REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 18 A 11: 21

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

CITY, STATE, and ZIP CODE
Paducah KY 42003

2. FEC IDENTIFICATION NUMBER
C00551197

3. ☐ This committee has qualified as a multi-candidate 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 ☐ March 20 ☐ April 20 ☐ May 20 ☐ June 20 ☐ July 20 ☐ August 20 ☐ September 20 ☐ October 20 ☐ November 20 ☐ December 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/1999 through 12/31/1999		
6. (a) Cash on Hand, January 1, 1999		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from line 19)	35000.00	35000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35000.00	35000.00
7. Total Disbursements (from line 30)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35000.00	35000.00
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
Laxmaiah Manchikanti, Treasurer

Signature of Treasurer

Date 1/14/2000

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

FEC FORM 3X
(revised 8/93)

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 07/01/1999 TO: 12/31/1999

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)	35000.00	35000.00	11.a.i.
ii. Unitemized	0.00	0.00	11.a.ii.
iii. Total (add i and ii)»	35000.00	35000.00	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)»	35000.00	35000.00	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.)	0.00	0.00	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)»	35000.00	35000.00	19.
20. Total Federal Receipts (subtract line 16 from line 19)»	35000.00	35000.00	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	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	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	0.00	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	0.00	0.00	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)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	0.00	0.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	0.00	0.00	31.

III. Net Contributions / Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	35000.00	35000.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	35000.00	35000.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 4 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
Cyrus E. Bakhit 3807 Sunhaven Ct. #512 Roanoke VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Valley Pain Center Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	12/27/1999	5000.00
A. Ghafoor Baha 3011 Jefferson Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	12/28/1999	5000.00
Mina M. Baha 3011 Jefferson Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Housewife Aggregate Year-to-Date > $ 5000.00	12/28/1999	5000.00
Chandrakala Manchikanti 2075 Natchez Lane Paducah KY 42001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	KSA Enterprises, Inc. Occupation: Executive Aggregate Year-to-Date > $ 5000.00	12/28/1999	5000.00
Laxmaiah Manchikanti 2075 Natchez Lane Paducah KY 42001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	12/28/1999	5000.00
Betsy U. Rivera 823 Aspen Way Paducah KY 42003 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Housewife Aggregate Year-to-Date > $ 5000.00	12/28/1999	5000.00
Jose J. Rivera 823 Aspen Way Paducah KY 42003-5130 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PMCP PSC Occupation: Doctor Aggregate Year-to-Date > $ 5000.00	12/20/1999	5000.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			**35000.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 4 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 100.7a14 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	12/31/1999	1667.84

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

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 1/18/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

1/18/00
DATE PREPARED

(4/98)