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

CITY | STATE | ZIPCODE

2. **FEC IDENTIFICATION NUMBER**

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)
- X October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 07 01 2004 through 09 30 2004

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

Type or Print Name of Treasurer: Laxmaiah Manchikanti

Signature of Treasurer: Electronically Filed by Laxmaiah Manchikanti Date 01 26 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1 2004		136771.45
(b)	Cash on Hand at Begining of Reporting Period	191270.09	
(c)	Total Receipts (from Line 19)	82759.03	239859.26
(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	274029.12	376630.71
7.	Total Disbursements (from Line 31)	165735.49	268337.08
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108293.63	108293.63
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 (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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)	81010.00	225010.00
(ii) Unitemized	1400.00	7750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	82410.00	232760.00
(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) ▶	82410.00	232760.00
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	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	349.03	1099.26
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))	82759.03	239859.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82759.03	239859.26

DETAILED SUMMARY PAGE
of Disbursements

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	735.49	3837.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	735.49	3837.08
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	165000.00	259500.00
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	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	165735.49	268337.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	165735.49	268337.08

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	82410.00	232760.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82410.00	227760.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	735.49	3837.08
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	735.49	3837.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 60
(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)
Anatoly Arber
Mailing Address 501 N Riverside #213
City: Gurnee | State: IL | Zip Code: 60031
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: 450.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5790
Amount of Each Receipt this Period: 200.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Don Bacon
Mailing Address 510 Demi John Bend
City: Canyon Lake | State: TX | Zip Code: 78133
FEC ID number of contributing federal political committee: C
Name of Employer: Consultants in Pain Medicine
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5791
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Charles Barrett
Mailing Address 17351 Tall Tree Trail
City: Chagrin Falls | State: OH | Zip Code: 44023
FEC ID number of contributing federal political committee: C
Name of Employer: ALUMCLPC
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 09 2004
Transaction ID: SA11A1.5795
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 60
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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 Barrett
Mailing Address 12235 Penn Ave
Suite 302
City: Wyomissing | State: PA | Zip Code: 19610
FEC ID number of contributing federal political committee: C
Name of Employer: Center for Pain Control
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5797
Amount of Each Receipt this Period: 500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Louis Bojrab
Mailing Address 48045 Hilltop Drive East
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Specialists
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5801
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Roger Gatlin
Mailing Address 4714 Mountain Creek Rd.
City: Chattanooga | State: TN | Zip Code: 37415
FEC ID number of contributing federal political committee: C
Name of Employer: Chattanooga Center for Pain
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 24 2004
Transaction ID: SA11A1.5802
Amount of Each Receipt this Period: 1000.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60
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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)
Dr. John Chelus
Mailing Address 15632 Troon Ct
City: Northville | State: MI | Zip Code: 48167
FEC ID number of contributing federal political committee: C
Name of Employer: Michigan Pain Specialists
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5805
Amount of Each Receipt this Period: 500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Pradeep Chopra
Mailing Address 14 Forest Hill Dr.
City: N. Smithfield | State: RI | Zip Code: 02896
FEC ID number of contributing federal political committee: C
Name of Employer: SNAPA
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5807
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Roger Cleale
Mailing Address 22 Lynnfield
City: Memphis | State: TN | Zip Code: 38120
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 15 2004
Transaction ID: SA11A1.5809
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60
(check only one)

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)
John Culclasure
Mailing Address 3325 Love Circle
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee: C
Name of Employer: Nerosurgical Assc.
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5811
Amount of Each Receipt this Period: 2000.00
individual contribution

B. 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: 3000.00

Date of Receipt: 09 21 2004
Transaction ID: SA11A1.5813
Amount of Each Receipt this Period: 2000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Subodh Datta
Mailing Address 4141 Woodlawn Drive #39
City: Nashville | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: Physician
Occupation: Univ. of Cincinnati
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 27 2004
Transaction ID: SA11A1.5774
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 60
(check only one)
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)
Timothy Deer
Mailing Address 46 Quarry Ridge Rd.
City: Charleston | State: WV | Zip Code: 25301
FEC ID number of contributing federal political committee: C
Name of Employer: Center for Pain Relief
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 860.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5814
Amount of Each Receipt this Period: 360.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Stanley Dennison
Mailing Address 1921 W. MLK Jr. Blvd
City: Tampa | State: FL | Zip Code: 33607
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5815
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Dr. Emmanuel Devotta
Mailing Address 3 Buck Ridge Dr.
City: Greenville | State: DE | Zip Code: 19807
FEC ID number of contributing federal political committee: C
Name of Employer: Brandywine Pain Management
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5817
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1860.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 60
(check only one)
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)
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: Self
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5818
Amount of Each Receipt this Period: 500.00
individual contribution

B. 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: Augusta Pain Center
Occupation: MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5819
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Bruce Ernst
Mailing Address P.O. Box 2035
City: Dunedin | State: FL | Zip Code: 34697
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: 08 13 2004
Transaction ID: SA11A1.5776
Amount of Each Receipt this Period: 500.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60
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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)
Frederick Flaccavento
Mailing Address 188 Highland Rd.
City: York | State: PA | Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: Anesthesia Assc.
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5820
Amount of Each Receipt this Period: 500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Greg Flynn
Mailing Address 2808 W. MLK
City: Tampa | State: FL | Zip Code: 33607
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Pain Institute
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5822
Amount of Each Receipt this Period: 2000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Even Frank
Mailing Address 14 Narbrook Park
City: Narberth | State: PA | Zip Code: 19072
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 15 2004
Transaction ID: SA11A1.5824
Amount of Each Receipt this Period: 500.00
individual 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 13 / 60
(check only one)
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)
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: Ctr for Phys Med & Pain Mgmt
Occupation: MD
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 07 22 2004
Transaction ID: SA11A1.5767
Amount of Each Receipt this Period: 5000.00
Individual 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: Physical Pain Specialists
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5826
Amount of Each Receipt this Period: 500.00
Individual contribution

C. Full Name (Last, First, Middle Initial)
Carlos Giron
Mailing Address 3356 Vineville Ave
City: Macon | State: GA | Zip Code: 31204
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 15 2004
Transaction ID: SA11A1.5830
Amount of Each Receipt this Period: 500.00
individual 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 / 60
(check only one)
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)
Ira Goodman MD
Mailing Address 1608 Greendale Ave.
City: Park Ridge | State: IL | Zip Code: 60068
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: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5832
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen
Mailing Address 340B Pinehurst Road
City: Statesville | State: NC | Zip Code: 28625
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Relief Centeres, PA
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 3500.00

Date of Receipt: 07 22 2004
Transaction ID: SA11A1.5785
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Dr. Hans Hansen
Mailing Address 340B Pinehurst Road
City: Statesville | State: NC | Zip Code: 28625
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Relief Centeres, PA
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 4000.00

Date of Receipt: 08 13 2004
Transaction ID: SA11A1.5788
Amount of Each Receipt this Period: 500.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60
(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. Hans Hansen
Mailing Address 3408 Pinehurst Road
City: Statesville | State: NC | Zip Code: 28625
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Relief Centeres, PA
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5833
Amount of Each Receipt this Period: 500.00
individual contribution

B.
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: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5834
Amount of Each Receipt this Period: 1000.00
individual contribution

C.
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: 2500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5835
Amount of Each Receipt this Period: 1000.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60
(check only one)
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)
Tsen Tsen Jin
Mailing Address 210 Canal Street
Suite 406
City: New York | State: NY | Zip Code: 10013
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5836
Amount of Each Receipt this Period: 1000.00
individual contribution

B.
Full Name (Last, First, Middle Initial)
Todd Joyce
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: Anesthesia Assoc of Charleston
Occupation: MD
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5838
Amount of Each Receipt this Period: 1000.00
individual contribution

C.
Full Name (Last, First, Middle Initial)
Daniel Kim
Mailing Address 15 Saddle Ridge Court
City: Wilmington | State: DE | Zip Code: 19808
FEC ID number of contributing federal political committee: C
Name of Employer: Mid Atlantic Pain Institute
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5839
Amount of Each Receipt this Period: 500.00
individual 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 17 / 60
(check only one)

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)
David Kloth
Mailing Address 85 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 16 2004
Transaction ID: SA11A1.5841
Amount of Each Receipt this Period: 3000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Thomas Knox
Mailing Address 6456 Cedar Hill Dr.
City: Hamilton | State: OH | Zip Code: 45011
FEC ID number of contributing federal political committee: C
Name of Employer: MAC
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 21 2004
Transaction ID: SA11A1.5842
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Michael Kuo
Mailing Address 2097 Robin Way Ct
City: Vienna | State: VT | Zip Code: 22182
FEC ID number of contributing federal political committee: C
Name of Employer: NRIH Georgetown
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5848
Amount of Each Receipt this Period: 500.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60
(check only one)
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)
Alan Kwon
Mailing Address 220 Locust St. 3A
City: Philadelphia | State: PA | Zip Code: 19106
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: 1100.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5850
Amount of Each Receipt this Period: 1100.00
individual contribution

B.
Full Name (Last, First, Middle Initial)
Chris Lander
Mailing Address 2080 N. Pantops
City: Charlottsville | State: VA | Zip Code: 22911
FEC ID number of contributing federal political committee: C
Name of Employer: Charlottsville Pain Mgmt Ctr
Occupation: MD
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5852
Amount of Each Receipt this Period: 1000.00
individual contribution

C.
Full Name (Last, First, Middle Initial)
Yogesh Malik
Mailing Address 822 Aspen Way
City: Paducah | State: KY | Zip Code: 42003
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Mgmt. Center
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 09 2004
Transaction ID: SA11A1.5855
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **2600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60
(check only one)
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)
Barbara Mallet
Mailing Address 3402 Neius St.
City: Vancouver | State: WA | Zip Code: 98686
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5857
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Ben Massey
Mailing Address 1202 W. 31st St.
City: Pueblo | State: CO | Zip Code: 81008
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5859
Amount of Each Receipt this Period: 250.00
individual contribution

C. 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: 09 15 2004
Transaction ID: SA11A1.5861
Amount of Each Receipt this Period: 500.00
individual 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: PAGE 20 / 60
(check only one)
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)
Joanne Mehmert
Mailing Address 1613 NE 77th Terrace
City: Kansas City | State: MO | Zip Code: 64118
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5862
Amount of Each Receipt this Period: 100.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Ralph Manard
Mailing Address 4642 N. Loop 289 #209
City: Lubbock | State: TX | Zip Code: 79416
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: 09 15 2004
Transaction ID: SA11A1.5863
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Thomas Miller, MD
Mailing Address 9135 Wandering Way
City: Ooltewah | State: TN | Zip Code: 37363
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5864
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(check only one)
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)
Gordon Mortensen
Mailing Address 10438 N. Pine Tree Circle
City: Mequon | State: WI | Zip Code: 53092
FEC ID number of contributing federal political committee: C
Name of Employer: AAW
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5865
Amount of Each Receipt this Period: 500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Scott Nelson
Mailing Address 5938 Hassdahl Road
City: Orefield | State: PA | Zip Code: 18069
FEC ID number of contributing federal political committee: C
Name of Employer: Northeastern Rehab
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 21 2004
Transaction ID: SA11A1.5867
Amount of Each Receipt this Period: 500.00
individual contribution

C. 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: Pioneer Valley Pain Mgmt.
Occupation: MD
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5871
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60
(check only one)
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)
Michael Poss
Mailing Address 5587 Duncan Tr.
City: Reva | State: VA | Zip Code: 22735
FEC ID number of contributing federal political committee: C
Name of Employer: Blue Ridge Anesthesia
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5874
Amount of Each Receipt this Period: 500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Eduardo Quesada
Mailing Address 15 Cabot Lane
City: Bedford | State: NH | Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: Amoskeag Anesthesia
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5876
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Ezra Riker
Mailing Address 313 Trentwood Dr.
City: Columbia | State: SC | Zip Code: 29223
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 13 2004
Transaction ID: SA11A1.5786
Amount of Each Receipt this Period: 250.00
individual 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 23 / 60
(check only one)

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)
Helen Ribnik
Mailing Address P.O. Box 628
City: Cheyenne | State: WY | Zip Code: 82003
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Consultants
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 24 2004
Transaction ID: SA11A1.5880
Amount of Each Receipt this Period: 250.00
individual contribution

B. Full Name (Last, First, Middle Initial)
John Roberts
Mailing Address 927 Franklin Street
City: Huntsville | State: AL | Zip Code: 35801
FEC ID number of contributing federal political committee: C
Name of Employer: Tennessee Valley Pain Mgmt.
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5882
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Mark Rubin
Mailing Address 11069 E. Cannon Dr.
City: Scottsdale | State: AZ | Zip Code: 85259
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5884
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 60
(check only one)
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)
Steven Rupert MD
Mailing Address 8221 Berry Drive
City: Evansville | State: IN | Zip Code: 47710
FEC ID number of contributing federal political committee: C
Name of Employer: Center of Pain Relief ISMR
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1875.00

Date of Receipt: 07 22 2004
Transaction ID: SA11A1.5788
Amount of Each Receipt this Period: 625.00
individual contribution

B.
Full Name (Last, First, Middle Initial)
Steven Rupert, MD
Mailing Address 8221 Berry Drive
City: Evansville | State: IN | Zip Code: 47710
FEC ID number of contributing federal political committee: C
Name of Employer: Center of Pain Relief ISMR
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 08 13 2004
Transaction ID: SA11A1.5769
Amount of Each Receipt this Period: 625.00
individual contribution

C.
Full Name (Last, First, Middle Initial)
Richard Ruskin
Mailing Address 4222 E. McLellan Circle #14
City: Mesa | State: AZ | Zip Code: 85205
FEC ID number of contributing federal political committee: C
Name of Employer: Physician
Occupation: Desert Pain Institute
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 22 2004
Transaction ID: SA11A1.5770
Amount of Each Receipt this Period: 250.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60
(check only one)

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)
Henry Sanel
Mailing Address 11268 East Palomino Rd.
City: Scottsdale | State: AZ | Zip Code: 85259
FEC ID number of contributing federal political committee: C
Name of Employer: Scotts Center Advance
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5888
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Stuart Schneiderman
Mailing Address 12 Edgewater Dr.
City: Norton | State: MA | Zip Code: 02767
FEC ID number of contributing federal political committee: C
Name of Employer: Southern New England
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5889
Amount of Each Receipt this Period: 500.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Rasheed Siddiqui
Mailing Address 102 Spring Meadow
City: Keswick | State: VA | Zip Code: 22947
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 15 2004
Transaction ID: SA11A1.5890
Amount of Each Receipt this Period: 500.00
individual 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60
(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)
Sanford Silverman
Mailing Address 100 E. Sample Rd.
Suite 200
City: Pompano Beach | State: FL | Zip Code: 33064
FEC ID number of contributing federal political committee: C
Name of Employer: Sanford Silverman
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5892
Amount of Each Receipt this Period: 750.00
individual 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: Self
Occupation: Physician/Administrator
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5894
Amount of Each Receipt this Period: 5000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
MD. David Stein
Mailing Address 10425 W. Hawthorne Rd.
City: Mequon | State: WI | Zip Code: 53097
FEC ID number of contributing federal political committee: C
Name of Employer: Milwaukee Pain Treatment
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5895
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **6750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60
(check only one)

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)
Sharon Stein
Mailing Address 10425 W. Hawthorne Rd.
City: Mequon | State: WI | Zip Code: 53097
FEC ID number of contributing federal political committee: C
Name of Employer: Milwaukee Pain Treatment
Occupation: Office Manager
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5897
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Steven Storick
Mailing Address 292 Sheringham Rd.
City: Columbia | State: SC | Zip Code: 29212
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia Neurosurgical
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5899
Amount of Each Receipt this Period: 5000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Dr. Praveen Sudhdev
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: 2000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5901
Amount of Each Receipt this Period: 2000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **8000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60
(check only one)
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)
S. Garrett Sullivan, MD
Mailing Address P.O. Box 2238
City: Frisco | State: CO | Zip Code: 80443
FEC ID number of contributing federal political committee: C
Name of Employer: Alpine Anesthesia Associates
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5902
Amount of Each Receipt this Period: 500.00
individual 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: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5903
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
James Thacker
Mailing Address 8777 Cornawelte
City: Newpt | State: CO | Zip Code: 80503
FEC ID number of contributing federal political committee: C
Name of Employer: Centeno Clinic
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5905
Amount of Each Receipt this Period: 1000.00
individual 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 29 / 60
(check only one)
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)
Daniel Theesfeld
Mailing Address 3312 N. University
City: Nacogdoches | State: TX | Zip Code: 75965
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 09 2004
Transaction ID: SA11A1.5907
Amount of Each Receipt this Period: 2000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Andrea M. Trescot
Mailing Address 1895 Kingsley Ave.
City: Orange Park | State: FL | Zip Code: 32073
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Interventional Pain Specialist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5909
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Vincent Valdez
Mailing Address 520 N. Prospect Ave. #307
City: Redondo Beach | State: CA | Zip Code: 90277
FEC ID number of contributing federal political committee: C
Name of Employer: Physician
Occupation: Atlas Pain Mgmt.
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 22 2004
Transaction ID: SA11A1.5772
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 60
(check only one)
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)
Kenneth Varley
Mailing Address 7500 Hugh Daniel Dr.
Suite 360
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 15 2004
Transaction ID: SA11A1.5910
Amount of Each Receipt this Period: 2000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Anilkumar Vinayakan
Mailing Address 10510 Shadow Ridge Lane
#101
City: Louisville | State: KY | Zip Code: 40241
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Louisville
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5912
Amount of Each Receipt this Period: 500.00
individual 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: Self
Occupation: MD
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 21 2004
Transaction ID: SA11A1.5914
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 60
(check only one)
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)
Dr. James Wilson, Jr.
Mailing Address 2716 Cheyenne Dr.
City: Naperville | State: IL | Zip Code: 60565
FEC ID number of contributing federal political committee: C
Name of Employer: IPP
Occupation: Interventional Pain Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5915
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Sharon Worosilo
Mailing Address 906 Hudson St.
City: Hoboken | State: NJ | Zip Code: 07030
FEC ID number of contributing federal political committee: C
Name of Employer: NJ Pain Mgmt.
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5916
Amount of Each Receipt this Period: 5000.00
individual 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: Ballard Wright, MD PSC
Occupation: MD
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5918
Amount of Each Receipt this Period: 1000.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ **7000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 60
(check only one)
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)
Pramod Yadhati
Mailing Address 31 Falcon Ct
City: Wilmington | State: DE | Zip Code: 19808
FEC ID number of contributing federal political committee: C
Name of Employer: Brandywine Pain Mgmt.
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5919
Amount of Each Receipt this Period: 1000.00
individual contribution

B.
Full Name (Last, First, Middle Initial)
Kenneth Zehl
Mailing Address 3 Cambridge Rd.
City: Morristown | State: NJ | Zip Code: 07960
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: MD
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 16 2004
Transaction ID: SA11A1.5921
Amount of Each Receipt this Period: 2000.00
individual contribution

C.
Full Name (Last, First, Middle Initial)
Frank Zondlo
Mailing Address 482 Captains Circle
City: Destin | State: FL | Zip Code: 32541
FEC ID number of contributing federal political committee: C
Name of Employer: Physiatry Pain Mgmt.
Occupation: Physician
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 15 2004
Transaction ID: SA11A1.5922
Amount of Each Receipt this Period: 500.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶	**3500.00**
TOTAL This Period (last page this line number only) ▶	**81010.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A.
Full Name (Last, First, Middle Initial)
Bankers 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: 810.38

Date of Receipt: 07 30 2004
Transaction ID: SA17.5760
Amount of Each Receipt this Period: 160.15
July Interest

B.
Full Name (Last, First, Middle Initial)
Bankers 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: 1048.97

Date of Receipt: 08 30 2004
Transaction ID: SA17.5761
Amount of Each Receipt this Period: 138.59
August Interest

C.
Full Name (Last, First, Middle Initial)
Bankers 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: 1099.26

Date of Receipt: 09 30 2004
Transaction ID: SA17.5762
Amount of Each Receipt this Period: 50.29
September Interest

SUBTOTAL of Receipts This Page (optional) ▶	349.03
TOTAL This Period (last page this line number only) ▶	349.03

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	

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

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

Mailing Address 3151 Jackson Street

City: Paducah | State: KY | Zip Code: 42003

Purpose of Disbursement: Payment for Credit Card Fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5763
Date of Disbursement: 07 / 30 / 2004

Amount of Each Disbursement this Period: 185.98

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

Mailing Address 3151 Jackson Street

City: Paducah | State: KY | Zip Code: 42003

Purpose of Disbursement: Payment for Credit Card Fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5764
Date of Disbursement: 08 / 30 / 2004

Amount of Each Disbursement this Period: 71.64

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

Mailing Address 3151 Jackson Street

City: Paducah | State: KY | Zip Code: 42003

Purpose of Disbursement: Payment for Credit Card Fees

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5765
Date of Disbursement: 09 / 30 / 2004

Amount of Each Disbursement this Period: 42.89

SUBTOTAL of Disbursements This Page (optional) ▶ **300.49**

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)

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

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

Full Name (Last, First, Middle Initial)
A. Internal Revenue Service

Mailing Address Internal Revenue Service Center

City: Ogden
State: UT
Zip Code: 84201

Purpose of Disbursement: Payment to IRS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5766
Date of Disbursement: 09 / 08 / 2004

Amount of Each Disbursement this Period: 435.00

SUBTOTAL of Disbursements This Page (optional) ▶	435.00
TOTAL This Period (last page this line number only) ▶	735.49

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

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

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

Mailing Address 555 Capitol Mall Suite 1425

City: Sacramento | State: CA | Zip Code: 95814

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 14

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.5970
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
BILL THOMAS CAMPAIGN COMMITTEE

Mailing Address PO BOX 395

City: BAKERSFIELD | State: CA | Zip Code: 93302

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 21

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.5988
Date of Disbursement: 07 / 19 / 2004

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
BINGAMAN 2000

Mailing Address PO BOX 16210

City: ALBUQUERQUE | State: NM | Zip Code: 87191

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: NM District: 00

Disbursement For: 2006 Primary X General Other (specify)

Transaction ID: SB23.6029
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
CHRIS JOHN FOR US SENATE

Mailing Address PO BOX 971

City: CROWLEY | State: LA | Zip Code: 70527

Purpose of Disbursement: political 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: SB23.5972
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR RUSH

Mailing Address 1300 E. 47th Street PMB #448

City: CHICAGO | State: IL | Zip Code: 60653

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: IL District: 01

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.5973
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City: Murfreesboro | State: TN | Zip Code: 37133

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: TN District: 06

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.6031
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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	

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

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

Mailing Address PO BOX 8534

City: ROLLING MEADOWS | State: IL | Zip Code: 60008

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President

State: IL District: 08

Disbursement For: 2004 ☐ Primary X General ☐ Other (specify)

Transaction ID: SB23.5975
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

City: MIDLAND | State: MI | Zip Code: 48640

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President

State: MI District: 04

Disbursement For: 2004 ☐ Primary X General ☐ Other (specify)

Transaction ID: SB23.5976
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

C. 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: political contribution

Candidate Name

Category/ Type

Office Sought: ☐ House X Senate ☐ President

State: SC District: 00

Disbursement For: 2004 ☐ Primary X General ☐ Other (specify)

Transaction ID: SB23.5978
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 5000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

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

Mailing Address PO Box 5843

City: Austin | State: TX | Zip Code: 78763

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 25

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.6033
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address 462 California Road

City: Bronxville | State: NY | Zip Code: 10708

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: NY District: 17

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: SB23.5929
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ENSIGN FOR SENATE

Mailing Address 8917 STAFFORD SPRINGS DRIVE

City: LAS VEGAS | State: NV | Zip Code: 89134

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President

State: NV District: 00

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.5979
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

A.
Full Name (Last, First, Middle Initial)
ENZI FOR US SENATE

Mailing Address PO BOX 2775

City: CODY | State: WY | Zip Code: 82414

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: WY District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6047
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

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: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: AR District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5946
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: OR District: 00

Disbursement For: 2008
Primary / X General / Other (specify)

Transaction ID: SB23.5981
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JENNIFER DUNN

Mailing Address P.O. Box 40110

City: Bellevue | State: WA | Zip Code: 98015

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: WA District: 08

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.6037
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JERRY KLECZKA

Mailing Address 3268 SOUTH 9TH STREET

City: MILWAUKEE | State: WI | Zip Code: 53215

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: WI District: 04

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.6043
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM INHOFE COMMITTEE

Mailing Address PO BOX 13300

City: OKLAHOMA CITY | State: OK | Zip Code: 73113

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: OK District: 00

Disbursement For: 2008
X Primary / General / Other (specify)

Transaction ID: SB23.5959
Date of Disbursement: 07 / 12 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MCDERMOTT

Mailing Address 710 9TH STREET SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: WA District: 07

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.6039
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF KATHERINE HARRIS

Mailing Address P. O. Box 25187

City: Sarasota | State: FL | Zip Code: 34277

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: FL District: 13

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6052
Date of Disbursement: 09 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address PO BOX 860098

City: PLANO | State: TX | Zip Code: 75086

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 03

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6036
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR ROCKEFELLER

Mailing Address PO BOX 764

City: ARLINGTON | State: VA | Zip Code: 22216

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: WV District: 00

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.6046
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SESSIONS SENATE COMMITTEE INC

Mailing Address P O BOX 4278

City: MONTGOMERY | State: AL | Zip Code: 36103

Purpose of Disbursement: Political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: AL District: 00

Disbursement For: 2008 — Primary / X General / Other (specify)

Transaction ID: SB23.5935
Date of Disbursement: 07 / 20 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ZACH WAMP

Mailing Address 851 E. Fourth St. Suite 200
851 E. Fourth St. Suite 200

City: Chattanooga | State: TN | Zip Code: 37403

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: TN District: 03

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.6058
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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

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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
political contribution

Candidate Name

Category/ Type

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

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.6035
Date of Disbursement 08 / 25 / 2004

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES | State IA | Zip Code 50304

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: IA District: 00

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.5955
Date of Disbursement 07 / 01 / 2004

Amount of Each Disbursement this Period
1000.00

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

Mailing Address P.O. BOX 14070
P.O. BOX 14070

City ALBUQUERQUE | State NM | Zip Code 87191

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

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

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.5983
Date of Disbursement 08 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

Mailing Address PO Box 18143

City: Tampa | State: FL | Zip Code: 33679

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 11

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5984
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address 1809 Plymouth Road South #310
1809 Plymouth Road South #310

City: Minnetonka | State: MN | Zip Code: 55305

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MN District: 03

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5986
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address 1520 PINEHURST DRIVE SW

City: ATLANTA | State: GA | Zip Code: 30311

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 05

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5988
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

A.
Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City: Phoenix | State: AZ | Zip Code: 85084

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: AZ District: 03

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5889
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address P.O. Box 1986

City: New Britain | State: CT | Zip Code: 06050

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: CT District: 05

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5991
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial)
JOHN THUNE FOR US SENATE

Mailing Address 2908 W 11TH STREET

City: SIOUX FALLS | State: SD | Zip Code: 57104

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President

State: SD District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6048
Date of Disbursement: 09 / 07 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **12000.00**

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

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

A. Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address POST OFFICE BOX 10248

City PHOENIX | State AZ | Zip Code 85064

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: AZ District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.5993
Date of Disbursement 08 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JUDD GREGG COMMITTEE

Mailing Address PO BOX 1812

City CONCORD | State NH | Zip Code 03302

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: NH District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5995
Date of Disbursement 08 / 23 / 2004

Amount of Each Disbursement this Period
5000.00

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

Mailing Address P.O. Box 637

City Hinsdale | State IL | Zip Code 60522

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 13

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6056
Date of Disbursement 09 / 17 / 2004

Amount of Each Disbursement this Period
3000.00

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

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

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

Mailing Address P.O. Box 540098

City: Omaha | State: NE | Zip Code: 68154

Purpose of Disbursement: Political Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: NE District: 02

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5927
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
LINDSEY GRAHAM FOR SENATE

Mailing Address PO BOX 1155

City: SENECA | State: SC | Zip Code: 29678

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: SC District: 00

Disbursement For: 2008
Primary / X General / Other (specify)

Transaction ID: SB23.5938
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
LINDSEY GRAHAM FOR SENATE

Mailing Address PO BOX 1155

City: SENECA | State: SC | Zip Code: 29679

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: SC District: 00

Disbursement For: 2008
Primary / X General / Other (specify)

Transaction ID: SB23.5996
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

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

A.
Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Mailing Address PO BOX 100847

City ANCHORAGE | State AK | Zip Code 99510

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: AK District: 00

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5969
Date of Disbursement 08 / 06 / 2004

Amount of Each Disbursement this Period
4000.00

B.
Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Mailing Address PO BOX 100847

City ANCHORAGE | State AK | Zip Code 99510

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: AK District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5942
Date of Disbursement 09 / 01 / 2004

Amount of Each Disbursement this Period
2000.00

C.
Full Name (Last, First, Middle Initial)
LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 525 WASHINGTON ST
PO BOX 1322

City WAUSAU | State WI | Zip Code 54402

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: WI District: 07

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.6044
Date of Disbursement 08 / 25 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Full Name (Last, First, Middle Initial)
MARY BONO COMMITTEE

Mailing Address PO BOX 3370

City: PALM SPRINGS | State: CA | Zip Code: 92263

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 45

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.5997
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 9000.00

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

Mailing Address P O BOX 1077

City: TARPON SPRINGS | State: FL | Zip Code: 34688

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 08

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: SB23.5985
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address P O BOX 1077

City: TARPON SPRINGS | State: FL | Zip Code: 34688

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 09

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.5965
Date of Disbursement: 07 / 15 / 2004

Amount of Each Disbursement this Period: 5000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial)
MIKE DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City: COLUMBUS | State: OH | Zip Code: 43234

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: OH District: 00

Disbursement For: 2006
Primary / X General / Other (specify)

Transaction ID: SB23.5998
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
MISSOURIANS FOR KIT BOND

Mailing Address 147 N MERAMEC SUITE 100

City: ST LOUIS | State: MO | Zip Code: 63105

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: MO District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6000
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address PO BOX 902
PO BOX 902

City: GAINESVILLE | State: GA | Zip Code: 30503

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 10

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6002
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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	

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

A.
Full Name (Last, First, Middle Initial)
NETHERCUTT FOR SENATE

Mailing Address 330 112TH AVENUE NE SUITE 101

City: BELLEVUE | State: WA | Zip Code: 98004

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: WA District: 00

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.6041
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
NEUGEBAUER CONGRESSIONAL COMMITTEE

Mailing Address 3305 66th Street Suite # 1

City: Lubbock | State: TX | Zip Code: 79413

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 19

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.5940
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address PO Box 499
PO BOX 499

City: Evans | State: GA | Zip Code: 30809

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 09

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.6004
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
OTTER FOR IDAHO

Mailing Address P.O. BOX 7807

City: BOISE | State: ID | Zip Code: 83707

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

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

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.5961
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City: GREAT BEND | State: KS | Zip Code: 67530

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: KS District: 00

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.6006
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City: ERIE | State: PA | Zip Code: 16507

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: PA District: 03

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.6008
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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

Mailing Address 1454 Cimarron Drive

City: Holland | State: MI | Zip Code: 49423

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 02

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5831
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address 1454 Cimarron Drive

City: Holland | State: MI | Zip Code: 49423

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 02

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6011
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City: FREMONT | State: CA | Zip Code: 94537

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 13

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6010
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

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

Mailing Address PO BOX 6440

City: LAUREL | State: MS | Zip Code: 39441

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MS District: 03

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.5826
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address 30151 TOMAS STREET

City: RANCHO STA MRGRITA | State: CA | Zip Code: 02688

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 19

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.6012
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address PO BOX 8628

City: CRANSTON | State: RI | Zip Code: 02920

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: RI District: 00

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: SB23.6014
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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)

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

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

Mailing Address 733 - 42nd Street NW

City: Canton | State: OH | Zip Code: 44709

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: OH District: 16

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.6016
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
RICHARD BURR COMMITTEE

Mailing Address Post Office Box 5928

City: Winston-Salem | State: NC | Zip Code: 27113

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: NC District: 05

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.6018
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address PO Box 367
319 NANCY ROAD

City: Quitman | State: LA | Zip Code: 71268

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: LA District: 05

Disbursement For: 2004 X Primary General Other (specify)

Transaction ID: SB23.6054
Date of Disbursement: 09 / 17 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **12000.00**

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City: WEST CONSHOHOCKEN | State: PA | Zip Code: 19428

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: 00

Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: SB23.6019
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address P.O. BOX 5130

City: EVANSTON | State: IL | Zip Code: 60204

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 09

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: SB23.6021
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
SNOWE FOR SENATE

Mailing Address PO BOX 2006

City: PORTLAND | State: ME | Zip Code: 04104

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: ME District: 00

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: SB23.6023
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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		

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

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

Mailing Address 6380 Wilshire Blvd. #1612

City: Los Angeles | State: CA | Zip Code: 90048

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 32

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: SB23.5963
Date of Disbursement: 07 / 13 / 2004

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
SPECTER SENATE VICTORY COMMITTEE

Mailing Address PO BOX 75103

City: WASHINGTON | State: DC | Zip Code: 20013

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: SB23.5951
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
TALENT FOR SENATE COMMITTEE

Mailing Address 147 N MERAMEC SUITE 100

City: ST LOUIS | State: MO | Zip Code: 63105

Purpose of Disbursement: Political contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MO District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.5933
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b		

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

A. Full Name (Last, First, Middle Initial)
TALENT FOR SENATE COMMITTEE

Mailing Address 147 N MERAMEC SUITE 100

City: ST LOUIS | State: MO | Zip Code: 63105

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: MO — District: 00

Disbursement For: 2006 — Primary / X General / Other (specify)

Transaction ID: SB23.6025
Date of Disbursement: 08 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
TALLATCHEE CREEK INC

Mailing Address 3343 Allendale Place

City: Montgomery | State: AL | Zip Code: 36111

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: — District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.5986
Date of Disbursement: 07 / 16 / 2004

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
TEAM SUNUNU

Mailing Address PO BOX 500

City: RYE | State: NH | Zip Code: 03870

Purpose of Disbursement: political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: NH — District: 00

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.5949
Date of Disbursement: 07 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
TRENT LOTT FOR MISSISSIPPI

Mailing Address PO BOX 22824

City JACKSON | State MS | Zip Code 39225

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: MS District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6026
Date of Disbursement
08 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

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

Mailing Address P. O. BOX 39139

City WASHINGTON | State DC | Zip Code 20016

Purpose of Disbursement
political contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MD District: 04

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.6027
Date of Disbursement
08 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	165000.00