REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 10

RECEIVED
FEC MAIL ROOM

2000 OCT 11 P 12:58

1. NAME OF COMMITTEE (In full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

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
C00351197

3. [X] 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

[X] 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 [X] NO

SUMMARY

5. Covering Period 07/01/2000 through 09/30/2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		36000.00
(b) Cash on Hand at Beginning of Reporting Period	93803.50	
(c) Total Receipts (from line 19)	9139.00	78040.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102942.50	113040.80
7. Total Disbursements (from line 30)	71000.00	81098.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31942.50	31942.50
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
Laxmaiah Manchikanti, Treasurer

Signature of Treasurer

Date 10/10/00

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
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

REPORT COVERING PERIOD
FROM 07/01/2000 TO: 09/30/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	8000.00	74000.00	11.a.i.
i. Itemized (use Schedule A)	200.00	1850.00	11.a.ii.
ii. Unitemized	8200.00	75850.00	11.a.iii.
iii. Total (add i and ii)=	0.00	0.00	11.b.
b. Political Party Committees	0.00	0.00	11.c.
c. Other Political Committees (such as PACs)	8200.00	75850.00	11.d.
d. Total Contributions (add a iii, b and c)=	0.00	0.00	12.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13.
13. All Loans Received	0.00	0.00	14.
14. Loan Repayments Received	0.00	0.00	15.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	939.00	2190.80	17.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18.
18. Transfers From Nonfederal Account for Joint Activity	9139.00	78040.80	19.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)=	9139.00	78040.80	20.
20. Total Federal Receipts (subtract line 18 from line 19)=			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21.a.i.
i. Federal Share	0.00	0.00	21.a.ii.
ii. Non-Federal Share	0.00	98.30	21.b.
b. Other Federal Operating Expenditures	0.00	98.30	21.c.
c. Total Operating Expenditures (add a i, a ii, and b)=	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	70000.00	78000.00	23.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24.
24. Independent Expenditures (use Schedule E)	0.00	0.00	25.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	26.
26. Loan Repayments Made	0.00	0.00	27.
27. Loans Made			
28. Refunds of Contributions To:	1000.00	3000.00	28.a.
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.b.
b. Political Party Committees	0.00	0.00	28.c.
c. Other Political Committees (such as PACs)	1000.00	3000.00	28.d.
d. Total Contributions Refunds (add a, b, and c)=	0.00	0.00	29.
29. Other Disbursements	71000.00	81098.30	30.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)=	71000.00	81098.30	31.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)=			
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8200.00	75850.00	32.
33. Total Contribution Refunds (from line 28d)	1000.00	3000.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7200.00	72850.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)=	0.00	98.30	35.
36. Offsets to Operating Expenditures (from line 16)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)=	0.00	98.30	37.

4-09173

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 11A1

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

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emile Calodney 2 Northgate Blvd. Longview TX 75605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Housewife Aggregate Year-to-Date > $ 1000.00	07/17/2000	1000.00
Joseph Fortin DO 4824 Crafisburg Circle Ft. Wayne IN 46818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spine Technology and Rehabilitation Medical Director Aggregate Year-to-Date > $ 5000.00	07/17/2000	5000.00
Andres M. Trescot 1865 Kingsley Ave. Orange Park FL 32073 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Interventional Pain Specialist Aggregate Year-to-Date > $ 1000.00	07/17/2000	1000.00
Jeffrey T. Lassiter, MD Jackson Co. Anesthesia & Pain Mngmt. 927 Beach Blvd. Pascagoula MS 39567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Pain Center Physician Aggregate Year-to-Date > $ 1000.00	08/17/2000	1000.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	8000.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 10
			FOR LINE NUMBER 17

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bankers Bank 3161 Jackson Street Paducah KY 42003	Occupation	09/30/2000	939.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2190.80		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	939.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5/10 FOR LINE NUMBER 21B

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

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. Washington DC 20036 [MEMO ITEM]	Exempt Legal Services 11CFR 100.7a14 Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/30/2000	3925.00

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WHITFIELD FOR CONGRESS COMMITTEE P.O. BOX 381 HOPKINSVILLE KY 42241	(House - KY - 01) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/04/2000	5000.00
ANNE NORTHUP FOR CONGRESS PO BOX 7313 LOUISVILLE KY 40257	(House - KY - 03) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
BILL THOMAS CAMPAIGN COMMITTEE PO BOX 395 BAKERSFIELD CA 93302	(House - CA - 21) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
FRIENDS OF DICK DURBIN COMMITTEE P O BOX 1949 SPRINGFIELD IL 62705	(Senate - IL - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
FRIENDS OF JERRY KLECZKA 3268 SOUTH 9TH STREET MILWAUKEE WI 53215	(House - WI - 04) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	1000.00
FRIENDS OF JOHN TANNER P.O. BOX 1988 UNION CITY TN 38281	(House - TN - 08) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
FRIENDS OF SENATOR NICKLES P O BOX 1549 PONCA CITY OK 74602	(Senate - OK - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
FRIENDS OF SENATOR ROCKEFELLER PO BOX 164 ARLINGTON VA 22216	(Senate - WV - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
FRIENDS OF SHERROD BROWN 601 14TH STREET NW SUITE 600 WASHINGTON DC 20005	(House - OH - 13) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN LEWIS FOR CONGRESS 1520 PINEHURST DRIVE SW ATLANTA GA 30311	(House - GA - 05) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	1000.00
LIEBERMAN 2000 COMMITTEE P O BOX 231294 STATE HOUSE SQUARE HARTFORD CT 06123	(Senate - CT - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
LUCAS FOR CONGRESS 2000 P.O. BOX 17344 COVINGTON KY 41017	(House - KY - 4) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
MCCONNELL SENATE COMMITTEE PO BOX 1496 LOUISVILLE KY 40201	(Senate - KY - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
PALLONE FOR CONGRESS PO BOX 3178 LONG BRANCH NJ 07740	(House - NJ - 06) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
PETE STARK RE-ELECTION COMMITTEE PO BOX 8331 FREMONT CA 94537	(House - CA - 13) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
PHELPS FOR CONGRESS 225 JACOB RD ELDORADO IL 62930	(House - IL - 19) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
PICKERING FOR CONGRESS PO BOX 8440 LAUREL MS 39441	(House - MS - 03) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
RANGEL FOR CONGRESS 2000 PO BOX 3577 MANHATTANVILLE STA NEW YORK NY 10027	(House - NY - 15) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1988 NEW BRITAIN CT 06050	(House - CT - 05) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
RON LEWIS FOR CONGRESS 2000 PO BOX 307 ELIZABETHTOWN KY 42702	(House - KY - 02) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
TRENT LOTT FOR MISSISSIPPI PO BOX 22824 JACKSON MS 39225	(Senate - MS - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	3000.00
WYDEN FOR SENATE PO BOX 3486 PORTLAND OR 97208	(Senate - OR - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	08/30/2000	2000.00
FRIENDS OF CAROLYN MCCARTHY 151 LINDEN ROAD MINEOLA NY 11501	(House - NY - 04) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/28/2000	3000.00
JOHN D DINGELL FOR CONGRESS COMMITTEE 607 FOURTEENTH STREET NW WASHINGTON DC 20005	(House - MI - 16) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/28/2000	3000.00
LUCAS FOR CONGRESS 2000 P.O. BOX 17344 COVINGTON KY 41017	(House - KY - 4) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/28/2000	2000.00
PALLONE FOR CONGRESS PO BOX 3176 LONG BRANCH NJ 07740	(House - NJ - 06) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/28/2000	2000.00
RON LEWIS FOR CONGRESS 2000 PO BOX 307 ELIZABETHTOWN KY 42702	(House - KY - 02) Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/28/2000	2000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9/10 FOR LINE NUMBER 21

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STUPAK FOR CONGRESS 817 9TH AVENUE PO BOX 143 MENOMINEE MI 49858	(House - MI - 01) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/28/2009	3000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	70000.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 10 FOR LINE NUMBER 28A

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffrey T. Lasater, MD Jackson Co. Anesthesia & Pain Mngmt 927 Beach Blvd. Pascagoula MS 39567	Refund of Ck No 1306 Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/28/2000	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 10/11/06
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	
SD PREPARER		10/11/06 DATE PREPARED

(6/2000)