

**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

CITY

STATE

ZIP CODE

C00351197

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

X 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 (12S)

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

04

01

2004

through

06

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

15

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		136771.45
(b) Cash on Hand at Beginning of Reporting Period	132677.38	
(c) Total Receipts (from Line 19)	106341.06	157100.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	239018.44	293871.68
<hr/>		
7. Total Disbursements (from Line 31)	47748.35	102601.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	191270.09	191270.09
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	99750.00	
(ii) Unitemized	5200.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	104950.00	150350.00
(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)	104950.00	150350.00
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	1000.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	391.06	750.23
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))	106341.06	157100.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106341.06	157100.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2248.35	3101.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2248.35	3101.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	94500.00
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.....	5000.00	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))..... ▶	5000.00	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 ActMty (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))..	47748.35	102601.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	47748.35	102601.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	104950.00	150350.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	99950.00	145350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2248.35	3101.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2248.35	3101.59

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

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

FOR LINE NUMBER: PAGE 6 / 48
(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

Full Name (Last, First, Middle Initial) A. Saïram Aduri MD		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 10180 Meadowknoll Drive		Transaction ID: SA11A1.5672
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer AICC	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Jonathan Blatt MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 3405 Belknap Drive		Transaction ID: SA11A1.5475
City West Linn	State OR	Zip Code 97068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Stephen Bliericht		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 242 Old Concord Rd.		Transaction ID: SA11A1.5551
City Fletcher	State NC	Zip Code 28732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 48

(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

Full Name (Last, First, Middle Initial) A. Louis Bajrab		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 48045 Hilltop Drive East		Transaction ID: SA11A1.5478
City Plymouth	State MI	Zip Code 48170
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mark Boswell		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 33005 Canterbury Rd.		Transaction ID: SA11A1.5673
City Avon Lake	State OH	Zip Code 44012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ. of Cleveland	Occupation MD	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Lora Brown		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 603 7th Street South Apt. # 340		Transaction ID: SA11A1.5478
City St. Petersburg	State FL	Zip Code 33708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Florida Pain Management	Occupation Physician	individual Contribution
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(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

Full Name (Last, First, Middle Initial) A. Dr. Daniel Bruning		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 11364 W. 121st Terrace		Transaction ID: SA11A1.5554
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Pain Care	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Daniel Bruning		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 10501 Metcalf		Transaction ID: SA11A1.5556
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Pain Care	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Robert Bulger		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 8230 Walnut Hill Lane #212		Transaction ID: SA11A1.5580
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pinnacle Pain Mgmt.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 48

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Richard Bundschu		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 8112 Pasadena Point Blvd.		Transaction ID: SA11A1.5479
City Gulfport	State FL	Zip Code 33707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Relief Center of Florida	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MD, Harold Corbier		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 13837 US 1		Transaction ID: SA11A1.5481
City Sebastian	State FL	Zip Code 32958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael Courtney		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 7319 Invarness Ct.		Transaction ID: SA11A1.5584
City Brooksville	State FL	Zip Code 34613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brooksville Pain Mgmt.	Occupation Physician	individual contribution
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Steve Cray		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 20 Endicott Lane		Transaction ID: SA11A1.5485
City Highwood	State IL	Zip Code 60040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anesthesia Consultants, LTD.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ray D'Amours		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 4730 Northridge Dr.		Transaction ID: SA11A1.5567
City Palmdale	State CA	Zip Code 93551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jonathan Datch, MD		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 812 Cape View Drive		Transaction ID: SA11A1.5586
City Fort Myers	State FL	Zip Code 33919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer APMS	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 49
(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

Full Name (Last, First, Middle Initial) A. Linda Davis		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 35405 N. 40th Street		Transaction ID: SA11A1.5589
City Cave Creek	State AZ	Zip Code 85331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Miles Day		Date of Receipt M / D / Y Y Y Y 04 / 14 / 2004
Mailing Address 3319 21st Street		Transaction ID: SA11A1.5486
City Lubbock	State TX	Zip Code 79410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Texas Tech University	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Timothy Deer		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 48 Quarry Ridge Rd.		Transaction ID: SA11A1.5571
City Charleston	State WV	Zip Code 25301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Pain Relief	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 12 / 49
(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. Bobby Dey Full Name (Last, First, Middle Initial) Mailing Address 13510 Cavanaugh Dr. City State Zip Code Rockville MD 20850		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.5573 Amount of Each Receipt this Period 500.00 individual contribution
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

B. Miguel Dominguez Full Name (Last, First, Middle Initial) Mailing Address 12631 Baja Panorama City State Zip Code Santa Ana CA 92705		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2004 Transaction ID: SA11A1.5674 Amount of Each Receipt this Period 250.00 individual contribution
FEC ID number of contributing federal political committee. C	Name of Employer Medical Director Occupation Physician Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C. Bherat Dubal Full Name (Last, First, Middle Initial) Mailing Address 2224 Abbeywood Road City State Zip Code Lexington KY 40515		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2004 Transaction ID: SA11A1.5492 Amount of Each Receipt this Period 500.00 individual contribution
FEC ID number of contributing federal political committee. C	Name of Employer Pain Management Occupation Physician Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rodrigo Duráide		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 200 Colonial Homes Dr. #1106		Transaction ID: SA11A1.5494
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pain Consultants of Atlanta	Occupation MD	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Gerald Dworkin		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 821 Lafayette Rd.		Transaction ID: SA11A1.5497
City Bryn Mawr	State PA	Zip Code 19010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Physician Rehab Assc.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Peter Emat		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 2562 Gray Circle		Transaction ID: SA11A1.5577
City Dunedin	State FL	Zip Code 34698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Kimber Eubanks		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 105D1 Metcalf Ave.		Transaction ID: SA11A1.5579
City Overland Park	State KS	Zip Code 66212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Pain Care	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Michael Forman		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 1625 Sam Houston Dr.		Transaction ID: SA11A1.5500
City Harlingen	State TX	Zip Code 78550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Headache and Pain Center	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harold Gear		Date of Receipt M / D / Y 08 / 08 / 2004
Mailing Address 255B Admirals Walk Dr.		Transaction ID: SA11A1.5678
City Orange Park	State FL	Zip Code 32073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clay Surgery Center	Occupation Administrator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49
(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

Full Name (Last, First, Middle Initial) A. Sunil Gera		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 219 Dunwoody Dr.		Transaction ID: SA11A1.5581
City	State	Zip Code
Jonesboro	AR	72401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Scott Glaser MD		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 134 E. Fourth Street		Transaction ID: SA11A1.5583
City	State	Zip Code
Hinsdale	IL	60521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pain Spec. of Greater Chic-ago	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Gregg		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 9580 Linfield Drive		Transaction ID: SA11A1.5507
City	State	Zip Code
Cincinnati	OH	45242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia Associates of Cincinnati	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 49
(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

Full Name (Last, First, Middle Initial) A. Harold Gutgsell		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 1345 Coyote Rd.		Transaction ID: SA11A1.5588
City Prescott	State AZ	Zip Code 86303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Hans Hansen		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 340B Pinehurst Road		Transaction ID: SA11A1.5588
City Statesville	State NC	Zip Code 28625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Relief Centers, PA	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Hans Hansen		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 340B Pinehurst Road		Transaction ID: SA11A1.5588
City Statesville	State NC	Zip Code 28625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Relief Centers, PA	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 49
(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

Full Name (Last, First, Middle Initial) A. Dr. Hans Hansen		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 340B Pinehurst Road		Transaction ID: SA11A1.5678
City Statesville	State NC	Zip Code 28625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Relief Centers, PA	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Kendall Hansen, MD		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 202B River Vista Ct.		Transaction ID: SA11A1.5509
City Villa Hills	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Interventional Pain Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Standford Helm II		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 1803 Calle de La Alamos		Transaction ID: SA11A1.5589
City San Clemente	State CA	Zip Code 92672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. David Herbert		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 4543 W. Detroit		Transaction ID: SA11A1.5590
City	State	Zip Code
Chandler	AZ	85226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Joni Hrick		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 547B Irish Rd.		Transaction ID: SA11A1.5593
City	State	Zip Code
N. Tonawanda	NY	14120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ctrs. of Am pain physicia- ns	Occupation COO	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Juan Ibarra		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 283D Marvin Lane		Transaction ID: SA11A1.5595
City	State	Zip Code
Freeport	IL	61032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 40
(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

Full Name (Last, First, Middle Initial) A. Donna Jasper		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 2811 Lemons Beach Rd. W		Transaction ID: SA11A1.5598
City	State	Zip Code
Tacoma	WA	98466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Advanced Pain Med. Physi- cians	Occupation Administrator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph Jasper		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 2811 Lemons Beach Rd. W		Transaction ID: SA11A1.5597
City	State	Zip Code
University Place	WA	98466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Advanced Pain Medicine Ph- ysicians	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Arthur Jordan		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 9504 Laka Drive		Transaction ID: SA11A1.5599
City	State	Zip Code
Myrtle Beach	SC	29572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Todd Joye		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 114 W. Shipyard Rd.		Transaction ID: SA11A1.5601
City Mt. Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia Assoc of Charleston	Occupation MD	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ronny Kafkuddi		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 8812 Ridge Ct.		Transaction ID: SA11A1.5512
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia & Analgesia	Occupation Pain Physician/Anesthesiologist	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David Kloth		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 65 Georges Hill Road		Transaction ID: SA11A1.5604
City Newtown	State CT	Zip Code 06470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Connecticut Pain Care, PC	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 49
(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

Full Name (Last, First, Middle Initial) A. Kalyan Krishnan		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 100 North Academy Ave.		Transaction ID: SA11A1.5605
City State Zip Code Danville PA 17822	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Geisinger Health System	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James Ladson		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2004
Mailing Address 21 Abingdon Court		Transaction ID: SA11A1.5515
City State Zip Code Brentwood TN 37027	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Mchamry Medical College	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Benjamin Lampert		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2004
Mailing Address 4367 E. Bogay Ct.		Transaction ID: SA11A1.5516
City State Zip Code Springfield MO 65809	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer St. John's Physicians	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 49
(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

Full Name (Last, First, Middle Initial) A. Ronald Laub MD		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 3405 Muirfield Dr.		Transaction ID: SA11A1.5607
City	State	Zip Code
Colorado Springs	CO	80907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Interventional Pain Mngmt. Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Rao Lingham		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 1496 Teeway Drive		Transaction ID: SA11A1.5608
City	State	Zip Code
Columbus	OH	43220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gene Mahaney		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 15131 Intracoastal Ct.		Transaction ID: SA11A1.5523
City	State	Zip Code
Et. Meyers	FL	33508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MAPMC, PA	Occupation MD	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 49
(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

Full Name (Last, First, Middle Initial) A. Chandrakala Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2075 Natchez Lane		Transaction ID: SA11A1.5528
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer KSA Enterprises, Inc.	Occupation Executive	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Chandrakala Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2075 Natchez Lane		Transaction ID: SA11A1.5715
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer KSA Enterprises, Inc.	Occupation Executive	Earmarked for Cong. Joe Barton Cmte. [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. Leornah Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2075 Natchez Lane		Transaction ID: SA11A1.5525
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer PMCP PSC	Occupation Medical Director	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 48

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Laxneiah Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004	
Mailing Address 2075 Natchez Lane		Transaction ID: SA11A1.5718	
City Paducah	State KY	Zip Code 42001	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Earmarked for Cong. Joe Barton Cmte.	
Name of Employer PIVICP PSC	Occupation Medical Director	[MEMO ITEM]	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00		
Full Name (Last, First, Middle Initial) B. Murali Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004	
Mailing Address 305 Forest Ridge Dr.		Transaction ID: SA11A1.5712	
City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Earmarked for Cong. Joe Barton Cmte.	
Name of Employer Manchikanti Restaurant Mgmt.	Occupation Manager	[MEMO ITEM]	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00		
Full Name (Last, First, Middle Initial) C. Ram Manchikanti		Date of Receipt M / D / Y 04 / 30 / 2004	
Mailing Address 105 Paddock Ct		Transaction ID: SA11A1.5714	
City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Earmarked for Cong. Joe Barton Cmte.	
Name of Employer Ambulatory Surgery Center	Occupation Maintenance and Purchasing	[MEMO ITEM]	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 49
(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

Full Name (Last, First, Middle Initial) A. Robert McAlister		Date of Receipt M / D / Y Y Y Y 05 / 07 / 2004
Mailing Address P.O. Box 2064		Transaction ID: SA11A1.5614
City Fairhope	State AL	Zip Code 36533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eastern Shore Pain Mgmt.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David McKellar		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2004
Mailing Address 179 Churchwell Road		Transaction ID: SA11A1.5527
City Purvis	State MS	Zip Code 39475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Consultants of South Mississippi	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ralph Manard		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 4842 N. Loop 269 #209		Transaction ID: SA11A1.5622
City Lubbock	State TX	Zip Code 79418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 49

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

Full Name (Last, First, Middle Initial) A. Laura Minore		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 2818 Springcreek		Transaction ID: SA11A1.5628
City Rockford	State IL	Zip Code 61107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RAA	Occupation CRNA	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. W. Stephan Minore		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 2818 Springcreek Road		Transaction ID: SA11A1.5628
City Rockford	State IL	Zip Code 61107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Rockford Anesthesiologist Assoc.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Peyman Nazmi		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 11512 Allecingie Parkway		Transaction ID: SA11A1.5628
City Richmond	State VA	Zip Code 23235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pain Mgmt. Center	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 49

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

Full Name (Last, First, Middle Initial) A. Robert Odell Mailing Address 9632 Grand Isle Lane City State Zip Code Las Vegas NV 89144 FEC ID number of contributing federal political committee. C Name of Employer Advanced Spine & Pain 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 05 / 24 / 2004 Transaction ID: SA11A1.5631 Amount of Each Receipt this Period 500.00 individual contribution
Full Name (Last, First, Middle Initial) B. Vidyaagar Pampali Mailing Address 90 Martin Circle City State Zip Code Paducah KY 42001 FEC ID number of contributing federal political committee. C Name of Employer Pain Mgmt. Center of Paducah Occupation Statistician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ .00		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2004 Transaction ID: SA11A1.5710 Amount of Each Receipt this Period 2000.00 Earmarked for Cong. Joe Barton Cmte. [MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Jon Pataglia Mailing Address 252B Cliff Dr. City State Zip Code Newport Beach CA 92665 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 05 / 04 / 2004 Transaction ID: SA11A1.5633 Amount of Each Receipt this Period 500.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 48
(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

Full Name (Last, First, Middle Initial) A. Bullock Reid		Date of Receipt M / D / Y 05 / 25 / 2004
Mailing Address 11850 E. Summer Terrace		Transaction ID: SA11A1.5635
City	State	Zip Code
Tucson	AZ	85749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southern AZ Anest.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Francis Riegler		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 3827 Casterock Rd.		Transaction ID: SA11A1.5637
City	State	Zip Code
Malibu	CA	90265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Universal Pain Mgmt.	Occupation MD	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Betsy U. Rivera		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 450 Ash Creek		Transaction ID: SA11A1.5638
City	State	Zip Code
Paducah	KY	42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation Housewife	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 48

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Jose J. Rivera		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 450 Ash Creek		Transaction ID: SA11A1.5534
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer PlmCP PSC	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Howard Rosen		Date of Receipt M / D / Y 08 / 08 / 2004
Mailing Address 8622 Horseshoe Lane		Transaction ID: SA11A1.5681
City Huntington Beach	State CA	Zip Code 92641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CCDI	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Steven Rupert, MD		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 8221 Berry Drive		Transaction ID: SA11A1.5641
City Evansville	State IN	Zip Code 47710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Center of Pain Relief ISMR	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional) ► **6625.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 40

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Steven Rupert MD		Date of Receipt M / D / Y Y Y Y 06 / 08 / 2004	
Mailing Address 8221 Berry Drive		Transaction ID: SA11A1.5683	
City Evansville	State IN	Zip Code 47710	Amount of Each Receipt this Period 625.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Center of Pain Relief ISMR	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) B. Adam Swadstein		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2004	
Mailing Address P.O. Box 318		Transaction ID: SA11A1.5535	
City Voorhees	State NJ	Zip Code 08043	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Pain Control Assoc.	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Francis Saldanha		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2004	
Mailing Address 239 Fort Circle		Transaction ID: SA11A1.5537	
City Charleston	State WV	Zip Code 25314	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ► **6125.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 49

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Mahendra Ganapati		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 7311 Parkridge Road		Transaction ID: SA11A1.5539
City Newburgh	State IN	Zip Code 47630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Advanced Pain Care Clinic	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Manuel Sanchez		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 9 Pine Court		Transaction ID: SA11A1.5684
City Newfields	State NH	Zip Code 03856
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. David Schultz		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 5950 Ridge Road		Transaction ID: SA11A1.5644
City Shorewood	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer MAPS	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 48
(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. Scott Shaffer Full Name (Last, First, Middle Initial) Mailing Address 4301 Maplewood Suite A City State Zip Code Wichita Falls TX 76308		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.5645 Amount of Each Receipt this Period 2000.00 individual contribution
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	

B. Alan Siegel Full Name (Last, First, Middle Initial) Mailing Address 890 N.W. 11D Ave. City State Zip Code Plantation FL 33324		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2004 Transaction ID: SA11A1.5541 Amount of Each Receipt this Period 250.00 individual contribution
FEC ID number of contributing federal political committee. C		
Name of Employer Inventional Pain Rehab.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Vijay Singh, MD Full Name (Last, First, Middle Initial) Mailing Address 1111 Houghtaling Street City State Zip Code Iron Mountain MI 49801		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2004 Transaction ID: SA11A1.5649 Amount of Each Receipt this Period 5000.00 individual contribution
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	

SUBTOTAL of Receipts This Page (optional) ▶	7250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 33 / 40
(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

Full Name (Last, First, Middle Initial) A. Dr. Reuben Sloan		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 5871 Peachtree Dunwoody Rd.		Transaction ID: SA11A1.5852
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Resurgens Orthopaedics	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sarah Star		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004
Mailing Address 7181 Forrest Oaks Dr.		Transaction ID: SA11A1.5855
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pain Mgmt. Ctr.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Roy Talley		Date of Receipt M / D / Y Y Y Y 05 / 04 / 2004
Mailing Address 1015 Milstead Avenue Suite 100		Transaction ID: SA11A1.5857
City Conyers	State GA	Zip Code 30012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Atlanta East Pain Relief Center	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 34 / 40

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. James Thacker		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 7253 Meadow Lane		Transaction ID: SA11A1.5658
City	State	Zip Code
Niwot	CO	80503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cereno Clinic	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Andrea M. Trascot		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 255B Admirals Walk Dr. S.		Transaction ID: SA11A1.5661
City	State	Zip Code
Orange Park	FL	32073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Pain Center	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrea M. Trascot		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 255B Admirals Walk Dr. S.		Transaction ID: SA11A1.5687
City	State	Zip Code
Orange Park	FL	32073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Pain Center	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 40

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. David Veling		Date of Receipt M / D / Y 05 / 25 / 2004	
Mailing Address 15109 134th Ave. E. City Puyallup State WA Zip Code 98374		Transaction ID: SA11A1.5664 Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Edward Washbaugh, III		Date of Receipt M / D / Y 04 / 27 / 2004	
Mailing Address 2850 W. Delhi Road City Ann Arbor State MI Zip Code 48103		Transaction ID: SA11A1.5545 Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer Michigan Pain Specialists	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Robert Whitfield		Date of Receipt M / D / Y 08 / 02 / 2004	
Mailing Address 2807 Marrow Dr. City Newport News State VA Zip Code 23603		Transaction ID: SA11A1.5688 Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		individual contribution	
Name of Employer RPA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 40
(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

Full Name (Last, First, Middle Initial) A. Frank Zardo		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 462 Captains Circle		Transaction ID: SA11A1.5668
City	State	Zip Code
Destin	FL	32541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Physiatry Pain Mgmt.	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Les Zuckerman		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 23 Croftan Hill Ct.		Transaction ID: SA11A1.5670
City	State	Zip Code
Rockville	MD	20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CPM	Occupation Physician	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	99750.00

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

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

FOR LINE NUMBER: PAGE 37 / 40

(check only one)

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

Full Name (Last, First, Middle Initial) A. Bobby Jindal for Governor		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address P.O. Box 8828		Transaction ID: SA16.5894
City Metairie	State LA	Zip Code 70011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Returned check for the Primary Election
Receipt For: 2004 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 40
(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

Full Name (Last, First, Middle Initial) A. Barbers Bank		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 3151 Jackson Street		Transaction ID: SA17.5691
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.94
Name of Employer	Occupation	April Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.11	

Full Name (Last, First, Middle Initial) B. Barbers Bank		Date of Receipt M / D / Y 05 / 30 / 2004
Mailing Address 3151 Jackson Street		Transaction ID: SA17.5692
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.49
Name of Employer	Occupation	May Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 577.60	

Full Name (Last, First, Middle Initial) C. Barbers Bank		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 3151 Jackson Street		Transaction ID: SA17.5693
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 172.63
Name of Employer	Occupation	June Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.23	

SUBTOTAL of Receipts This Page (optional)	391.06
TOTAL This Period (last page this line number only)	391.06

**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 39 / 49

<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

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

Full Name (Last, First, Middle Initial) A. Bantera Bank		Transaction ID: SB21B.5696 Date of Disbursement 04 / 30 / 2004	
Mailing Address 3151 Jackson Street		Amount of Each Disbursement this Period 483.85	
City Paducah State KY Zip Code 42003	Purpose of Disbursement payment to bank for credit card fees	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bantera Bank		Transaction ID: SB21B.5697 Date of Disbursement 05 / 30 / 2004	
Mailing Address 3151 Jackson Street		Amount of Each Disbursement this Period 568.51	
City Paducah State KY Zip Code 42003	Purpose of Disbursement payment to bank for credit card fees	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bantera Bank		Transaction ID: SB21B.5698 Date of Disbursement 06 / 30 / 2004	
Mailing Address 3151 Jackson Street		Amount of Each Disbursement this Period 1195.99	
City Paducah State KY Zip Code 42003	Purpose of Disbursement payment to bank for credit card fees	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	2248.35
TOTAL This Period (last page this line number only)	2248.35

**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 40 / 49

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

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

Full Name (Last, First, Middle Initial)
A. ALEXANDER FOR SENATE 2008 INC

Transaction ID: SB23.5701
Date of Disbursement

Mailing Address 611 COMMERCE STREET SUITE 2920

04 / 22 / 2004

City Nashville State TN Zip Code 37203

Amount of Each Disbursement this Period

Purpose of Disbursement
political contribution (debt retirement)

2500.00

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2002
 Senate Primary General
President Other (specify) ▼

State: TN District: D0

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

Transaction ID: SB23.5708
Date of Disbursement

Mailing Address PO Box 3451
PO Box 3451

04 / 29 / 2004

City Concord State NH Zip Code 03302

Amount of Each Disbursement this Period

Purpose of Disbursement
political contribution

1000.00

Candidate Name

Category/
Type

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

State: NH District: D2

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

Transaction ID: SB23.5722
Date of Disbursement

Mailing Address PO BOX 12678

04 / 28 / 2004

City LEXINGTON State KY Zip Code 40583

Amount of Each Disbursement this Period

Purpose of Disbursement
Political contribution

2000.00

Candidate Name

Category/
Type

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

State: KY District: D6

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

PAGE 41 / 49

<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

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

Full Name (Last, First, Middle Initial)
A. CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: TX District: 20

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5727
Date of Disbursement
05 / 18 / 2004

Amount of Each Disbursement this Period
1000.00

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

Mailing Address P.O. Box 23273

City Waco State TX Zip Code 76702

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House Senate President
State: TX District: 17

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5742
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: TX District: 06

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5706
Date of Disbursement
05 / 05 / 2004

Amount of Each Disbursement this Period
5000.00

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

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)

PAGE 42 / 49

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

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

Full Name (Last, First, Middle Initial)
A. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Earmarked by V. Pampati, orig. check.

Candidate Name

Office Sought: House Senate President
State: TX District: D6

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5717

Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Earmarked by M. Manchikanti, Orig. check

Candidate Name

Office Sought: House Senate President
State: TX District: D6

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5718

Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Earmarked by R. Manchikanti, Orig. check

Candidate Name

Office Sought: House Senate President
State: TX District: D6

Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.5719

Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

PAGE 43 / 49

<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

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

Full Name (Last, First, Middle Initial)
A. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Earmarked by L. Manchikanti, Orig. check

Candidate Name

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

State: TX District: D6

Category/
Type

Transaction ID: SB23.5720

Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Earmarked by C. Manchikanti, Orig. check

Candidate Name

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

State: TX District: D6

Category/
Type

Transaction ID: SB23.5721

Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

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

Mailing Address PO BOX 2775

City State Zip Code
CODY WY 82414

Purpose of Disbursement
political contribution

Candidate Name

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

State: WY District: D0

Category/
Type

Transaction ID: SB23.5750

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

PAGE 44 / 49

<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

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

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

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President
State: NJ District 11

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5740

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF BOBBY JINDAL INC

Mailing Address PO BOX 8628

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President
State: LA District 00

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5729

Date of Disbursement

06 / 20 / 2004

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 218

City Unionville State PA Zip Code 19375

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President
State: PA District 16

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5733

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 49

<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

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

Full Name (Last, First, Middle Initial)
A. LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE

Mailing Address 2801 Ponce de Leon Blvd. Ste 1000

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement political contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: FL District: 21

Category/ Type

Transaction ID: SB23.5739
Date of Disbursement
06 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Inc. Marsha Blackburn for Congress

Mailing Address P.O. Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement political contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: District

Category/ Type

Transaction ID: SB23.5749
Date of Disbursement
06 / 24 / 2004

Amount of Each Disbursement this Period
2000.00

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

Mailing Address P O B 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement political contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: MD District: 00

Category/ Type

Transaction ID: SB23.5747
Date of Disbursement
06 / 24 / 2004

Amount of Each Disbursement this Period
1000.00

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 49

<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

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

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

Mailing Address P O BOX 8668

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
Political contribution

Candidate Name

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: NE District: D0 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5731
Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 330 112TH AVENUE NE SUITE 101

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: WA District: D0 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5745
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P O Box 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: KY District: D0 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5703
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

PAGE 47 / 49

<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

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

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

Mailing Address P O Box 7313

City State Zip Code
Louisville KY 40257

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President

State: KY District: D3

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5704

Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. PETE SESSIONS FOR CONGRESS 2004

Mailing Address P.O. Box 38585

City State Zip Code
Dallas TX 75238

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President

State: TX District: 32

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5705

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 2250 N Rock Rd #118 A

City State Zip Code
Wichita KS 67228

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
Senate
President

State: KS District: 04

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5744

Date of Disbursement

06 / 14 / 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)

PAGE 48 / 49

<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

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

Full Name (Last, First, Middle Initial)

A. VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: OH District: D0 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5735

Date of Disbursement

06 / 15 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

40500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 49

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Chandur Piriyani, MD

Mailing Address 615 Detroit Ave.

City Iron Mountain State MI Zip Code 49801

Purpose of Disbursement
refund b/c not US citizen.

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB28A.5699

Date of Disbursement

06 / 30 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00