01/29/2002 11 : 49

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼ 2631 Lone Oak Road

Check if different than previously reported. (ACC)

CITY ▲ Paducah STATE ▲ KY ZIPCODE ▲ 42003 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00351197

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- X January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

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

Election on in the State of

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

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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

Type or Print Name of Treasurer Laxmaiah Manchikanti, Treasurer

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti, Treasurer Date 01 29 2002

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

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

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		8356.46
(b) Cash on Hand at Begining of Reporting Period	58010.22	
(c) Total Receipts (from Line 19)	32164.10	108837.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90174.32	117194.32
7. Total Disbursements (from Line 30)	33838.00	60858.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56336.32	56336.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

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)	30750.00	
(ii) Unitemized	550.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	31300.00	104550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	31300.00	104550.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
17. Other Federal Receipts Dividends, Interest, etc.)	864.10	1287.86
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	32164.10	108837.86
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	32164.10	108837.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	338.00	358.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	338.00	358.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	33500.00	60500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	33838.00	60858.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	33838.00	60858.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	31300.00	104550.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	31300.00	104550.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	338.00	358.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	338.00	358.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 20

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

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

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

A. Full Name (Last, First, Middle Initial): Sairam Atluri MD
Mailing Address: 10160 Meadowknoll Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee.
Name of Employer: AICC
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 21 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4496

B. Full Name (Last, First, Middle Initial): Klee Bethel MD
Mailing Address: 3063 N. Holmes Road
City: Apache Junction State: AZ Zip Code: 85219
FEC ID number of contributing federal political committee.
Name of Employer: ABC Anesthesiologists
Occupation: Pain Management Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 13 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4497

C. Full Name (Last, First, Middle Initial): Daniel Bruning, MD
Mailing Address: 11364 W. 121st Terrace
City: Overland Park State: KS Zip Code: 66213
FEC ID number of contributing federal political committee.
Name of Employer: Midwest Anesth. Assoc.
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 03 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4498

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 20

[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): Joseph Chun, MD
Mailing Address: 4D17 Via Pavion
City: Palos Verdes Estat State: CA Zip Code: 90274
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 05 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4499

B.
Full Name (Last, First, Middle Initial): Harold Cordner, MD
Mailing Address: 12635 North A1A
City: Vero Beach State: FL Zip Code: 32963
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physican
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4500

C.
Full Name (Last, First, Middle Initial): Mary Jo A. Curran
Mailing Address: Advanced Pain Treatment Ctrs Ltd. 132 E Delaware Pl #4804
City: Chicago State: IL Zip Code: 60611
FEC ID number of contributing federal political committee.
Name of Employer: Advanced Pain Treatment Ctrs Ltd
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 10 06 2001
Amount of Each Receipt this Period: 2000.00
Transaction ID: SA11A1.4501

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 20

[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): Jonathan Daitch, MD
Mailing Address: 812 Cape View Drive
City: Fort Myers State: FL Zip Code: 33919
FEC ID number of contributing federal political committee.
Name of Employer: APMS
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4502

B.
Full Name (Last, First, Middle Initial): Satish Darai MD
Mailing Address: 1057 Royal Dublin Lane
City: Dyer State: IN Zip Code: 46311
FEC ID number of contributing federal political committee.
Name of Employer: S. Darai MD PC
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 06 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4503

C.
Full Name (Last, First, Middle Initial): Thomas Falasca, DO
Mailing Address: 3211 Liberty Street #115
City: Erie State: PA Zip Code: 16506
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Interventional Pain Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 08 13 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4504

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 20

[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): Bert Fellows
Mailing Address: 2244 Holt Road
City: Paducah State: KY Zip Code: 42001
FEC ID number of contributing federal political committee.
Name of Employer: Pain Management Center of Paducah
Occupation: Clinical Psychologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 10 06 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4505

B.
Full Name (Last, First, Middle Initial): Joseph Fortin MD
Mailing Address: 4624 Craftsburg Circle
City: Ft. Wayne State: IN Zip Code: 46818
FEC ID number of contributing federal political committee.
Name of Employer: Spine Technology and Rehabilitation
Occupation: Medical Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4506

C.
Full Name (Last, First, Middle Initial): Kunnathu Geevarghese, MD
Mailing Address: 3113 Arden Rd.
City: Louisville State: KY Zip Code: 40222
FEC ID number of contributing federal political committee.
Name of Employer: Pain Control Network PSC
Occupation: Pain Management Anesthesiology
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 05 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4507

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 9 / 20

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

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

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

A. Full Name (Last, First, Middle Initial): Scott Glaser MD
Mailing Address: 134 E. Fourth Street
City: Hinsdale State: IL Zip Code: 60521
FEC ID number of contributing federal political committee.
Name of Employer: Pain Spec.of Greater Chicago
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4509

B. Full Name (Last, First, Middle Initial): Ira Goodman, MD
Mailing Address: 1609 Greendale Ave.
City: Park Ridge State: IL Zip Code: 60068
FEC ID number of contributing federal political committee.
Name of Employer: Pain Spec.of Greater Chicago
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4510

C. Full Name (Last, First, Middle Initial): Cameron Gowonly, MD
Mailing Address: 55 Nottingham Drive
City: Raynham State: MA Zip Code: 02767
FEC ID number of contributing federal political committee.
Name of Employer: Physicians Pain Management
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 08 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4511

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 20

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

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

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

A.
Full Name (Last, First, Middle Initial): Todd Joye, MD
Mailing Address: 825 Fiddlers Point Lane
City: Mt. Pleasant State: SC Zip Code: 29464
FEC ID number of contributing federal political committee.
Name of Employer: Anesthesia Associates of Charleston
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4513

B.
Full Name (Last, First, Middle Initial): Thomas Miller, MD
Mailing Address: 5114 Old Chestnut Ridge Rd.
City: Signal Mountain State: TN Zip Code: 37377
FEC ID number of contributing federal political committee.
Name of Employer: Anesth. Associates
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 08 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4516

C.
Full Name (Last, First, Middle Initial): Mark Newman, MD
Mailing Address: 121 Brentmead Drive
City: Yorktown State: VA Zip Code: 23693
FEC ID number of contributing federal political committee.
Name of Employer: Tidewater Pain Management, PC
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4517

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 20

[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): Gurpreet Padda, MD
Mailing Address: 6918 Washington
City: University City State: MO Zip Code: 63130
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Pain MD
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 07 / 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4514

B.
Full Name (Last, First, Middle Initial): Allan Parr, MD
Mailing Address: 1241 Bluewater Drive
City: Mandeville State: LA Zip Code: 70471
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 / 06 / 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: SA11A1.4518

C.
Full Name (Last, First, Middle Initial): Chandur Pirani, MD
Mailing Address: 615 Detroit Ave.
City: Iron Mountain State: MI Zip Code: 49801
FEC ID number of contributing federal political committee.
Name of Employer: Neaposa Health Ctr
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 07 / 23 / 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4519

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 20

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

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

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

A. Full Name (Last, First, Middle Initial): John Prunskis, MD
Mailing Address: 22 Spring Lane
City: Barrington Hills State: IL Zip Code: 60010
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Pain Treatment Inst Ltd.
Occupation: Pain Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 07 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4520

B. Full Name (Last, First, Middle Initial): G. Samarasinghe, MD
Mailing Address: 4813 Hunting Hill Court
City: Roanoke State: VA Zip Code: 24014
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 08 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4523

C. Full Name (Last, First, Middle Initial): David Schultz, MD
Mailing Address: 5950 Ridge Road
City: Shorewood State: MN Zip Code: 55331
FEC ID number of contributing federal political committee.
Name of Employer: MAPS
Occupation: Anesth Pain Spec MD
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 10 05 2001
Amount of Each Receipt this Period: 2000.00
Transaction ID: SA11A1.4521

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 20

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

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

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

A.
Full Name (Last, First, Middle Initial): John Swicegood MD
Mailing Address: 12 Berry Hill Rd.
City: Fort Smith State: AR Zip Code: 72903
FEC ID number of contributing federal political committee.
Name of Employer: West Arkansas Anesth. Assoc.
Occupation: Interventional Pain Management
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 10 11 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4525

B.
Full Name (Last, First, Middle Initial): Ballard Wright, MD
Mailing Address: 131 Eastin Road
City: Lexington State: KY Zip Code: 40505
FEC ID number of contributing federal political committee.
Name of Employer: Ballard D. Wright, MD, PSC
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 08 09 2001
Amount of Each Receipt this Period: 5000.00
Transaction ID: SA11A1.4526

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5500.00**

TOTAL This Period (last page this line number only) ..... ▶ **30750.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 20

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

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

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

Mailing Address
3151 Jackson Street

City: Paducah
State: KY
Zip Code: 42003

FEC ID number of contributing federal political committee.

Name of Employer:
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1287.86

Date of Receipt
12 31 2001

Amount of Each Receipt this Period
864.10

interest

Transaction ID: SA17.4543

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**864.10**
TOTAL This Period (last page this line number only) ..... ▶	**864.10**

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

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)
Internal Revenue Service

Mailing Address
Internal Revenue Service Center

City: Ogden
State: UT
Zip Code: 84201

Purpose of Disbursement
2000 Federal tax due IRS Form 1120-POL

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
09 14 2001

Amount of Each Disbursement this Period
326.00

Transaction ID: SB21B.4546

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **326.00**

TOTAL This Period (last page this line number only) ..... ▶ **326.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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)
ANNE NORTHUP FOR CONGRESS

Mailing Address
PO BOX 7313
City: LOUISVILLE State: KY Zip Code: 40257

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
ANNE NORTHUP FOR CONGRESS

Category/Type

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

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

Date of Disbursement
11 15 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4474

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

Mailing Address
1713 SOUTH D
City: FORT SMITH State: AR Zip Code: 72901

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
DELAY FOR CONGRESS

Category/Type

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

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

Date of Disbursement
09 04 2001

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.4541

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

Mailing Address
PO BOX 4703
City: LEXINGTON State: KY Zip Code: 40544

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FLETCHER FOR CONGRESS

Category/Type

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

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

Date of Disbursement
09 28 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4534

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

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY

Mailing Address
151 LINDEN ROAD

City: MINEOLA | State: NY | Zip Code: 11501

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF CAROLYN MCCARTHY

Category/Type

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

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

Date of Disbursement: 09 / 25 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4536

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
contribution to Federal candidate

Candidate Name
FRIENDS OF JERRY KLECZKA

Category/Type

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

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

Date of Disbursement: 09 / 11 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4539

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

Mailing Address
PO BOX 860096

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

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF SAM JOHNSON

Category/Type

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

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

Date of Disbursement: 09 / 17 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4538

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address
607 14TH STREET NW SUITE 800

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF SHERROD BROWN

Category/Type

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

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

Date of Disbursement: 09 / 26 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4535

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

Mailing Address
PO BOX 16128

City: HOUSTON | State: TX | Zip Code: 77222

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
GENE GREEN CONGRESSIONAL CAMPAIGN

Category/Type

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

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

Date of Disbursement: 09 / 24 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4537

C. Full Name (Last, First, Middle Initial)
LUTHER FOR CONGRESS VOLUNTEER COMMITTEE

Mailing Address
1399 GENEVA AVENUE NORTH SUITE 20

City: OAKDALE | State: MN | Zip Code: 55128

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
Bill Luther

Category/Type

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

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

Date of Disbursement: 11 / 13 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4531

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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)
PETER DEUTSCH FOR CONGRESS

Mailing Address
P. O. Box 817689 UNIT 911
City: Hollywood State: FL Zip Code: 33081

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
PETER DEUTSCH FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: FL District: 20

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

Date of Disbursement
11 / 15 / 2001

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.4473

B. Full Name (Last, First, Middle Initial)
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE

Mailing Address
PO BOX 1986
City: NEW BRITAIN State: CT Zip Code: 06050

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
Nancy Johnson

Category/Type

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

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

Date of Disbursement
09 / 28 / 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4532

C. 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
contribution to Federal candidate

Candidate Name
TRENT LOTT FOR MISSISSIPPI

Category/Type

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

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

Date of Disbursement
09 / 11 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4540

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

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)
VOLUNTEER PAC

Mailing Address
2000 Glen Echo Road Suite 107
City: Nashville State: TN Zip Code: 37215

Purpose of Disbursement
contribution to Federal PAC

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
10 24 2001

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.4472

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

Mailing Address
P.O. BOX 391
City: HOPKINSVILLE State: KY Zip Code: 42241

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
WHITFIELD FOR CONGRESS COMMITTEE

Category/Type

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

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

Date of Disbursement
09 28 2001

Amount of Each Disbursement this Period
5000.00

Transaction ID: SB23.4533

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

TOTAL This Period (last page this line number only) ..... ▶ **33500.00**