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** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00351197

3. IS THIS REPORT — NEW (N) **OR** X 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)
- X 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 2003 through 12 31 2003

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 02 03 2004

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		30506.40
(b) Cash on Hand at Begining of Reporting Period	47324.12	
(c) Total Receipts (from Line 19)	136804.12	210352.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	184128.24	240859.39
7. Total Disbursements (from Line 31)	47356.79	104087.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136771.45	136771.45
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

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

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

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)	131800.00	
(ii) Unitemized	4650.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	136450.00	209750.00
(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) ▶	136450.00	209750.00
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.)	354.12	602.99
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))	136804.12	210352.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	136804.12	210352.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	1356.79	3087.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1356.79	3087.94
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	100000.00
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	0.00
(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	0.00
29. Other Disbursements	1000.00	1000.00
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))	47356.79	104087.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	47356.79	104087.94

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	136450.00	209750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136450.00	209750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1356.79	3087.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1356.79	3087.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 46
(check only one)
[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)
Dr. Eduardo Anguizola
Mailing Address 14642 Newport Avenue
Suite 330
City: Tustin State: CA Zip Code: 92780
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: 1200.00
Date of Receipt: 08 05 2003
Transaction ID: SA11A1.5033
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial)
Sunil Arora
Mailing Address 6300 Shinn Creek Lane
City: Wilmington State: NC Zip Code: 28409
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5101
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial)
Pratha Atluri
Mailing Address 10160 Meadowknoll
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 30 2003
Transaction ID: SA11A1.5184
Amount of Each Receipt this Period: 1000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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 7 / 46
(check only one)
[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 Atluri MD
Mailing Address 10160 Meadowknoll Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee: C
Name of Employer: AICC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5040
Amount of Each Receipt this Period: 2000.00
contribution

B.
Full Name (Last, First, Middle Initial)
Sairam Atluri MD
Mailing Address 10160 Meadowknoll Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee: C
Name of Employer: AICC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 12 30 2003
Transaction ID: SA11A1.5186
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial)
Carol Bernatt
Mailing Address 2240 Princeton Ave.
City: St. Paul State: MN Zip Code: 55105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 14 2003
Transaction ID: SA11A1.5188
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3250.00

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 8 / 46
(check only one)
[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): C. Duane Bellamy
Mailing Address: 2139 Auburn Ave.
City: Cincinnati | State: OH | Zip Code: 45219
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5103
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Yogendra Bharat
Mailing Address: 7400 Latigo Circle
City: Franksville | State: WI | Zip Code: 53126
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5105
Amount of Each Receipt this Period: 2000.00
contribution

C.
Full Name (Last, First, Middle Initial): William G. Bineger
Mailing Address: 2361 N. Angelview
City: Boise | State: ID | Zip Code: 83702
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Pain Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5189
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3250.00

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 9 / 46

[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): Warren Bleweiss
Mailing Address: 126 Lloyd Rd.
City: Montclair | State: NJ | Zip Code: 07042
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 28 2003
Transaction ID: SA11A1.5190
Amount of Each Receipt this Period: 250.00
contribution

B.
Full Name (Last, First, Middle Initial): Mark Boswell
Mailing Address: 33005 Canterbury Rd.
City: Avon Lake | State: OH | Zip Code: 44012
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 23 2003
Transaction ID: SA11A1.5164
Amount of Each Receipt this Period: 5000.00
contribution

C.
Full Name (Last, First, Middle Initial): Dr. Daniel Bruning
Mailing Address: 11364 W. 121st Terrace
City: Overland Park | State: KS | Zip Code: 66213
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Care
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 12 08 2003
Transaction ID: SA11A1.5191
Amount of Each Receipt this Period: 2000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 7250.00

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 10 / 46
(check only one)
[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)
Ms. Jo Anne Burkhardt
Mailing Address 410 E. Bay Tree Circle.
City: Vernon Hills | State: IL | Zip Code: 60061
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Coding Expert
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5043
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial)
Gavin Chartier
Mailing Address 2573 N. Lexington Drive
City: Vincennes | State: IN | Zip Code: 47541
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5109
Amount of Each Receipt this Period: 2000.00
contribution

C.
Full Name (Last, First, Middle Initial)
Dr. John Chelas
Mailing Address 15632 Troon Ct
City: Northville | State: WI | Zip Code: 48167
FEC ID number of contributing federal political committee: C
Name of Employer: Anesthesiology Associates of Ann Arbor
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5192
Amount of Each Receipt this Period: 500.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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 11 / 46
(check only one)
[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): Sundar Cherala
Mailing Address: 507 Wexford Ct.
City: St. Charles | State: IL | Zip Code: 60175
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 31 2003
Transaction ID: SA11A1.5193
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Mary Jo A. Curran
Mailing Address: Advanced Pain Treatment Ctrs Ltd.
132 E Delaware Pl #48D4
City: Chicago | State: IL | Zip Code: 60611
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Pain Treatment Ctrs Ltd
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 12 16 2003
Transaction ID: SA11A1.5195
Amount of Each Receipt this Period: 2000.00
contribution

C.
Full Name (Last, First, Middle Initial): Jonathan Deitch, MD
Mailing Address: 812 Cape View Drive
City: Fort Myers | State: FL | Zip Code: 33919
FEC ID number of contributing federal political committee: C
Name of Employer: APMS
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 08 2003
Transaction ID: SA11A1.5199
Amount of Each Receipt this Period: 1000.00
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 12 / 46

[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): Rosemary Daly
Mailing Address: 2876 Edgewater Dr.
City: Weston | State: FL | Zip Code: 33332
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5113
Amount of Each Receipt this Period: 250.00
contribution

B.
Full Name (Last, First, Middle Initial): Manoul Deressi
Mailing Address: 15908 Farrington
City: Tampa | State: FL | Zip Code: 33647
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5115
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Dalores Dunker
Mailing Address: 8502 Westover Dr.
City: Prospect | State: KY | Zip Code: 40059
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12 30 2003
Transaction ID: SA11A1.5205
Amount of Each Receipt this Period: 5000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5750.00

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 / 46

[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): Elmer Dunbar
Mailing Address: 8502 Westover Dr.
City: Prospect | State: KY | Zip Code: 40059
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5047
Amount of Each Receipt this Period: 2500.00
contribution

B.
Full Name (Last, First, Middle Initial): Elmer Dunbar
Mailing Address: 8502 Westover Dr.
City: Prospect | State: KY | Zip Code: 40059
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12 30 2003
Transaction ID: SA11A1.5209
Amount of Each Receipt this Period: 2500.00
contribution

C.
Full Name (Last, First, Middle Initial): Rodrigo Duraide
Mailing Address: 200 Colonial Homes Dr. #1106
City: Atlanta | State: GA | Zip Code: 30309
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 31 2003
Transaction ID: SA11A1.5207
Amount of Each Receipt this Period: 1000.00
contribution

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: PAGE 14 / 46
(check only one)
[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): Geral Dworkin
Mailing Address: 821 Lafayette Road
City: Bryn Maur | State: PA | Zip Code: 19010
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5209
Amount of Each Receipt this Period: 250.00
contribution

B.
Full Name (Last, First, Middle Initial): George Elkhoury
Mailing Address: 1561 Ramillo Ave.
City: Long Beach | State: CA | Zip Code: 90815
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 29 2003
Transaction ID: SA11A1.5210
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Richard Epler
Mailing Address: P.O. Box 211639
City: Augusta | State: GA | Zip Code: 30917
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 30 2003
Transaction ID: SA11A1.5214
Amount of Each Receipt this Period: 500.00
contribution

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 15 / 46

[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): Luis Escobar
Mailing Address: 351 D NE 23 Ave.
City: Lighthouse Point | State: FL | Zip Code: 33064
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5117
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Bert Fellows
Mailing Address: 2244 Holt Road
City: Paducah | State: KY | Zip Code: 42001
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Management Center of Paducah
Occupation: Clinical Psychologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 29 2003
Transaction ID: SA11A1.5217
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Mayo Friedlis
Mailing Address: 9500 Lost Trail Way
City: Potomac | State: MD | Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 11 13 2003
Transaction ID: SA11A1.5170
Amount of Each Receipt this Period: 5000.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46
(check only one)
[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)
John Furry MD
Mailing Address 755 Stevens Creek Blvd.
City: Forsyth State: IL Zip Code: 62535
FEC ID number of contributing federal political committee: C
Name of Employer: Central Illinois Associates
Occupation: Pain Management/Anesthesiology
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 24 2003
Transaction ID: SA11A1.5048
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial)
David Gale MD
Mailing Address 9005 Nesbit Lakes Dr.
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: PSA
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5049
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial)
Carlos Giron MD
Mailing Address 7800 Zebulon Rd.
City: Macon State: GA Zip Code: 31220
FEC ID number of contributing federal political committee: C
Name of Employer: The Georgia Pain Institute LLC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 19 2003
Transaction ID: SA11A1.5034
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 17 / 46

[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): Carlos Giron MD
Mailing Address: 7600 Zebulon Rd.
City: Macon | State: GA | Zip Code: 31220
FEC ID number of contributing federal political committee: C
Name of Employer: The Georgia Pain Institute LLC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5050
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Scott Glaser MD
Mailing Address: 134 E. Fourth Street
City: Hinsdale | State: IL | Zip Code: 60521
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: 750.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5051
Amount of Each Receipt this Period: 250.00
contribution

C.
Full Name (Last, First, Middle Initial): Mark Goodson
Mailing Address: 116 Rose St.
City: Mooresville | State: NC | Zip Code: 28117
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5119
Amount of Each Receipt this Period: 2000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2750.00

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 18 / 46

[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): Dr. Mark Gostine
Mailing Address: 2815 Lake Drive SE
City: Grand Rapids | State: MI | Zip Code: 49056
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: 1200.00
Date of Receipt: 08 28 2003
Transaction ID: SA11A1.5035
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. Mark Gostine
Mailing Address: 2815 Lake Drive SE
City: Grand Rapids | State: MI | Zip Code: 49056
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: 2200.00
Date of Receipt: 12 29 2003
Transaction ID: SA11A1.5219
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Cameron Gowonly, MD
Mailing Address: 55 Nottingham Drive
City: Raynham | State: MA | Zip Code: 02767
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Pain Management
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 06 2003
Transaction ID: SA11A1.5036
Amount of Each Receipt this Period: 500.00
contribution

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: (check only one) PAGE 19 / 46

[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): Robin Govoniu
Mailing Address: 55 Nottingham Dr.
City: Raynham | State: MA | Zip Code: 02767
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5124
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Mark Greenburg
Mailing Address: 320 Scenic Dr.
City: Ashland | State: OR | Zip Code: 97520
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 09 2003
Transaction ID: SA11A1.5220
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Jeff Grossman
Mailing Address: 1034 St. James Crossing
City: Atlanta | State: GA | Zip Code: 30342
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5126
Amount of Each Receipt this Period: 300.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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 20 / 46

[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): Sai Gutti
Mailing Address: 308 Northmont Point
City: Pikeville | State: KY | Zip Code: 41502
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5128
Amount of Each Receipt this Period: 500.00
contribution

B. Full Name (Last, First, Middle Initial): Kendall Hansen, MD
Mailing Address: 2028 River Vista Ct.
City: Villa Hills | State: KY | Zip Code: 41017
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Interventional Pain Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5053
Amount of Each Receipt this Period: 1000.00
contribution

C. Full Name (Last, First, Middle Initial): Dr. Richard Hurley
Mailing Address: 2200 N. 25th
City: Waco | State: TX | Zip Code: 76708
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: 11 18 2003
Transaction ID: SA11A1.5172
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 21 / 46

[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): Donna Jasper
Mailing Address: 2811 Lemons Beach Rd. W
City: Tacoma State: WA Zip Code: 98466
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5132
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. Joseph Jasper
Mailing Address: 2811 Lemons Beach Rd. W
City: University Place State: WA Zip Code: 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: 1500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5054
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Kenneth Joel, MD
Mailing Address: 685 Falls Lake Dr.
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: N.Fulton Anesthesia Assoc.
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5055
Amount of Each Receipt this Period: 500.00
contribution

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 22 / 46
(check only one)
[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): Todd Joye
Mailing Address: 114 W. Shipyard Rd.
City: Mt. Pleasant | State: SC | Zip Code: 29464
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 16 2003
Transaction ID: SA11A1.5224
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Ronny Kefiluddi
Mailing Address: 6812 Ridge Ct.
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Pain Physician/Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 14 2003
Transaction ID: SA11A1.5174
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Diane Kamson
Mailing Address: 8400 Island Dr. South
City: Seattle | State: WA | Zip Code: 98118
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5136
Amount of Each Receipt this Period: 1000.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46
(check only one)
[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)
Elizabeth Khan
Mailing Address 2324 Woodland Dr.
City: Allentown State: PA Zip Code: 18103
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 08 07 2003
Transaction ID: SA11A1.5083
Amount of Each Receipt this Period: 2000.00
Contribution

B.
Full Name (Last, First, Middle Initial)
David Kloth
Mailing Address 65 Georges Hill Road
City: Newtown State: CT Zip Code: 06470
FEC ID number of contributing federal political committee: C
Name of Employer: Connecticut Pain Care, PC
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5056
Amount of Each Receipt this Period: 2000.00
contribution

C.
Full Name (Last, First, Middle Initial)
Joanne Kloth
Mailing Address 65 George Hill Rd.
City: Newton State: CT Zip Code: 06470
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5138
Amount of Each Receipt this Period: 1000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5000.00

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 24 / 46

[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): Dr. Shaun Kondamuri
Mailing Address: 701 Superior Ave. Ste. C
City: Munster | State: IN | Zip Code: 46321
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: 09 18 2003
Transaction ID: SA11A1.5057
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. Shaun Kondamuri
Mailing Address: 701 Superior Ave. Ste. C
City: Munster | State: IN | Zip Code: 46321
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: 12 30 2003
Transaction ID: SA11A1.5226
Amount of Each Receipt this Period: 2500.00
contribution

C.
Full Name (Last, First, Middle Initial): Dr. James Ladson
Mailing Address: 21 Abingdon Court
City: Brentwood | State: TN | Zip Code: 37027
FEC ID number of contributing federal political committee: C
Name of Employer: Ladson Medical Associates, Inc.
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5058
Amount of Each Receipt this Period: 500.00
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 25 / 46

[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): Chris Lander
Mailing Address: 2080 N. Pentops
City: Charlottsville | State: VA | Zip Code: 22911
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5140
Amount of Each Receipt this Period: 1500.00
contribution

B.
Full Name (Last, First, Middle Initial): Liesel Leedy
Mailing Address: 3722 Ben Hogan Dr.
City: Longview | State: TX | Zip Code: 75605
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5142
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial): Felix Linesky
Mailing Address: 38472 US 19 North
City: Palm Harbor | State: FL | Zip Code: 34684
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5229
Amount of Each Receipt this Period: 1000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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 26 / 46

[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): William Little Jr.
Mailing Address: 155B Cherry Grove Road North
City: Suffolk | State: VA | Zip Code: 23432
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 07 2003
Transaction ID: SA11A1.5087
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): Jordan Lynd
Mailing Address: 221 Evergreen Dr.
City: Somerset | State: KY | Zip Code: 42501
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 17 2003
Transaction ID: SA11A1.5231
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Nelly K. Mac
Mailing Address: 2313 Surfrider Ave.
City: Ventura | State: CA | Zip Code: 93001
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: 12 02 2003
Transaction ID: SA11A1.5233
Amount of Each Receipt this Period: 1000.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 27 / 46

[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): Scott Magnuson
Mailing Address: 1300 E. Mullan #800
City: Post Falls State: ID Zip Code: 83854
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 09 2003
Transaction ID: SA11A1.5234
Amount of Each Receipt this Period: 500.00
contribution

B. Full Name (Last, First, Middle Initial): Gene Mahaney
Mailing Address: 15131 Intracoastal Ct.
City: Ft. Meyers State: FL Zip Code: 33908
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 18 2003
Transaction ID: SA11A1.5175
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial): M. Mazloomdoost
Mailing Address: 755 Lakeshore Dr.
City: Lexington State: KY Zip Code: 40502
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5144
Amount of Each Receipt this Period: 500.00
contribution

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: PAGE 28 / 46
(check only one)
[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): Dr. David McKellar
Mailing Address: 179 Churchwell Road
City: Purvis | State: MS | Zip Code: 39475
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Consultants of South Mississippi
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 08 2003
Transaction ID: SA11A1.5032
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. David McKellar
Mailing Address: 179 Churchwell Road
City: Purvis | State: MS | Zip Code: 39475
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Consultants of South Mississippi
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5238
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Christopher Merifield
Mailing Address: 488 Eakin Dr. NW
City: Bainbridge Island | State: WA | Zip Code: 98110
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5239
Amount of Each Receipt this Period: 500.00
contribution

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: (check only one) PAGE 29 / 46

[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): Thomas Miller, MD
Mailing Address: 5114 Old Chestnut Ridge Rd.
City: Signal Mountain | State: TN | Zip Code: 37377
FEC ID number of contributing federal political committee: C
Name of Employer: Anesth. Associates
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.5038
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. Joseph Mouhanna
Mailing Address: 13500 SW 69th Court
City: Miami | State: FL | Zip Code: 33156
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: 12 02 2003
Transaction ID: SA11A1.5241
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Mark Newman
Mailing Address: 2816 Fargo Road
City: Toano | State: VA | Zip Code: 23168
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 19 2003
Transaction ID: SA11A1.5177
Amount of Each Receipt this Period: 1000.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 46
(check only one)
[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): Bentley Ogoke
Mailing Address: 116 Hunters Greene Circle
City: Agawam | State: MA | Zip Code: 01001
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5146
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Ahmet Ozturk
Mailing Address: 134D Hal Greer Blvd.
City: Huntington | State: WV | Zip Code: 25701
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 17 2003
Transaction ID: SA11A1.5244
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Gurpreet Padda
Mailing Address: 323 N. Meramec
City: Clayton | State: MO | Zip Code: 63105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12 08 2003
Transaction ID: SA11A1.5246
Amount of Each Receipt this Period: 5000.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 31 / 46

[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): John Paggioi
Mailing Address: 20 Diamond Hill Drive
City: Salem | State: CT | Zip Code: 06420
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 10 2003
Transaction ID: SA11A1.5168
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial): Allan Parr, MD
Mailing Address: 1241 Bluewater Drive
City: Mandeville | State: LA | Zip Code: 70471
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: 5000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5059
Amount of Each Receipt this Period: 5000.00
contribution

C.
Full Name (Last, First, Middle Initial): Eric Pearson
Mailing Address: 5009 6th Place
City: Meridian | State: MD | Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5248
Amount of Each Receipt this Period: 300.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5550.00

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 32 / 46

[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): Mark Pinkerton
Mailing Address: 111 N. Mindwood
City: Carl Junction | State: MO | Zip Code: 64834
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5148
Amount of Each Receipt this Period: 250.00
contribution

B.
Full Name (Last, First, Middle Initial): John Porter
Mailing Address: 5251 Peachtree Dunwoody Rd.
City: Atlanta | State: GA | Zip Code: 30342
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5150
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): John Prunekis, MD
Mailing Address: 22 Spring Lane
City: Barrington Hills | State: IL | Zip Code: 60010
FEC ID number of contributing federal political committee: C
Name of Employer: Illinois Pian Treatment Inst Ltd.
Occupation: Pain Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 06 2003
Transaction ID: SA11A1.5039
Amount of Each Receipt this Period: 500.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1750.00

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 33 / 46

[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): Gabor Racz MD
Mailing Address: 4512 13th St.
City: Lubbock | State: TX | Zip Code: 79416
FEC ID number of contributing federal political committee: C
Name of Employer: Texas Tech University Health Sci Ctr
Occupation: Physician Director Pain Services
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 09 23 2003
Transaction ID: SA11A1.5060
Amount of Each Receipt this Period: 2500.00
contribution

B.
Full Name (Last, First, Middle Initial): Ralph Rashbaum
Mailing Address: 3508 Twin Lake Way
City: Plano | State: TX | Zip Code: 71093
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 08 06 2003
Transaction ID: SA11A1.5093
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Imad Rasool, MD
Mailing Address: 8327 Reseda Blvd.
City: Northridge | State: CA | Zip Code: 91324
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Pain Management Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5082
Amount of Each Receipt this Period: 500.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4000.00

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 34 / 46

[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): Francis Riegler
Mailing Address: 3827 Castlerock Rd.
City: Malibu | State: CA | Zip Code: 90265
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 18 2003
Transaction ID: SA11A1.5179
Amount of Each Receipt this Period: 250.00
contribution

B.
Full Name (Last, First, Middle Initial): Betsy U. Rivers
Mailing Address: 450 Ash Creek
City: Paducah | State: KY | Zip Code: 42001
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: 5000.00
Date of Receipt: 11 13 2003
Transaction ID: SA11A1.5181
Amount of Each Receipt this Period: 5000.00
contribution

C.
Full Name (Last, First, Middle Initial): G. Samarasinghe
Mailing Address: 5709 Longridge Circle
City: Roanoke | State: VA | Zip Code: 24018
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5083
Amount of Each Receipt this Period: 1000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6250.00

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 35 / 46

[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): Stephen Sims
Mailing Address: 901 Elkins Lake
City: Huntsville State: TX Zip Code: 77340
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5250
Amount of Each Receipt this Period: 500.00
contribution

B.
Full Name (Last, First, Middle Initial): Francoise Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee: C
Name of Employer: NHC
Occupation: Physician/Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12 29 2003
Transaction ID: SA11A1.5252
Amount of Each Receipt this Period: 5000.00
contribution

C.
Full Name (Last, First, Middle Initial): Vijay Singh, MD
Mailing Address: 1111 Houghteling Street
City: Iron Mountain State: MI Zip Code: 49801
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: 5000.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5084
Amount of Each Receipt this Period: 5000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 10500.00

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 36 / 46
(check only one)
[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): Leonard Soloniuk
Mailing Address: 2856 Edith Ave. #B
City: Redding | State: CA | Zip Code: 96001
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 09 2003
Transaction ID: SA11A1.5253
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Emilio Suarez
Mailing Address: 4900 SW 91 Ave.
City: Miami | State: FL | Zip Code: 33165
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 19 2003
Transaction ID: SA11A1.5099
Amount of Each Receipt this Period: 500.00
contribution

C.
Full Name (Last, First, Middle Initial): Dr. Praveen Suehdev
Mailing Address: 4 Gilboa Lane
City: Nashua | State: NH | Zip Code: 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: 1500.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5085
Amount of Each Receipt this Period: 1000.00
contribution

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: (check only one) PAGE 37 / 46

[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): Ranchana Suchdev
Mailing Address: 4 Gilboa Lane
City: Nashua | State: NH | Zip Code: 03062
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 22 2003
Transaction ID: SA11A1.5272
Amount of Each Receipt this Period: 1000.00
contribution

B.
Full Name (Last, First, Middle Initial): Dr. John Swiergood
Mailing Address: 12 Berry Hill Rd.
City: Fort Smith | State: AR | Zip Code: 72903
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: 1200.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5066
Amount of Each Receipt this Period: 1000.00
contribution

C.
Full Name (Last, First, Middle Initial): Dr. Roy Talley
Mailing Address: 1015 Milstead Avenue Suite 100
City: Conyers | State: GA | Zip Code: 30012
FEC ID number of contributing federal political committee: C
Name of Employer: Atlanta East Pain Relief Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5067
Amount of Each Receipt this Period: 200.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2200.00**

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 38 / 46

[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): Kenneth Varley, MD
Mailing Address: 5029 Aberdeen Way
City: Birmingham | State: AL | Zip Code: 35242
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Pain Specialists
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5068
Amount of Each Receipt this Period: 2000.00
contribution

B.
Full Name (Last, First, Middle Initial): Steven Welch
Mailing Address: 2835 Willow Green Court
City: Roswell | State: GA | Zip Code: 30076
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 31 2003
Transaction ID: SA11A1.5069
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial): Patrick Waring
Mailing Address: 223 Focis
City: Metairie | State: LA | Zip Code: 70005
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 02 2003
Transaction ID: SA11A1.5259
Amount of Each Receipt this Period: 1000.00
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 39 / 46

[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): Robert Windsor
Mailing Address: 8195 Grogans Ferry Rd.
City: Atlanta State: GA Zip Code: 30350
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 18 2003
Transaction ID: SA11A1.5160
Amount of Each Receipt this Period: 1000.00
Contribution

B. Full Name (Last, First, Middle Initial): James Worden
Mailing Address: 325 Devils Bight
City: Naples State: FL Zip Code: 34103
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 31 2003
Transaction ID: SA11A1.5072
Amount of Each Receipt this Period: 500.00
Contribution

C. Full Name (Last, First, Middle Initial): Peter Wright
Mailing Address: 233 Irvine Rd.
City: Lexington State: KY Zip Code: 40502
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 31 2003
Transaction ID: SA11A1.5261
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 46
(check only one)
[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)
Kenneth Zahl
Mailing Address 3 Cambridge Rd.
City: Morristown State: NJ Zip Code: 07960
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 15 2003
Transaction ID: SA11A1.5263
Amount of Each Receipt this Period: 5000.00
contribution

B.
Full Name (Last, First, Middle Initial)
Margarita Zahl
Mailing Address 3 Cambridge Rd.
City: Morristown State: NJ Zip Code: 07960
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 12 15 2003
Transaction ID: SA11A1.5265
Amount of Each Receipt this Period: 5000.00
contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶	10000.00
TOTAL This Period (last page this line number only) ..... ▶	131800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 46
(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)
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 ▼ 470.39

Date of Receipt: 12 31 2003

Transaction ID: SA17.5900

Amount of Each Receipt this Period: 354.12

Interest earned from 7/1/-03 to 12/31/03

SUBTOTAL of Receipts This Page (optional) ..... ▶	354.12
TOTAL This Period (last page this line number only) ..... ▶	354.12

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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)
Bantera Bank

Transaction ID: SB21B.5302

Mailing Address 3151 Jackson Street

Date of Disbursement
12 / 31 / 2003

City: Paducah
State: KY
Zip Code: 42003

Amount of Each Disbursement this Period
1356.79

Purpose of Disbursement
Bank credit card fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1356.79
TOTAL This Period (last page this line number only) ..... ▶	1356.79

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 ☐ 30b

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): DEMINT FOR SENATE COMMITTEE INC
Mailing Address: 701 GERVAIS STREET SUITE 150-178
City: COLUMBIA State: SC Zip Code: 29201
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: SC District: 00
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.5292
Date of Disbursement: 10/03/2003
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF BLANCHE LINCOLN
Mailing Address: PO BOX 3197 / P O BOX 118
City: LITTLE ROCK State: AR Zip Code: 72203
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: AR District: 00
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.5293
Date of Disbursement: 10/07/2003
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF ROY BLUNT
Mailing Address: PO Box 50100 / PO Box 50100
City: Springfield State: MO Zip Code: 65805
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: MO District: 07
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.5278
Date of Disbursement: 07/07/2003
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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 ☐ 30b

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): FRIENDS OF ROY BLUNT
Mailing Address: PO Box 50100 PO Box 50100
City: Springfield State: MO Zip Code: 65805
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House Senate President
State: MO District: 07
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5279
Date of Disbursement: 07 / 07 / 2003
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): TEXANS FOR HENRY BONILLA
Mailing Address: P.O. Box 17292
City: San Antonio State: TX Zip Code: 78217
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House Senate President
State: TX District: 23
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.5280
Date of Disbursement: 09 / 24 / 2003
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): TIAHRT FOR CONGRESS
Mailing Address: 2250 N Rock Rd #118 A
City: Wichita State: KS Zip Code: 67226
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House Senate President
State: KS District: 04
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.5284
Date of Disbursement: 09 / 24 / 2003
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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 ☐ 30b

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): VITTER, DAVID
Mailing Address: 1320 Veterans Boulevard
City: METAIRIE State: LA Zip Code: 70005
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President — State: LA District: 00
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: SB23.5287
Date of Disbursement: 09 / 30 / 2003
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): VOLUNTEERS FOR SHIMKUS
Mailing Address: P.O. Box 5458 PO BOX 5458
City: Springfield State: IL Zip Code: 62705
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President — State: IL District: 19
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: SB23.5286
Date of Disbursement: 09 / 30 / 2003
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): WALDEN FOR CONGRESS INC
Mailing Address: PO Box 1081
City: Hood River State: OR Zip Code: 97031
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President — State: OR District: 2
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: SB23.5282
Date of Disbursement: 09 / 24 / 2003
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	45000.00

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	☐ 30b

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)
Bobby Jindal for Governor

Mailing Address P.O. Box 8628

City: Metairie
State: LA
Zip Code: 70011

Purpose of Disbursement
Non-federal contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: SB29.5295
Date of Disbursement
10 / 31 / 2003

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00