

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) 2831 Lone Oak Road
 Check if different than previously reported. (ACC)
Paducah KY 42003

2. **FEC IDENTIFICATION NUMBER** C00351197
3. IS THIS REPORT 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 (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 07 20 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		136771.45
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning 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									

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	81010.00	225010.00
(i) Itemized (use Schedule A)	1400.00	7750.00
(ii) Unitemized	82410.00	232760.00
(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)	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) and 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 / 61
(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)
Anatoly Arber, MD, PhD

Mailing Address 501 N. Riverside Dr.
Suite 213

City State Zip Code
Gurnee IL 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
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 State Zip Code
Canyon Lake TX 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
M M / D D / Y Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.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 State Zip Code
Chagrin Falls OH 44023

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

Name of Employer ALUM/CLPC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2004

Transaction ID: SA11AI.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 / 61
(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) James Barrett, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address 1235 Penn Ave Suite 302		Transaction ID: SA11AI.5797
City Wyomissing	State PA	Zip Code 19610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Pain Control	Occupation Physician	individual 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) Louis Bojrab		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address 18150 Penninsula Way		Transaction ID: SA11AI.5801
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Specialists	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Roger Catlin		Date of Receipt MM / DD / YYYY 09 / 24 / 2004
Mailing Address 4714 Mountain Creek Rd.		Transaction ID: SA11AI.5802
City Chattanooga	State TN	Zip Code 37415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Chattanooga Center for Pa- in	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 8 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. John Chatas	Date of Receipt MM / DD / YYYY 09 / 15 / 2004
	Mailing Address 15632 Troon Ct.	Transaction ID: SA11AI.5805
	City State Zip Code Northville WI 48167	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Michigan Pain Specialists Physician	
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) Pradeep Chopra	Date of Receipt MM / DD / YYYY 09 / 16 / 2004
	Mailing Address 14 Forest Hill Dr.	Transaction ID: SA11AI.5807
	City State Zip Code N. Smithfield RI 02896	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation SNAPA Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Roger Cicala	Date of Receipt MM / DD / YYYY 09 / 15 / 2004
	Mailing Address 22 Lynnfield	Transaction ID: SA11AI.5809
	City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Self Physician	
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)	1500.00
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 / 61
(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)
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: SA11AI.5811
Amount of Each Receipt this Period 2000.00
individual contribution

B. 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. **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: SA11AI.5813
Amount of Each Receipt this Period 2000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Sukdeb 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: SA11AI.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 / 61

(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)
Timothy Deer

Mailing Address 46 Quarry Ridge Rd.

City State Zip Code
Charleston WV 25301

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

Name of Employer Occupation
Center for Pain Relief Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 State Zip Code
Tampa FL 33607

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.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 State Zip Code
Greenville DE 19807

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

Name of Employer Occupation
Brandywine Pain Management Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61
(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)
Geral Dworkin

Mailing Address 821 Lafayette Road

City State Zip Code
Bryn Maur PA 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
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5818

Amount of Each Receipt this Period
500.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Richard Epter

Mailing Address P.O. Box 211839

City State Zip Code
Augusta GA 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
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 State Zip Code
Dunedin FL 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
M M / D D / Y Y Y Y Y
08 / 13 / 2004

Transaction ID: SA11AI.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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61
(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)
Frederick Flaccavento

Mailing Address 188 Highland Rd.

City State Zip Code
York PA 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: SA11AI.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 State Zip Code
Tampa FL 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: SA11AI.5822
Amount of Each Receipt this Period: 2000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Evan Frank

Mailing Address 14 Narbrook Park

City State Zip Code
Narberth PA 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: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 61

(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)
Mayo Friedlis, MD

Mailing Address 490 Lost Trail Way

City State Zip Code
Potomac MD 20854

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2004

Transaction ID: SA11AI.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 State Zip Code
Alpharetta GA 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

M M / D D / Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.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 State Zip Code
Macon GA 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

M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 61

(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) Ira Goodman, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2004		
	Mailing Address 1609 Greendale Ave.		Transaction ID: SA11AI.5832		
	City Park Ridge	State IL	Zip Code 60068	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
Name of Employer Pain Spec.of Greater Chic-ago		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2004		
	Mailing Address 1224 Commerce St. SW		Transaction ID: SA11AI.5785		
	City Concover	State NC	Zip Code 28613	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
Name of Employer Pain Relief Centers		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen, MD		Date of Receipt MM / DD / YYYY 08 / 13 / 2004		
	Mailing Address 1224 Commerce St. SW		Transaction ID: SA11AI.5768		
	City Concover	State NC	Zip Code 28613	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
Name of Employer Pain Relief Centers		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00			

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 / 61
(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)
Dr. Hans Hansen, MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

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

Name of Employer Pain Relief Centeres Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 State Zip Code
Waco TX 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
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5834

Amount of Each Receipt this Period
1000.00

individual contribution

C.

Full Name (Last, First, Middle Initial)
Joseph Jasper, MD

Mailing Address 2611 Lemons Beach Rd. W

City State Zip Code
University Place WA 98465

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

Name of Employer Advanced Pain Med. Physicians Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 / 61
(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)
Tsen Tsen Jin

Mailing Address 210 Canal Street
Suite 406

City State Zip Code
New York NY 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: SA11AI.5836
Amount of Each Receipt this Period: 1000.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Todd Joye

Mailing Address 114 W. Shipyard Rd.

City State Zip Code
Mt. Pleasant SC 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: SA11AI.5838
Amount of Each Receipt this Period: 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Daniel Kim, MD

Mailing Address 1103 Hunters Creek Drive

City State Zip Code
Carrollton TX 75007

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

Name of Employer Tarpon, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2004
Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 61
(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) David Kloth, MD		Date of Receipt MM / DD / YYYY 09 / 16 / 2004
Mailing Address 2 Mountain Terrace Apt. 1132		Transaction ID: SA11AI.5841
City Danbury	State CT	Zip Code 06810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Connecticut Pain Care, PC	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Thomas Knox		Date of Receipt MM / DD / YYYY 09 / 21 / 2004
Mailing Address 5605 Kyles Lane		Transaction ID: SA11AI.5842
City Libery	State OH	Zip Code 45044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MAC	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Michael Kuo, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address 2097 Robin Way Ct.		Transaction ID: SA11AI.5848
City Vienna	State VT	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NRIH Georgetown	Occupation Physician	individual 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)	▶	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 / 61
(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)
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: SA11AI.5850
Amount of Each Receipt this Period 1100.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Chris Lander

Mailing Address 2050 Abbey Road
Suite A

City Charlottesville State VA Zip Code 22911

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: SA11AI.5852
Amount of Each Receipt this Period 1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Yogesh Malla

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: SA11AI.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 / 61
(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)
Barbara Mallet

Mailing Address 3402 Neius St.

City State Zip Code
Vancouver WA 98686

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.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 State Zip Code
Pueblo CO 81008

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.5859

Amount of Each Receipt this Period
250.00

individual contribution

C. Full Name (Last, First, Middle Initial)
David McKeller, MD

Mailing Address 179 Churchwell Road

City State Zip Code
Purvis MS 39475

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

Name of Employer Pain Consultants od S. Mi-ss. Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 61
(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)
Joanne Mehmert

Mailing Address 1613 NE 77th Terrace

City State Zip Code
Kansas City MO 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: SA11AI.5862
Amount of Each Receipt this Period: 100.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Ralph Menard

Mailing Address 4642 N. Loop 289 #209

City State Zip Code
Lubbock TX 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: SA11AI.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 State Zip Code
Ooltewah TN 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: SA11AI.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 / 61
(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)
Gordon Mortensen, MD

Mailing Address 10438 N. Pine Tree Circle

City State Zip Code
Mequon WI 53092

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

Name of Employer Occupation
IPC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.5865

Amount of Each Receipt this Period
500.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Scott Naftulin

Mailing Address 5938 Haasdahl Road

City State Zip Code
Orefield PA 18069

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

Name of Employer Occupation
Northeastern Rehab Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2004

Transaction ID: SA11AI.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 State Zip Code
Agawam MA 01001

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

Name of Employer Occupation
Pioneer Valley Pain Mgmt. MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 61

(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)
Michael Poss, MD

Mailing Address 10172 Ramey Road

City State Zip Code
Marshall VA 20115

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

Name of Employer Occupation
Virginia Brain and Spine Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.5874

Amount of Each Receipt this Period
500.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Eduardo Quesada, MD

Mailing Address 7 Proclamation Ct.

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
Amoskeig Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5876

Amount of Each Receipt this Period
500.00

individual contribution

C.

Full Name (Last, First, Middle Initial)
Ezra Riber

Mailing Address 313 Trentwood Dr.

City State Zip Code
Columbia SC 29223

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 61
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Harlan Ribnik

Mailing Address P.O. Box 628

City State Zip Code
Cheyenne WY 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
MM / DD / YYYY
09 / 24 / 2004

Transaction ID: SA11AI.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 State Zip Code
Huntsville AL 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
MM / DD / YYYY
09 / 16 / 2004

Transaction ID: SA11AI.5882

Amount of Each Receipt this Period
500.00

individual contribution

C.

Full Name (Last, First, Middle Initial)
Mark Rubin, MD

Mailing Address 20950 N. Tatum Blvd.
Ste 300

City State Zip Code
Phoenix AZ 85050

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
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.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 / 61
(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)
Steven Rupert, MD

Mailing Address 8221 Berry Drive

City State Zip Code
Evansville IN 47710

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 ▼ 1875.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2004

Transaction ID: SA11AI.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 State Zip Code
Evansville IN 47710

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2004

Transaction ID: SA11AI.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 State Zip Code
Mesa AZ 85205

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

Name of Employer Self Occupation Physician Desert Pain Institute

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 61
(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)
Henry Sanel

Mailing Address 11268 East Palomino Rd.

City State Zip Code
Scottsdale AZ 85259

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

Name of Employer Occupation
Scotts Center Advance Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5886

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 State Zip Code
Norton MA 02767

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

Name of Employer Occupation
Southern New England Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5888

Amount of Each Receipt this Period
500.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Rasheed Siddiqui

Mailing Address 2050 Abbet Road

City State Zip Code
Charlottesville VA 22911

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

Name of Employer Occupation
Self Charlottesville PMC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 / 61
(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) Sanford Silverman		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address 100 E. Sample Rd. Suite 200		Transaction ID: SA11AI.5892
City Pompano Beach	State FL	Zip Code 33064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Sanford Silverman	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Francoise Singh, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address 1111 Houghteling Street		Transaction ID: SA11AI.5894
City Iron Mountain	State MI	Zip Code 49801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation Physician/Administrator	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) David Stein		Date of Receipt MM / DD / YYYY 09 / 16 / 2004
Mailing Address 17573 Middle Lake Dr.		Transaction ID: SA11AI.5895
City Boca Raton	State FL	Zip Code 33496
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Broad Anesthesia Associat- ion	Occupation Physician	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 / 61
(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)
Sharon Stein

Mailing Address 10425 W. Hawthorne Rd.

City State Zip Code
Megoun WI 53097

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

Name of Employer Occupation
Milwaukee Pain Treatment Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2004

Transaction ID: SA11AI.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 State Zip Code
Columbia SC 29212

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

Name of Employer Occupation
Columbia Neurosurgical Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.5899

Amount of Each Receipt this Period
5000.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Dr. Praveen Suchdev

Mailing Address 4 Gilboa Lane

City State Zip Code
Nashua NH 03062

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

Name of Employer Occupation
Pain Solutions Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2004

Transaction ID: SA11AI.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 / 61
(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)
S. Garrett Sullivan, MD
Mailing Address P.O. Box 2238

City State Zip Code
Frisco CO 80443

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

Name of Employer Occupation
Alpine Anesthesia Associates Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2004
Transaction ID: SA11AI.5902
Amount of Each Receipt this Period
500.00
individual contribution

B. Full Name (Last, First, Middle Initial)
John Swicegood, MD
Mailing Address 12 Berry Hill Rd.

City State Zip Code
Fort Smith AR 72903

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

Name of Employer Occupation
AIPD Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2004
Transaction ID: SA11AI.5903
Amount of Each Receipt this Period
1000.00
individual contribution

C. Full Name (Last, First, Middle Initial)
James Thacker
Mailing Address PO Box 925

City State Zip Code
Niwot CO 80544

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

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2004
Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 61
(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)
Daniel Theesfeld

Mailing Address 3312 N. University

City State Zip Code
Nacogdoches TX 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
MM / DD / YYYY
09 / 09 / 2004

Transaction ID: SA11AI.5907

Amount of Each Receipt this Period
2000.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Andrea M. Trescot, MD

Mailing Address 2558 Admirals Walk Dr. S.

City State Zip Code
Orange Park FL 32073

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

Name of Employer Clay Surgery Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2004

Transaction ID: SA11AI.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 State Zip Code
Redondo Beach CA 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
MM / DD / YYYY
07 / 22 / 2004

Transaction ID: SA11AI.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 / 61
(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)
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: SA11AI.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: SA11AI.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: SA11AI.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 / 61
(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)
James Wilson, MD

Mailing Address PO Box 9098

City Naperville State IL Zip Code 60565

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: SA11AI.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: SA11AI.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: SA11AI.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 / 61
(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)
Pramod Yadhati

Mailing Address 31 Falcon Ct.

City State Zip Code
Wilmington DE 19808

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

Name of Employer Occupation
Brandywine Pain Mgmt. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.5919

Amount of Each Receipt this Period
1000.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Kenneth Zahl

Mailing Address 3 Cambridge Rd.

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Self MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2004

Transaction ID: SA11AI.5921

Amount of Each Receipt this Period
2000.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Frank Zondlo

Mailing Address 999 Mar Walt Dr.

City State Zip Code
Fort Walton Beach FL 32547

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 61

(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"/> 14	<input type="checkbox"/> 15	<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

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.38

Date of Receipt

M M / D D / Y Y Y Y
07 30 2004

Transaction ID: SA17.5760

Amount of Each Receipt this Period

160.15

July Interest

B.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 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

M M / D D / Y Y Y Y
08 30 2004

Transaction ID: SA17.5761

Amount of Each Receipt this Period

138.59

August Interest

C.

Full Name (Last, First, Middle Initial)

Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 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

M M / D D / Y Y Y Y
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)

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5763</p> <p>Date of Disbursement 07 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 185.96</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5764</p> <p>Date of Disbursement 08 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 71.64</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bantera Bank</p> <p>Mailing Address 3151 Jackson Street</p> <p>City Paducah State KY Zip Code 42003</p> <p>Purpose of Disbursement Payment for Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5765</p> <p>Date of Disbursement 09 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 42.89</p>

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)

PAGE 35 / 61

<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) Internal Revenue Service			Transaction ID: SB21B.5766 Date of Disbursement																					
	Mailing Address Internal Revenue Service Center			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		0	8		2	0	0	4																
	City Ogden	State UT	Zip Code 84201	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Payment to IRS			<table border="1"> <tr> <td colspan="6">435.00</td> </tr> </table>			435.00																		
435.00																									
	Candidate Name																								
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																							
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																							
	<input type="checkbox"/> President																								
	State:	District:																							

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)

PAGE 36 / 61

<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) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5970</p> <p>Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) BILL THOMAS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 395</p> <p>City BAKERSFIELD State CA Zip Code 93302</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 21</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5968</p> <p>Date of Disbursement 07 / 19 / 2004</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) BINGAMAN 2000</p> <p>Mailing Address PO BOX 16210</p> <p>City ALBUQUERQUE State NM Zip Code 87191</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6029</p> <p>Date of Disbursement 08 / 25 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>

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)

<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

A. Full Name (Last, First, Middle Initial) CHRIS JOHN FOR US SENATE <hr/> Mailing Address PO BOX 971 <hr/> City CROWLEY State LA Zip Code 70527 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5972 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH <hr/> Mailing Address 1300 E. 47th Street PMB #448 <hr/> City CHICAGO State IL Zip Code 60653 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5973 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE <hr/> Mailing Address P.O. Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6031 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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) CRANE FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 8534</p> <p>City ROLLING MEADOWS State IL Zip Code 60008</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 08</p>	<p>Transaction ID: SB23.5975</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	4	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	4													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2004</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 04</p>	<p>Transaction ID: SB23.5976</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	4	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	4													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC</p> <p>Mailing Address 701 GERVAIS STREET SUITE 150-178</p> <p>City COLUMBIA State SC Zip Code 29201</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SC District: 00</p>	<p>Transaction ID: SB23.5978</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	4	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	4													
5000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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

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**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) DOGGETT FOR US CONGRESS</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6033</p> <p>Date of Disbursement 08 / 25 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5929</p> <p>Date of Disbursement 07 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE</p> <p>Mailing Address 8917 STAFFORD SPRINGS DRIVE</p> <p>City LAS VEGAS State NV Zip Code 89134</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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: SB23.5979</p> <p>Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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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<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

A.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	Transaction ID: SB23.6047 Date of Disbursement
	Mailing Address PO BOX 2775	<input type="text" value="08"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City CODY State WY Zip Code 82414	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.5946 Date of Disbursement
	Mailing Address PO BOX 3197 P O BOX 118	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.5981 Date of Disbursement
	Mailing Address 228 S WASHINGTON STE 115	<input type="text" value="08"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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

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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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**

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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

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: House
 Senate
 President

State: WA District: 07

Disbursement For: 2004
 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: House
 Senate
 President

State: FL District: 13

Disbursement For: 2004
 Primary 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 860096

City PLANO State TX Zip Code 75086

Purpose of Disbursement
political contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: TX District: 03

Disbursement For: 2004
 Primary 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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<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.</p> <p>Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO BOX 16128</p> <p>City HOUSTON State TX Zip Code 77222</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 29</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6035</p> <p>Date of Disbursement 08 / 25 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 00</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5955</p> <p>Date of Disbursement 07 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS</p> <p>Mailing Address P.O. BOX 14070 P.O. BOX 14070</p> <p>City ALBUQUERQUE State NM Zip Code 87191</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 01</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5983</p> <p>Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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.</p> <p>Full Name (Last, First, Middle Initial) JIM DAVIS FOR CONGRESS</p> <p>Mailing Address PO Box 18143</p> <p>City Tampa State FL Zip Code 33679</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 11</p> <p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTEE</p> <p>Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310</p> <p>City Minnetonka State MN Zip Code 55305</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5986</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS</p> <p>Mailing Address 1520 PINEHURST DRIVE SW</p> <p>City ATLANTA State GA Zip Code 30311</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5988</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="6000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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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<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

A.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: SB23.5989 Date of Disbursement 08 / 23 / 2004
	Mailing Address PO BOX 45444	
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHNSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.5991 Date of Disbursement 08 / 23 / 2004
	Mailing Address P.O. Box 1986	
	City New Britain State CT Zip Code 06050	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN THUNE FOR US SENATE	Transaction ID: SB23.6048 Date of Disbursement 09 / 07 / 2004
	Mailing Address 2908 W 11TH STREET	
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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

A. Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE <hr/> Mailing Address POST OFFICE BOX 10246 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5993 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JUDD GREGG COMMITTEE <hr/> Mailing Address PO BOX 1812 <hr/> City CONCORD State NH Zip Code 03302 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5995 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS <hr/> Mailing Address P.O. Box 637 <hr/> City Hinsdale State IL Zip Code 60522 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6056 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 4
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

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<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) LEE TERRY FOR CONGRESS</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 02</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5927</p> <p>Date of Disbursement MM / DD / YYYY 07 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>B. 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 political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5938</p> <p>Date of Disbursement MM / DD / YYYY 07 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</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 political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5996</p> <p>Date of Disbursement MM / DD / YYYY 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>

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)

<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

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
 Senate
 President

State: AK District: 00

Disbursement For: 2004
 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
 Senate
 President

State: AK District: 00

Disbursement For: 2004
 Primary 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: House
 Senate
 President

State: WI District: 07

Disbursement For: 2004
 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)

<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

A.	Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE	Transaction ID: SB23.5997 Date of Disbursement 08 / 23 / 2004
	Mailing Address PO BOX 3370	
	City PALM SPRINGS State CA Zip Code 92263	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE BILIRAKIS FOR CONGRESS	Transaction ID: SB23.5925 Date of Disbursement 07 / 01 / 2004
	Mailing Address P O BOX 1077	
	City TARPON SPRINGS State FL Zip Code 34688	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE BILIRAKIS FOR CONGRESS	Transaction ID: SB23.5965 Date of Disbursement 07 / 15 / 2004
	Mailing Address P O BOX 1077	
	City TARPON SPRINGS State FL Zip Code 34688	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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

A.	Full Name (Last, First, Middle Initial) MIKE DEWINE FOR US SENATE	Transaction ID: SB23.5998
	Mailing Address PO BOX 340188	Date of Disbursement 08 / 23 / 2004
	City COLUMBUS State OH Zip Code 43234	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MISSOURIANS FOR KIT BOND	Transaction ID: SB23.6000
	Mailing Address 147 N MERAMEC SUITE 100	Date of Disbursement 08 / 23 / 2004
	City ST LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: SB23.6002
	Mailing Address PO BOX 902	Date of Disbursement 08 / 23 / 2004
	City GAINESVILLE State GA Zip Code 30503	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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

A.

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

Transaction ID: SB23.6041
Date of Disbursement

Mailing Address 330 112TH AVENUE NE SUITE 101

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	4

City State Zip Code
BELLEVUE WA 98004

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
political contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: WA District: 00
Disbursement For: 2004
 Primary General
 Other (specify) ▼

B.

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

Transaction ID: SB23.5940
Date of Disbursement

Mailing Address 3305 66th Street Suite # 1

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	4

City State Zip Code
Lubbock TX 79413

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
political contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: TX District: 19
Disbursement For: 2004
 Primary General
 Other (specify) ▼

C.

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

Transaction ID: SB23.6004
Date of Disbursement

Mailing Address PO Box 499

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	4

City State Zip Code
Evans GA 30809

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
political contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: GA District: 09
Disbursement For: 2004
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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**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

A.	Full Name (Last, First, Middle Initial) OTTER FOR IDAHO	Transaction ID: SB23.5961 Date of Disbursement 07 / 13 / 2004
	Mailing Address P.O. BOX 7807	Amount of Each Disbursement this Period 1000.00
	City BOISE State ID Zip Code 83707	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE	Transaction ID: SB23.6006 Date of Disbursement 08 / 23 / 2004
	Mailing Address PO BOX 433	Amount of Each Disbursement this Period 2000.00
	City GREAT BEND State KS Zip Code 67530	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: SB23.6008 Date of Disbursement 08 / 23 / 2004
	Mailing Address PO BOX 1940	Amount of Each Disbursement this Period 2000.00
	City ERIE State PA Zip Code 16507	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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

A.	Full Name (Last, First, Middle Initial) PETER HOEKSTRA FOR CONGRESS	Transaction ID: SB23.5931 Date of Disbursement 07 / 01 / 2004
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 1000.00
	City Holland State MI Zip Code 49423	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER HOEKSTRA FOR CONGRESS	Transaction ID: SB23.6011 Date of Disbursement 08 / 23 / 2004
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 1000.00
	City Holland State MI Zip Code 49423	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.6010 Date of Disbursement 08 / 23 / 2004
	Mailing Address PO BOX 8331	Amount of Each Disbursement this Period 2000.00
	City FREMONT State CA Zip Code 94537	
	Purpose of Disbursement political contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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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<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

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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6016 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6054 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 4
	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)

<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) SANTORUM 2006</p> <p>Mailing Address ONE TOWER BRIDGE SUITE 1440</p> <p>City WEST CONSHOHOCKEN State PA Zip Code 19428</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6019 Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 5130</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6021 Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SNOWE FOR SENATE</p> <p>Mailing Address PO BOX 2006</p> <p>City PORTLAND State ME Zip Code 04104</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6023 Date of Disbursement 08 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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)

<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

A.	Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS	Transaction ID: SB23.5963 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd. #1612	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2004"/>
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SPECTER SENATE VICTORY COMMITTEE	Transaction ID: SB23.5951 Date of Disbursement
	Mailing Address PO BOX 75103	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2004"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TALENT FOR SENATE COMMITTEE	Transaction ID: SB23.5933 Date of Disbursement
	Mailing Address 147 N MERAMEC SUITE 100	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2004"/>
	City ST LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement Political contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) TALENT FOR SENATE COMMITTEE <hr/> Mailing Address 147 N MERAMEC SUITE 100 <hr/> City ST LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6025 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC <hr/> Mailing Address 3343 Allendale Place <hr/> City Montgomery State AL Zip Code 36111 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5966 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 4
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TEAM SUNUNU <hr/> Mailing Address PO BOX 500 <hr/> City RYE State NH Zip Code 03870 <hr/> Purpose of Disbursement political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5949 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 4
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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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<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

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 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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

Image# 28991537042

Form/Schedule: **SB23**

Transaction ID: **SB23.5935**

ASIPP PAC made a contribution to the Friends of Sessions Senate Committee on 7/20/2004 in the amount of \$1000.00. ASIPP PAC intended for the contribution to be designated for the primary election. However, due to a filing error, it was inadvertently disclosed as a general election contribution. The Sessions campaign committee correctly disclosed the contribution as being for the primary election, and the purpose of this amendment is to correct the error in designation made on the ASIPP filing.
