

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) 2831 Lone Oak Road
 Check if different than previously reported. (ACC)
Paducah KY 42003

2. **FEC IDENTIFICATION NUMBER** C00351197
3. IS THIS REPORT 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) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(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 **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti Date 10 15 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">94600.44</td></tr></table>	94600.44
Y	Y	Y	Y									
2	0	0	6									
94600.44												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">129245.55</td></tr></table>	129245.55										
129245.55												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">42083.92</td></tr></table>	42083.92	<table border="1" style="width: 100%;"><tr><td align="right">115565.69</td></tr></table>	115565.69								
42083.92												
115565.69												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">171329.47</td></tr></table>	171329.47	<table border="1" style="width: 100%;"><tr><td align="right">210166.13</td></tr></table>	210166.13								
171329.47												
210166.13												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">87930.77</td></tr></table>	87930.77	<table border="1" style="width: 100%;"><tr><td align="right">126767.43</td></tr></table>	126767.43								
87930.77												
126767.43												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">83398.70</td></tr></table>	83398.70	<table border="1" style="width: 100%;"><tr><td align="right">83398.70</td></tr></table>	83398.70								
83398.70												
83398.70												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	40900.00	109420.00
(i) Itemized (use Schedule A)	450.00	4020.00
(ii) Unitemized	41350.00	113440.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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 33, page 5)	41350.00	113440.00
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 37, page 5)	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.)	733.92	2125.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42083.92	115565.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42083.92	115565.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	430.77	1767.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	430.77	1767.43
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77500.00	115000.00
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	5000.00	5000.00
(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))	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	87930.77	126767.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	87930.77	126767.43

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	41350.00	113440.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36350.00	108440.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	430.77	1767.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	430.77	1767.43

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Mark Aasen		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 444 N. Farwell Ave.		Transaction ID: SA11A1.6775	
City State Zip Code Shorewood WI 53211	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer IPC Occupation Physician	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Louis Bojrab		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 18150 Penninsula Way		Transaction ID: SA11A1.6777	
City State Zip Code Northville MI 48168	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Pain Specialists Occupation Physician	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. David Bryce		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 7329 Summit Ridge Rd.		Transaction ID: SA11A1.6737	
City State Zip Code Middletown WI 53562	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer ADM Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 7 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christine Chatas		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 15632 Troon Ct.		Transaction ID: SA11A1.6783	
City Northville	State MI	Zip Code 48168	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer AMGEN	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. John Chatas		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 15632 Troon Ct.		Transaction ID: SA11A1.6782	
City Northville	State MI	Zip Code 48167	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Michigan Pain Specialist	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Michael Courtney		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 7319 Inverness Ct.		Transaction ID: SA11A1.6738	
City Brooksville	State FL	Zip Code 34613	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Brooksville Pain Mgmt.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Steve Croy		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 20 Endicott Lane		Transaction ID: SA11A1.6784	
City State Zip Code Highwood IL 60040	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Anesthesia Consultants, LTD.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Ray D'Amours		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 4730 Northridge Dr.		Transaction ID: SA11A1.6739	
City State Zip Code Palmdale CA 93551	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Bert Fellows		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 2244 Holt Road		Transaction ID: SA11A1.6740	
City State Zip Code Paducah KY 42001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Pain Management Center of Paducah	Occupation Clinical Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
John Givorgre, MD

Mailing Address 1120 Springdale Rd

City Gainesville State GA Zip Code 30501

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 22 / 2006

Transaction ID: SA11A1.6785

Amount of Each Receipt this Period
500.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen

Mailing Address 1224 Commerce St. SW

City Concover State NC Zip Code 28613

FEC ID number of contributing federal political committee. **C**

Name of Employer Pain Relief Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 10 / 2006

Transaction ID: SA11A1.6741

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen

Mailing Address 1224 Commerce St. SW

City Concover State NC Zip Code 28613

FEC ID number of contributing federal political committee. **C**

Name of Employer Pain Relief Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 16 / 2006

Transaction ID: SA11A1.6768

Amount of Each Receipt this Period
500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Hans Hansen		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 1224 Commerce St. SW		Transaction ID: SA11A1.6786
City Concover	State NC	Zip Code 28613
Amount of Each Receipt this Period 500.00		Individual Contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Pain Relief Centers	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. Standiford Helm II		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 1808 Calle de La Alamos		Transaction ID: SA11A1.6743
City San Clemente	State CA	Zip Code 92672
Amount of Each Receipt this Period 2000.00		Individual Contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Hurley		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 2200 N. 25th		Transaction ID: SA11A1.6787
City Waco	State TX	Zip Code 76708
Amount of Each Receipt this Period 1000.00		Individual Contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph Jasper

Mailing Address 2611 Lemons Beach Rd. W

City State Zip Code
University Place WA 98465

FEC ID number of contributing federal political committee. **C**

Name of Employer
Advanced Pain Medicine Physicians

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2570.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2006

Transaction ID: SA11A1.6744

Amount of Each Receipt this Period
1000.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Krishnan Kalyan

Mailing Address 131 Woodsedge Dr.

City State Zip Code
Milton PA 17847

FEC ID number of contributing federal political committee. **C**

Name of Employer
Geisinger Health System

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11A1.6788

Amount of Each Receipt this Period
100.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Jorge Leal

Mailing Address 2420 S. Dundee St.

City State Zip Code
Tampa FL 33269

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2006

Transaction ID: SA11A1.6751

Amount of Each Receipt this Period
250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)	1350.00
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 12 / 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bing Manawadu		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 2632 Thoroughbred Way		Transaction ID: SA11A1.6755	
City State Zip Code Richland WA 99352	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sathish Modogu		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 220 N. Central Ave.		Transaction ID: SA11A1.6790	
City State Zip Code Hartsdale NY 10530	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Ajith Nair		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 4001 White Blossom Estate S.		Transaction ID: SA11A1.6791	
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contribution		
Name of Employer Kentuckiana Pain Specialists Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 13 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Bentley Ogoke Mailing Address 116 Hunters Greene Circle City Agawam State MA Zip Code 01001 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006 Transaction ID: SA11A1.6756 Amount of Each Receipt this Period 1000.00 Individual Contribution
Name of Employer Pioneer Valley Pain Mgmt. Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Francis Riegler Mailing Address 3827 Castlerock Rd. City Malibu State CA Zip Code 90265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006 Transaction ID: SA11A1.6757 Amount of Each Receipt this Period 1000.00 Individual Contribution
Name of Employer Universal Pain Mgmt. Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) MD, Steven Rupert Mailing Address 8601 Kentucky Ave. #G City Evansville State IN Zip Code 47725 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006 Transaction ID: SA11A1.6760 Amount of Each Receipt this Period 500.00 Individual Contribution
Name of Employer Industrial & Sports Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
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: PAGE 14 / 31
(check only one)
 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)
Mahendra Sanapati

Mailing Address 7311 Parkridge Road

City State Zip Code
Newburgh IN 47630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Pain Care Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.6792

Amount of Each Receipt this Period
2000.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Manuel Sanchez

Mailing Address 9 Pine Court

City State Zip Code
Newfields NH 03856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: SA11A1.6761

Amount of Each Receipt this Period
500.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Vijay Singh

Mailing Address 1601 Roosevelt Road

City State Zip Code
Niagra WI 54151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pain Diagnostic Assn Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: SA11A1.6801

Amount of Each Receipt this Period
1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 15 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Vijay Singh		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address W8090 Milie Hill Estates		Transaction ID: SA11A1.6802
City State Zip Code Iron Montain MI 49801	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Pain Diagnostic Assn	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) Dr. Praveen Suchdev		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 4 Gilboa Lane		Transaction ID: SA11A1.6764
City State Zip Code Nashua NH 03062	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Pain Solutions	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dr. John Swicegood		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 12 Berry Hill Rd.		Transaction ID: SA11A1.6771
City State Zip Code Fort Smith AR 72903	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
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 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. John Swicegood Mailing Address 12 Berry Hill Rd. City State Zip Code Fort Smith AR 72903 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 Transaction ID: SA11A1.6803 Amount of Each Receipt this Period 3000.00 Individual Contribution
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) Dr. Roy Talley Mailing Address 1015 Milstead Avenue Suite 100 City State Zip Code Conyers GA 30012 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006 Transaction ID: SA11A1.6765 Amount of Each Receipt this Period 500.00 Individual Contribution
Name of Employer Atlanta East Pain Relief Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Dr. Roy Talley Mailing Address 1015 Milstead Avenue Suite 100 City State Zip Code Conyers GA 30012 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 Transaction ID: SA11A1.6804 Amount of Each Receipt this Period 750.00 Individual Contribution
Name of Employer Atlanta East Pain Relief Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
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 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Thacker		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address PO Box 925		Transaction ID: SA11A1.6806	
City Niwot	State CO	Amount of Each Receipt this Period 500.00	
Zip Code 80544		Individual Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Joseph Waling		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 3188 Brookfield		Transaction ID: SA11A1.6766	
City Newburgh	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 47630		Individual Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Joseph Waling		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 3188 Brookfield		Transaction ID: SA11A1.6772	
City Newburgh	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 47630		Individual Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
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:	PAGE 18 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph Waling		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 3188 Brookfield		Transaction ID: SA11A1.6807
City Newburgh	State IN	Zip Code 47630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Physician	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Edward Washabaugh, III		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 2850 W. Delhi Road		Transaction ID: SA11A1.6808
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Michigan Pain Specialists	Occupation Physician	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶	40900.00

**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 19 / 31
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006
Mailing Address 3151 Jackson Street		Transaction ID: SA17.6887
City State Zip Code Paducah KY 42003	Amount of Each Receipt this Period 249.76	
FEC ID number of contributing federal political committee. C	Monthly Acrued Interest (July)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1641.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bantera Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006
Mailing Address 3151 Jackson Street		Transaction ID: SA17.6889
City State Zip Code Paducah KY 42003	Amount of Each Receipt this Period 240.56	
FEC ID number of contributing federal political committee. C	Monthly Acrued Interest (August)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1882.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 3151 Jackson Street		Transaction ID: SA17.6890
City State Zip Code Paducah KY 42003	Amount of Each Receipt this Period 243.60	
FEC ID number of contributing federal political committee. C	Monthly Acrued Interest (September)	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2125.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	733.92
TOTAL This Period (last page this line number only) ▶	733.92

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Transaction ID: SB21B.6884	
Mailing Address 3151 Jackson Street		Date of Disbursement MM / DD / YYYY 07 / 30 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Payment for Credit Card Fees (July)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bantera Bank		Transaction ID: SB21B.6885	
Mailing Address 3151 Jackson Street		Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 357.15
Purpose of Disbursement Payment for Credit Card Fees (August)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bantera Bank		Transaction ID: SB21B.6886	
Mailing Address 3151 Jackson Street		Date of Disbursement MM / DD / YYYY 09 / 30 / 2006	
City Paducah	State KY	Zip Code 42003	Amount of Each Disbursement this Period 53.62
Purpose of Disbursement Payment for Credit Card Fees (September)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	430.77
TOTAL This Period (last page this line number only)	430.77

**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)

PAGE 21 / 31

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. THOROUGHbred PAC		Transaction ID: SB22.6844 Date of Disbursement
Mailing Address PO BOX 65116 C/O ARENT FOX PLLC		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WASHINGTON	State DC	Zip Code 20035
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	Other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
CHANDLER FOR CONGRESS

Mailing Address PO BOX 12678

City LEXINGTON State KY Zip Code 40583

Purpose of Disbursement
Political Contribution

Candidate Name
A.B. III CHANDLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: KY District: 06

Transaction ID: SB23.6845

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O.BOX 4657
P O BOX 4657

City CASPER State WY Zip Code 82604

Purpose of Disbursement
Political Contribution

Candidate Name
BARBARA L CUBIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WY District: 01

Transaction ID: SB23.6855

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2004

Mailing Address 5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Political Contribution

Candidate Name
DAVID LEE CAMP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.6865

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

PAGE 23 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF CRAIG THOMAS		Transaction ID: SB23.6879 Date of Disbursement
Mailing Address 1606 CROOK AVENUE		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City CHEYENNE	State WY	Zip Code 82001
Purpose of Disbursement Political Contribution		<input type="text" value="2000.00"/>
Candidate Name CRAIG THOMAS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.6851 Date of Disbursement
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City STATE HOUSE SQUARE	State CT	Zip Code 06123
Purpose of Disbursement Political Contribution		<input type="text" value="3000.00"/>
Candidate Name JOSEPH I LIEBERMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF KENT CONRAD		Transaction ID: SB23.6874 Date of Disbursement
Mailing Address PO BOX 812		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement Political Contribution		<input type="text" value="2000.00"/>
Candidate Name KENT CONRAD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF SAM JOHNSON		Transaction ID: SB23.6870 Date of Disbursement
Mailing Address PO BOX 860096		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City PLANO	State TX	Zip Code 75086
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name SAMUEL ROBERT JOHNSON		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 03	

Full Name (Last, First, Middle Initial) B. GEOFF DAVIS FOR CONGRESS		Transaction ID: SB23.6839 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name GEOFFREY C DAVIS		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 04	

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.6861 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name JOHN D DINGELL		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 15	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. JON KYL FOR U S SENATE		Transaction ID: SB23.6877 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 2000.00
City PHOENIX State AZ Zip Code 85064	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name JON L KYL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JUDY BIGGERT FOR CONGRESS		Transaction ID: SB23.6846 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00
City Hinsdale State IL Zip Code 60522	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name JUDY BIGGERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LEWIS FOR CONGRESS COMMITTEE		Transaction ID: SB23.6882 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 247		Amount of Each Disbursement this Period 5000.00
City Redlands State CA Zip Code 92373	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name JERRY LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. MARK KENNEDY 06		Transaction ID: SB23.6860 Date of Disbursement																					
Mailing Address PO BOX 49333		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City BLAINE	State MN	Zip Code 55449	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name MARK RAYMOND KENNEDY		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 00																						

Full Name (Last, First, Middle Initial) B. MICHAEL BURGESS FOR CONGRESS		Transaction ID: SB23.6854 Date of Disbursement																					
Mailing Address PO Box 2334		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name MICHAEL C DR BURGESS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 26																						

Full Name (Last, First, Middle Initial) C. MIKE ROSS FOR CONGRESS COMMITTEE		Transaction ID: SB23.6864 Date of Disbursement																					
Mailing Address PO Box 360		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name MICHAEL AVERY ROSS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AR	District: 04																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.6856 Date of Disbursement																					
Mailing Address PO BOX 902		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City GAINESVILLE	State GA	Zip Code 30503	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	5000.00																				
Candidate Name NATHAN DEAL																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 10																						

Full Name (Last, First, Middle Initial) B. NEW JERSEY DEMOCRATIC STATE COMMITTEE		Transaction ID: SB23.6849 Date of Disbursement																					
Mailing Address 196 West State Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	7		2	0	0	6														
City Trenton	State NJ	Zip Code 08608	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						
Other																							

Full Name (Last, First, Middle Initial) C. NORWOOD FOR CONGRESS		Transaction ID: SB23.6857 Date of Disbursement																					
Mailing Address PO Box 499		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City Evans	State GA	Zip Code 30809	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution		Category/ Type	5000.00																				
Candidate Name CHARLES WHITLOW NORWOOD																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 09																						

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. NUNES FOR CONGRESS		Transaction ID: SB23.6873 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 891		Amount of Each Disbursement this Period 2000.00
City PIXLEY State CA Zip Code 93256	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name DEVIN GERALD NUNES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS		Transaction ID: SB23.6869 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10027	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name CHARLES B RANGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RON LEWIS FOR CONGRESS 2000		Transaction ID: SB23.6866 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 307		Amount of Each Disbursement this Period 5000.00
City Elizabethtown State KY Zip Code 42701	Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name RON LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. SHORE PAC		Transaction ID: SB23.6841 Date of Disbursement 07 / 03 / 2006	
Mailing Address PO BOX 3157		Amount of Each Disbursement this Period 5000.00	
City LONG BRANCH	State NJ		Zip Code 07740
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Other		

Full Name (Last, First, Middle Initial) B. TALENT FOR SENATE COMMITTEE		Transaction ID: SB23.6836 Date of Disbursement 07 / 03 / 2006	
Mailing Address 147 N MERAMEC SUITE 100		Amount of Each Disbursement this Period 3000.00	
City ST LOUIS	State MO		Zip Code 63105
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name JAMES MATTHES TALENT			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 00	Other		

Full Name (Last, First, Middle Initial) C. TRENT LOTT FOR MISSISSIPPI		Transaction ID: SB23.6878 Date of Disbursement 09 / 26 / 2006	
Mailing Address PO BOX 22824		Amount of Each Disbursement this Period 2000.00	
City JACKSON	State MS		Zip Code 39225
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name TRENT LOTT			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MS District: 00	Other		

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)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.6850

Date of Disbursement

Mailing Address P.O. Box 5458
PO BOX 5458

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	9		0	7		2	0	0	6

City Springfield State IL Zip Code 62705

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
JOHN M SHIMKUS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 19

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

77500.00

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)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Dr. Daniel Bruning

Transaction ID: SB28A.6810
Date of Disbursement

Mailing Address 11364 W. 121st Terrace

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	6

City State Zip Code
Overland Park KS 66213

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund for Excessive Contribution to PAC

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00
