10/23/2002 18 : 42

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼ 2631 Lone Oak Road

Check if different than previously reported. (ACC)

Paducah | KY | 42003 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00351197

CITY ▲ STATE ▲ ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
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) X General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on 11 05 2002 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 10 01 2002 through 10 16 2002

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

Type or Print Name of Treasurer Laxmaiah Manchikanti, Treasurer

Signature of Treasurer Electronically Filed by Laxmaiah Manchikanti, Treasurer Date 10 23 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: 10 01 2002 To: 10 16 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		56336.32
(b) Cash on Hand at Begining of Reporting Period	17688.14	
(c) Total Receipts (from Line 19)	20250.00	90609.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37938.14	146946.14
7. Total Disbursements (from Line 30)	12000.00	121008.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25938.14	25938.14
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: Mo 10 Day 01 Year 2002 To: Mo 10 Day 16 Year 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20000.00	
(ii) Unitemized	250.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	20250.00	90300.00
(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) ..... ▶	20250.00	90300.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	309.82
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) ..... ▶	20250.00	90609.82
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	20250.00	90609.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	208.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	208.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12000.00	120500.00
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	300.00
(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	300.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	12000.00	121008.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	12000.00	121008.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	20250.00	90300.00
33. Total Contribution Refunds (from Line 28(d))	0.00	300.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	20250.00	90000.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	208.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	208.00

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 / 10

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

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

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

A. Full Name (Last, First, Middle Initial): Elmer Dunbar MD
Mailing Address: 6806 Foxcroft Rd.
City: Prospect State: KY Zip Code: 40059
FEC ID number of contributing federal political committee.
Name of Employer: Pain Control Network PSC
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 15 2002
Amount of Each Receipt this Period: 5000.00
Contribution
Transaction ID: SA11A1.4764

B. 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: 5000.00
Date of Receipt: 10 15 2002
Amount of Each Receipt this Period: 5000.00
Contribution
Transaction ID: SA11A1.4767

C. 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.
Name of Employer: NHC
Occupation: Physician/Administrator
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 15 2002
Amount of Each Receipt this Period: 5000.00
Contribution
Transaction ID: SA11A1.4768

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

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 / 10

[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. Ramesh Talreja
Mailing Address: 4121 Sunnybrook Drive
City: Paducah State: KY Zip Code: 42001
FEC ID number of contributing federal political committee.
Name of Employer: Pain Mgt. Center of Paducah
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M M D D Y Y Y Y 10 15 2002
Amount of Each Receipt this Period: 5000.00
Contribution

Transaction ID: SA11A1.4769

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**5000.00**
TOTAL This Period (last page this line number only) ..... ▶	**20000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
BASS VICTORY COMMITTEE

Mailing Address
PO Box 3451 PO Box 3451
City State Zip Code
Concord NH 03302

Purpose of Disbursement
Contribution

Candidate Name
CHARLES F BASS

Category/ Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4795

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

Mailing Address
P.O.BOX 4657 P O BOX 4657
City State Zip Code
CASPER WY 82604

Purpose of Disbursement
Contribution

Candidate Name
BARBARA L CUBIN

Category/ Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4792

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address
PO Box 50100 PO Box 50100
City State Zip Code
Springfield MO 65805

Purpose of Disbursement
Contribution

Candidate Name
ROY BLUNT

Category/ Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4789

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

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

A. 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
Contribution

Candidate Name
HEATHER ANN WILSON

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4786

B. Full Name (Last, First, Middle Initial)
HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address
200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712
City Monticello State IN Zip Code 47960

Purpose of Disbursement
Contribution

Candidate Name
STEVEN BUYER

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4782

C. 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
Contribution

Candidate Name
MARY BONO

Category/Type

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

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
10 07 2002

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.4771

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

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

A.
Full Name (Last, First, Middle Initial): MIKE BILIRAKIS FOR CONGRESS
Mailing Address: P O BOX 1077
City: TARPON SPRINGS State: FL Zip Code: 34689
Purpose of Disbursement: Contribution
Candidate Name: MICHAEL BILIRAKIS
Category/Type
Office Sought: X House / Senate / President
State: FL District: 09
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 07 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4777

B.
Full Name (Last, First, Middle Initial): PICKERING FOR CONGRESS
Mailing Address: PO BOX 6440
City: LAUREL State: MS Zip Code: 39441
Purpose of Disbursement: Contribution
Candidate Name: CHARLES W 'CHIP' JR PICKERING
Category/Type
Office Sought: X House / Senate / President
State: MS District: 03
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 07 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4780

C.
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: Contribution
Candidate Name: RICHARD M BURR
Category/Type
Office Sought: X House / Senate / President
State: NC District: 05
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 10 / 07 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB23.4774

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

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

A.

Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address
P.O. Box 5458 PO BOX 5458

City: Springfield
State: IL
Zip Code: 62705

Purpose of Disbursement
Contribution

Candidate Name
JOHN M SHIMKUS

Category/Type

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

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

Date of Disbursement
10 14 2002

Amount of Each Disbursement this Period
2000.00

Transaction ID: SB23.4798

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**2000.00**
TOTAL This Period (last page this line number only) ..... ▶	**12000.00**