

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 Paducah KY 42003 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of

5. Covering Period 10 16 2008 through 11 24 2008

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 12 04 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		280698.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	232535.31									
(c) Total Receipts (from Line 19)	27475.20	163747.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	260010.51	444445.36								
7. Total Disbursements (from Line 31)	16556.66	200991.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	243453.85	243453.85								
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									

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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	23229.00	145265.33
(i) Itemized (use Schedule A)	1591.66	7411.31
(ii) Unitemized	24820.66	152676.64
(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)	24820.66	152676.64
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	1000.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1654.54	7070.53
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))	27475.20	163747.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27475.20	163747.17

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.....	9056.66	25491.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9056.66	25491.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	171500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4000.00
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))..	16556.66	200991.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16556.66	200991.51

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)	24820.66	152676.64
34. Total Contribution Refunds (from Line 28(d))	0.00	4000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24820.66	148676.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9056.66	25491.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9056.66	25491.51

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Eduardo Anguizola, MD

Mailing Address 1401 N Tustin Ave
Suite 140

City State Zip Code
Santa Ana CA 92705

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: SA11AI.8421

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard Ball, MD

Mailing Address 4099 Hidden Creek Drive

City State Zip Code
Traverse City MI 49684

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: SA11AI.8422

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Richard Ball, MD

Mailing Address 4099 Hidden Creek Drive

City State Zip Code
Traverse City MI 49684

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: SA11AI.8432

Amount of Each Receipt this Period
100.00

Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(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

A.

Full Name (Last, First, Middle Initial)
Jeffrey Berg, MD

Mailing Address 12206 Lucas Lane

City State Zip Code
Louisville KY 40223

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

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8349

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Daniel Bruning, MD

Mailing Address 11364 W. 121st Terrace

City State Zip Code
Overland Park KS 66213

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

Name of Employer Midwest Anesth. Assoc. Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8353

Amount of Each Receipt this Period
5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Aaron Calodney, MD

Mailing Address P.O. Box 130577

City State Zip Code
Tyler TX 75713

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

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8407

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22
(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)
Kenneth Carle, MD

Mailing Address 6700 Osler Drive #205

City State Zip Code
Towson MD 21204

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 M M / D D / Y Y Y Y
10 / 27 / 2008

Transaction ID: SA11AI.8356

Amount of Each Receipt this Period 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Steven Donatello, MD

Mailing Address 575 W. River Woods Pkwy

City State Zip Code
Glendale WI 53212

FEC ID number of contributing federal political committee. C

Name of Employer Watertown Pain Consultants Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 27 / 2008

Transaction ID: SA11AI.8360

Amount of Each Receipt this Period 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Wayne Fleischhacker, MD

Mailing Address 13 Old Dutch Rd

City State Zip Code
Warren NJ 07059

FEC ID number of contributing federal political committee. C

Name of Employer Union Anesthesia Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 31 / 2008

Transaction ID: SA11AI.8408

Amount of Each Receipt this Period 500.00

Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(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

A.

Full Name (Last, First, Middle Initial)
Kevin Free, MD

Mailing Address 1205 Draycott Street

City State Zip Code
Ormond Beach FL 32174

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
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8362

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
David Gale MD

Mailing Address 9005 Nesbit Lakes Dr.

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Physical Pain Specialists Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8363

Amount of Each Receipt this Period
175.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Scott Glaser, MD

Mailing Address 100 Tower Dr.
Suite 120

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer Pain Spec.of Greater Chicago Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2156.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8364

Amount of Each Receipt this Period
174.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

599.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 22
(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)
Dr. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centers Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.8365

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
William Jones, MD

Mailing Address 165 North village Avenue, suite 5

City State Zip Code
Rockville NY 11570

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

Name of Employer Rockville Pain Management Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.8368

Amount of Each Receipt this Period
365.00

Contribution

C. Full Name (Last, First, Middle Initial)
Laurie Kabins, MD

Mailing Address 7615 N. Beach Dr.

City State Zip Code
Fox Point MI 53217

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

Name of Employer Midwest Physician Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.8369

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 22
(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)
Ronald Kloc, MD

Mailing Address 2575 Middle Queensbury Ct.

City State Zip Code
Aurora IL 60506

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 ▼ 300.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: SA11AI.8372
Amount of Each Receipt this Period: 300.00
Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Knox, MD

Mailing Address 5605 Kyles Lane

City State Zip Code
Libery OH 45044

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

Name of Employer MAC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: SA11AI.8373
Amount of Each Receipt this Period: 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Cybele Koppel, MD

Mailing Address 3333 Henry Hudson Parkway Apt. 23y

City State Zip Code
Riverdaly NJ 10463

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 ▼ 3000.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11AI.8417
Amount of Each Receipt this Period: 3000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3800.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 22
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 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)
Zdenko Korunda, MD
Mailing Address 4516 Executive Drive
City State Zip Code
Naples FL 34119
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 10 / 27 / 2008
Transaction ID: SA11AI.8376
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Stephen Kramarich, MD
Mailing Address 4339 Roosevelt Blvd.
City State Zip Code
Jacksonville FL 32210
FEC ID number of contributing federal political committee. **C**
Name of Employer Riverside Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.8378
Amount of Each Receipt this Period 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Marion Lee, MD
Mailing Address 2233 Arabi-Warwick Road
City State Zip Code
Cordele GA 31015
FEC ID number of contributing federal political committee. **C**
Name of Employer Attrinity Health Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3041.65
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.8379
Amount of Each Receipt this Period 608.33
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1858.33
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 22
(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)
Eric Loudermilk, MD
 Mailing Address 112 Carter Oak Rdg.
 City Anderson State SC Zip Code 29621
 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 ▼ 500.00
 Date of Receipt 11 / 07 / 2008
Transaction ID: SA11AI.8425
 Amount of Each Receipt this Period 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Edward Magaziner, MD
 Mailing Address 2186 Route 27
 City New Brunswick State NJ Zip Code 08902
 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 ▼ 1500.00
 Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.8384
 Amount of Each Receipt this Period 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
James Mirazita, MD
 Mailing Address 280 Main Street #420
 City Nashua State NH Zip Code 03060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pain Solutions, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.8387
 Amount of Each Receipt this Period 100.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 22
(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)
Mark Pinkerton, MD
Mailing Address 111 N. Windwood
City State Zip Code
Carl Junction CO 64834
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: 10 / 27 / 2008
Transaction ID: SA11AI.8389
Amount of Each Receipt this Period: 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Michael Poss, MD
Mailing Address 10172 Ramey Road
City State Zip Code
Marshall VA 20115
FEC ID number of contributing federal political committee. **C**
Name of Employer Virginia Brain and Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 833.35
Date of Receipt: 10 / 27 / 2008
Transaction ID: SA11AI.8390
Amount of Each Receipt this Period: 166.67
Contribution

C. Full Name (Last, First, Middle Initial)
Michael Prater, MD
Mailing Address 3650 Crimson Canyon Rd.
City State Zip Code
Las Vegas NV 89128
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: 10 / 27 / 2008
Transaction ID: SA11AI.8393
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1166.67
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 22

(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

A.

Full Name (Last, First, Middle Initial)
Eduardo Quesada, MD

Mailing Address 7 Proclamation Ct.

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
Amoskeig Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8419

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Francis Riegler, MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
Malibu CA 90265

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

Name of Employer Occupation
Universal Pain Mgmt. Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8394

Amount of Each Receipt this Period

125.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Jeffrey Rogers, MD

Mailing Address 79 Governors Club Drive

City State Zip Code
Xenia OH 45305

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

Name of Employer Occupation
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8414

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 22

(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

A.

Full Name (Last, First, Middle Initial)
Greg Ruhland, MD

Mailing Address 80 Pauahi Street
Suite 104

City State Zip Code
Hilo HI 96720

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8395

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Steven Rupert, MD

Mailing Address 2330 Lynch Road

City State Zip Code
Evansville IN 47711

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 ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8396

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Steven Stein, MD

Mailing Address 17573 Middle Lake Dr.

City State Zip Code
Boca Raton FL 33496

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 ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8420

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 22
(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

A.

Full Name (Last, First, Middle Initial)
Praveen Suchdev, MD

Mailing Address 4 Gilboa Lane

City State Zip Code
Nashua NH 03062

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

Name of Employer Pain Solutions Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8398

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Sandra Waling

Mailing Address 3188 Brookfield Drive

City State Zip Code
Newburgh IN 47630

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

Name of Employer Self Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.8401

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Amy Yeatman, MD

Mailing Address 3086 Buttercup Road

City State Zip Code
Neenah WI 54956

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8411

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 22	
	(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"/> 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

A.	Full Name (Last, First, Middle Initial) Les Zuckerman, MD		Date of Receipt																					
	Mailing Address 11921 Rockville Pike #505		<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	7		2	0	0	8														
	City State Zip Code Rockville MD 20852		Transaction ID: SA11AI.8404																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																					
Name of Employer The Center for Pain Management		Occupation Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution Aggregate Year-to-Date ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	23229.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 22
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) NORTHUP HOOVER FOR GOVERNOR		Date of Receipt
	Mailing Address PO BOX 6693		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LOUISVILLE	KY	40206
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: 2007		Aggregate Year-to-Date ▼	Transaction ID: SA16.8433
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="1000.00"/>
			Reimbursement from 4/9/07 contribution.

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 22
(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)
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5426.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA17.8443

Amount of Each Receipt this Period
10.17

Monthly earned interest

B.

Full Name (Last, First, Middle Initial)
Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7070.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA17.8446

Amount of Each Receipt this Period
1644.37

Dividends earned.

SUBTOTAL of Receipts This Page (optional)	▶	1654.54
TOTAL This Period (last page this line number only)	▶	1654.54

**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 / 22

<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

A.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 Purpose of Disbursement: Payment for credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8444 Date of Disbursement 10 / 31 / 2008	Amount of Each Disbursement this Period 262.92
B.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 Purpose of Disbursement: Payment for brokerage fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8447 Date of Disbursement 10 / 31 / 2008	Amount of Each Disbursement this Period 246.17
C.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah State KY Zip Code 42003 Purpose of Disbursement: Change in investment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8448 Date of Disbursement 10 / 31 / 2008	Amount of Each Disbursement this Period 8547.57

SUBTOTAL of Disbursements This Page (optional) ▶	9056.66
TOTAL This Period (last page this line number only) ▶	9056.66

**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)
LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Political Contribution

Candidate Name
LEONARD LANCE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.8442
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

Category/
Type

B.

Full Name (Last, First, Middle Initial)
MISSOURI DEMOCRATIC STATE COMMITTEE

Mailing Address P. O. Box 719

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.8438
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00