03/12/2002 16 : 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼ 2631 Lone Oak Road

Check if different than previously reported. (ACC)

Paducah | KY | 42003 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00351197

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
X 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 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 02 01 2002 through 02 28 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti, Treasurer

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti, Treasurer Date 03 12 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

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

Report Covering the Period: From: 02 01 2002 To: 02 28 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		56336.32
(b) Cash on Hand at Begining of Reporting Period	48111.64	
(c) Total Receipts (from Line 19)	3616.59	10391.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51728.23	66728.23
7. Total Disbursements (from Line 30)	19100.00	34100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32628.23	32628.23
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: Mo 02 Day 01 Year 2002 To: Mo 02 Day 28 Year 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2950.00	
(ii) Unitemized	600.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	3550.00	10250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	3550.00	10250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	66.59	141.91
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	3616.59	10391.91
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	3616.59	10391.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	19000.00	34000.00
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	100.00	100.00
(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)) ▶	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	19100.00	34100.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	19100.00	34100.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	3550.00	10250.00
33. Total Contribution Refunds (from Line 28(d))	100.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	3450.00	10150.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Sairam Aduri MD
Mailing Address: 10160 Meadowknoll Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee.
Name of Employer: AICC
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 12 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4609

B. Full Name (Last, First, Middle Initial): Ralph Menard MD
Mailing Address: 9405 Wayne Ave.
City: Lubbock State: TX Zip Code: 79424
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 20 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4613

C. Full Name (Last, First, Middle Initial): Marshall Milman MD
Mailing Address: 2005 Maplemere Drive
City: Nashville State: TN Zip Code: 37215
FEC ID number of contributing federal political committee.
Name of Employer: Anesthesia/Pain Management Services
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 02 12 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4614

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Jimmy Ponder, MD
Mailing Address: 209 Country Club Blvd.
City: Thibodaux State: LA Zip Code: 70301
FEC ID number of contributing federal political committee.
Name of Employer: Headache and Pain Center
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 20 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4615

B.
Full Name (Last, First, Middle Initial): Richard Ray MD
Mailing Address: 517 Misty Lane
City: Copley State: OH Zip Code: 44321
FEC ID number of contributing federal political committee.
Name of Employer: Northeast Ohio Center for Pain Managem
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 22 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4616

C.
Full Name (Last, First, Middle Initial): Roy Talley, MD
Mailing Address: P.O. Box 2189
City: Covington State: GA Zip Code: 30015
FEC ID number of contributing federal political committee.
Name of Employer: Covington Anesthesia
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 02 20 2002
Amount of Each Receipt this Period: 200.00
Transaction ID: SA11A1.4618

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): James Wilson Jr. MD
Mailing Address: 2716 Cheyenne Dr.
City: Naperville State: IL Zip Code: 60565
FEC ID number of contributing federal political committee.
Name of Employer: Dupaw Valley Anesthisology
Occupation: Interventional Pain Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4621

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**2950.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address
PO BOX 16128
City: HOUSTON State: TX Zip Code: 77222

Purpose of Disbursement
Contribution to Federal candidate

Candidate Name
GENE GREEN CONGRESSIONAL CAMPAIGN

Category/Type

Office Sought: X House / Senate / President
State: TX District: 29

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

Date of Disbursement: 02 / 26 / 2002

Amount of Each Disbursement this Period: 4000.00

Transaction ID: SB23.4596

B.
Full Name (Last, First, Middle Initial)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address
PO BOX 16128
City: HOUSTON State: TX Zip Code: 77222

Purpose of Disbursement
Contribution to Federal candidate

Candidate Name
GENE GREEN CONGRESSIONAL CAMPAIGN

Category/Type

Office Sought: X House / Senate / President
State: TX District: 29

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

Date of Disbursement: 02 / 26 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4597

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

Mailing Address
PO BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740

Purpose of Disbursement
Contribution to Federal candidate

Candidate Name
PALLONE FOR CONGRESS

Category/Type

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

Disbursement For: 5000
Primary / X General / Other (specify)

Date of Disbursement: 02 / 26 / 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4598

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

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

Mailing Address
817 8TH AVENUE PO BOX 143
City State Zip Code
MENOMINEE MI 49858

Purpose of Disbursement
Contribution to Federal candidate

Candidate Name
STUPAK FOR CONGRESS

Category/ Type

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

Disbursement For: 4000
Primary X General
Other (specify)

Date of Disbursement
02 / 26 / 2002

Amount of Each Disbursement this Period
4000.00

Transaction ID: SB23.4598

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

Mailing Address
817 8TH AVENUE PO BOX 143
City State Zip Code
MENOMINEE MI 49858

Purpose of Disbursement
Contribution to Federal candidate

Candidate Name
STUPAK FOR CONGRESS

Category/ Type

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

Disbursement For: 5000
X Primary General
Other (specify)

Date of Disbursement
02 / 26 / 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4600

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

TOTAL This Period (last page this line number only) ..... ▶ **19000.00**