

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		280698.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	280698.19									
(c) Total Receipts (from Line 19)	12543.00	12543.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	293241.19	293241.19								
7. Total Disbursements (from Line 31)	2913.91	2913.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	290327.28	290327.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9200.00	9200.00
(i) Itemized (use Schedule A)	900.00	900.00
(ii) Unitemized	10100.00	10100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10100.00	10100.00
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	443.00	443.00
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))	12543.00	12543.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12543.00	12543.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	913.91	913.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	913.91	913.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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. 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))..	2913.91	2913.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2913.91	2913.91

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	10100.00	10100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10100.00	10100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	913.91	913.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	913.91	913.91

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Jonathan Blatt MD
Mailing Address 3405 Belknap Drive
City State Zip Code
West Linn OR 97068
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 01 / 15 / 2008
Transaction ID: SA11AI.7903
Amount of Each Receipt this Period 500.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
Daniel Bruning, MD
Mailing Address 10501 Metcalf
City State Zip Code
Overland Park KS 66213
FEC ID number of contributing federal political committee. **C**
Name of Employer Pain Care Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 01 / 29 / 2008
Transaction ID: SA11AI.7908
Amount of Each Receipt this Period 5000.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
Michael Burdine, MD
Mailing Address 2267 Cedardale
City State Zip Code
Baton Rouge LA 70808
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 ▼ 400.00
Date of Receipt 01 / 29 / 2008
Transaction ID: SA11AI.7910
Amount of Each Receipt this Period 400.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 5900.00
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: (check only one)	PAGE 7 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patricia Burdine		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 2267 Cedardale Ave		Transaction ID: SA11AI.7909		
	City Baton Rouge	State LA	Zip Code 70808	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Political Contribution		
	Name of Employer Self	Occupation Sales Director		Aggregate Year-to-Date 400.00	

B.	Full Name (Last, First, Middle Initial) Richard Epter		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address P.O. Box 211839		Transaction ID: SA11AI.7911		
	City Augusta	State GA	Zip Code 30917	Amount of Each Receipt this Period 305.00	
	FEC ID number of contributing federal political committee. C		Political Contribution		
	Name of Employer Augusta Pain Center	Occupation MD		Aggregate Year-to-Date 305.00	

C.	Full Name (Last, First, Middle Initial) Scott Glaser		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 100 Tower Dr. Suite 120		Transaction ID: SA11AI.7912		
	City Burr Ridge	State IL	Zip Code 60527	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Political Contribution		
	Name of Employer Pain Spec.of Greater Chicago	Occupation Physician		Aggregate Year-to-Date 365.00	

SUBTOTAL of Receipts This Page (optional)	1070.00
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 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ronald Jones

Mailing Address 200 Arch St.

City State Zip Code
Royse City TX 75189

FEC ID number of contributing federal political committee. C

Name of Employer Royse City Medical Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008

Transaction ID: SA11AI.7913

Amount of Each Receipt this Period 500.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)
Ben Massey

Mailing Address 1202 W. 31st St.

City State Zip Code
Pueblo CO 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 ▼ 365.00

Date of Receipt 01 / 29 / 2008

Transaction ID: SA11AI.7915

Amount of Each Receipt this Period 365.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)
David Stein

Mailing Address 17573 Middle Lake Dr.

City State Zip Code
Boca Raton FL 33496

FEC ID number of contributing federal political committee. C

Name of Employer Broad Anesthesia Association Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 28 / 2008

Transaction ID: SA11AI.7907

Amount of Each Receipt this Period 365.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) 1230.00

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 9 / 13
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Rey Ximenes, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2008
Mailing Address 3701 Bee Cave Rd #104		Transaction ID: SA11AI.7901
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PSMC	Occupation Physician	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Sandra Ximens		Date of Receipt MM / DD / YYYY 01 / 08 / 2008
Mailing Address 3701 Bee Cave Rd. #104		Transaction ID: SA11AI.7902
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PSMC	Occupation Office Manager	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	9200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13
(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)
Beshear for Governor

Mailing Address PO Box 4227

City State Zip Code
Frankfort KY 40604

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA16.7919

Amount of Each Receipt this Period
1000.00

State Contribution (KY)

B. Full Name (Last, First, Middle Initial)
Beshear for Governor

Mailing Address PO Box 4227

City State Zip Code
Frankfort KY 40604

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA16.7920

Amount of Each Receipt this Period
1000.00

State Contribution (KY)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 13	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
	Mailing Address 3151 Jackson Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Paducah	KY	42003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="443.00"/>	Transaction ID: SA17.7934
			Amount of Each Receipt this Period <input type="text" value="264.71"/>
			Investment Dividends earned (Jan)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="264.71"/>
TOTAL This Period (last page this line number only)	<input type="text" value="264.71"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Payment for Credit Card Fees (Jan.) Candidate Name	Transaction ID: SB21B.7931 Date of Disbursement 01 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 687.93
B. Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Investment Disbursement (Jan) Candidate Name	Transaction ID: SB21B.7932 Date of Disbursement 01 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 194.98

SUBTOTAL of Disbursements This Page (optional) ►

882.91

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

882.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE</p> <p>Mailing Address PO BOX 13300</p> <p>City OKLAHOMA CITY State OK Zip Code 73113</p> <p>Purpose of Disbursement Voided check for non-deposit (7/12/04)</p> <p>Candidate Name JAMES M INHOFE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7937</p> <p>Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 7905 MALCOLM ROAD SUITE 102</p> <p>City CLINTON State MD Zip Code 20735</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7928</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LINDSEY GRAHAM FOR SENATE</p> <p>Mailing Address PO BOX 1155</p> <p>City SENECA State SC Zip Code 29679</p> <p>Purpose of Disbursement Voided check for non-deposit (8/23/04)</p> <p>Candidate Name LINDSEY OLIN GRAHAM</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7939</p> <p>Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00