06/18/2002 13 : 25

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)

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) X	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 (12G)

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 05 01 2002 through 05 31 2002

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 06 18 2002

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: 05 01 2002 To: 05 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		56336.32
(b) Cash on Hand at Begining of Reporting Period	19785.24	
(c) Total Receipts (from Line 19)	15519.43	33946.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35304.67	90282.67
7. Total Disbursements (from Line 30)	17020.00	71998.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18284.67	18284.67
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

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 05 01 2002 To: 05 31 2002

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)	15500.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	15500.00	33700.00
(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) ..... ▶	15500.00	33700.00
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	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	19.43	246.35
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) ..... ▶	15519.43	33946.35
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	15519.43	33946.35

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	198.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	20.00	198.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17000.00	71500.00
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	300.00
(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	300.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	17020.00	71998.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	17020.00	71998.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	15500.00	33700.00
33. Total Contribution Refunds (from Line 28(d))	0.00	300.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	15500.00	33400.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	20.00	198.00
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	198.00

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 / 10

[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): 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 ▼ 5000.00
Date of Receipt: M 05 D 08 Y 2002
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4673

B.
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: M 05 D 22 Y 2002
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4674

C.
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: M 05 D 22 Y 2002
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4675

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 / 10

[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 ▼ 500.00
Date of Receipt: 05 14 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4676

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**15500.00**

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 7 / 10

☐ 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)
Bantera 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 ▼
246.35

Date of Receipt
05 31 2002

Amount of Each Receipt this Period
19.43

interest

Transaction ID: SA17.4677

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **19.43**

TOTAL This Period (last page this line number only) ..... ▶ **19.43**

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)
DAVID VITTER FOR CONGRESS

Mailing Address
202 EAST LIVINGSTON PLACE
City: METAIRIE State: LA Zip Code: 70005

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
DAVID VITTER FOR CONGRESS

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 05 / 07 / 2002

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4687

B.
Full Name (Last, First, Middle Initial)
DELAY FOR CONGRESS

Mailing Address
1713 SOUTH D
City: FORT SMITH State: AR Zip Code: 72901

Purpose of Disbursement
check lost - replaced by ck271

Candidate Name
DELAY FOR CONGRESS

Category/Type

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

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 05 / 28 / 2002

Amount of Each Disbursement this Period: -2000.00

Transaction ID: SB23.4679

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

Mailing Address
1713 SOUTH D
City: FORT SMITH State: AR Zip Code: 72901

Purpose of Disbursement
contribution to Fed candidate - replacem

Candidate Name
DELAY FOR CONGRESS

Category/Type

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

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 05 / 28 / 2002

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4680

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

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: 2002
X Primary General
Other (specify)

Date of Disbursement: 05 29 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4681

B.
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: 2002
Primary X General
Other (specify)

Date of Disbursement: 05 29 2002

Amount of Each Disbursement this Period: 4000.00

Transaction ID: SB23.4682

C.
Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Mailing Address
3656 King St. # 146
City: Alexandria State: VA Zip Code: 22302

Purpose of Disbursement
contribution to Federal PAC

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For:
Primary General
Other (specify)

Date of Disbursement: 05 20 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4688

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10000.00**

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)
RE-ELECT NANCY JOHNSON TO CONG COMM

Mailing Address
PO BOX 1986

City: NEW BRITAIN
State: CT
Zip Code: 06050

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
RE-ELECT NANCY JOHNSON TO CONG COMM

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
05 20 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4683

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**5000.00**
TOTAL This Period (last page this line number only) ..... ▶	**17000.00**