2000	1000.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francoise Singh, MD 1111 Houghteling Street Iron Mountain MI 49801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NHC Occupation: Physician/Administrator Aggregate Year-to-Date > $ 2000.00	04/11/2000	2000.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vijay Singh, MD 1111 Houghteling Street Iron Mountain MI 49801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 3000.00	04/17/2000	3000.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennet Davis, MD 4700 N. Calle Plaza Tucson AZ 85718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Arizona Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/25/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Gorback, MD 3110 Scenic Elm Street Houston TX 77059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Michael S. Gorback, MD, PA Occupation: Physician, Pain Management Aggregate Year-to-Date > $ 250.00	04/25/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Calodney, MD P.O. Box 9638 Longview TX 75608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/11/2000	250.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bosomworth, MD 3945 Rosalie Lane Lexington KY 40510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ballard Wright, MD, PSC Occupation: Physician Aggregate Year-to-Date > $ 500.00	05/23/2000	500.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page)	4 / B FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Saadat Kamran MD 3543 Tates Cr. Rd #46 Lexington KY 40517 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pain Treatment Ctr - B. Wright MD PSC Occupation: Physician Aggregate Year-to-Date > $ 500.00	05/23/2000	500.00
Stephen Randolph 3238 Pebble Lake Drive Lexington KY 40515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Pain Treatment Center, Inc. Occupation: Administrator Aggregate Year-to-Date > $ 500.00	05/23/2000	500.00
Ballard Wright, MD 131 Eastin Road Lexington KY 40505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ballard D. Wright, MD, PSC Occupation: Physician Aggregate Year-to-Date > $ 1500.00	05/23/2000	1500.00
Peter Wright, MD 1874 Mountjoy Place Lexington KY 40503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ballard Wright MD PSC Occupation: Physician Aggregate Year-to-Date > $ 1500.00	05/23/2000	1500.00
Mary Jo A. Colman Advanced Pain Treatment Ctrs Ltd. 132 E Delaware Pl #4804 Chicago IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Advanced Pain Treatment Ctrs Ltd Occupation: Physician Aggregate Year-to-Date > $ 2000.00	06/12/2000	1000.00
Boris Pitch, MD P.O. Box 4609 San Luis Obispo CA 93403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pain Management Specialists Occupation: Physician Aggregate Year-to-Date > $ 1000.00	06/12/2000	1000.00
David Stein, MD 10506 N. Riverlake Dr. Mequon WI 53092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/12/2000	250.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Imad Rasool, MD 18124 Hastings Way Northridge CA 91326	Self	06/13/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pain Management Physician		
	Aggregate Year-to-Date > $ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kendall Hansen, MD 2028 River Vista Ct. Villa Hills KY 41017	Self	06/28/2000	1000.00 Contribution Refunded by IPPPAC Check 102 Dated 6/28/00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Interventional Pain Physician		
	Aggregate Year-to-Date > $ 1000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kendall Hansen, MD 2028 River Vista Ct. Villa Hills KY 41017	Self	06/27/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Interventional Pain Physician		
	Aggregate Year-to-Date > $ 2000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kalyan Krishnan MD 111 Charlene Dr. Danville PA 17821	Geisinger Health System	06/27/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Miller, MD 2916 Hummingbird Court Long Beach CA 90804	Conservative Care Specialists	06/29/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pain Management Physician		
	Aggregate Year-to-Date > $ 250.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Varley, MD 5029 Aberdeen Way Birmingham AL 35242	Southern Pain Specialists	06/30/2000	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > $ 1000.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	17500.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 8 FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnes Bank 3151 Jackson Street Paducah KY 42003		06/30/2000	1251.80 Interest
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1251.80		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	1251.80

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 9 FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arent Fox Kintner Plotkin & Kahn, PLLC 1050 Connecticut Ave., N.W. (MEMO ITEM) Washington DC 20036	Exempt Legal Services 11CFR 100.7a1 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/30/2000	1929.09

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	0.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8 FOR LINE NUMBER 28A

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NAME OF COMMITTEE (in Full)
INTERVENTIONAL PAIN PHYSICIAN PAC OF THE ASSOCIATION OF PAIN MANAGEMENT ANESTHESIOLOGIST

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kendall Hansen, MD 2026 River Vista Ct. Villa Hills KY 41017	Refund of Check 8070 Dated 6/22/00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	06/29/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 7/14/00
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☐	Electronic Filing	

CB
PREPARER

7/14/00
DATE PREPARED

(6/2000)