

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00351197
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 04 30 2008

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 05 20 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		280698.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	263826.48									
(c) Total Receipts (from Line 19)	21142.39	51732.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	284968.87	332430.55								
7. Total Disbursements (from Line 31)	35218.32	82680.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	249750.55	249750.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17586.00	43027.00
(i) Itemized (use Schedule A)	1125.00	2675.00
(ii) Unitemized	18711.00	45702.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18711.00	45702.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2431.39	4030.36
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))	21142.39	51732.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21142.39	51732.36

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.....	218.32	7680.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	218.32	7680.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	35000.00	75000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35218.32	82680.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35218.32	82680.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	18711.00	45702.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18711.00	45702.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	218.32	7680.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	218.32	7680.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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

A. Full Name (Last, First, Middle Initial)
Emilie Calodney

Mailing Address 2 Northgate Blvd.

City State Zip Code
Longview TX 75605

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

Name of Employer Self Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: SA11AI.8058
Amount of Each Receipt this Period: 1000.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
Craig Cartia, MD

Mailing Address 2930 Greystone Drive

City State Zip Code
Pace FL 32571

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

Name of Employer Comprehensive Pain Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2008
Transaction ID: SA11AI.8056
Amount of Each Receipt this Period: 500.00
Political Contribution

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

Mailing Address P.O. Box 211839

City State Zip Code
Augusta GA 30917

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

Name of Employer Augusta Pain Center Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 915.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11AI.8063
Amount of Each Receipt this Period: 305.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 1805.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Vincent Forte, MD

Mailing Address 3932 Jefferson Davis Palce

City State Zip Code
Monroe LA 71201

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

Name of Employer Occupation
LA Pain Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8064

Amount of Each Receipt this Period
500.00

Political Contribution

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

Mailing Address 100 Tower Dr.
Suite 120

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer Occupation
Pain Spec.of Greater Chic-ago Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1460.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8065

Amount of Each Receipt this Period
365.00

Political Contribution

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

Mailing Address 200 Arch St.

City State Zip Code
Royse City TX 75189

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

Name of Employer Occupation
Royse City Medical Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8066

Amount of Each Receipt this Period
500.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd Joye, MD	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 825 Fiddlers Point Lane	Transaction ID: SA11AI.8067
	City State Zip Code Mt. Pleasant SC 29464	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer: Anesthesia Associates of Charleston Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Brad Katz, MD	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 2169 Allendale Road	Transaction ID: SA11AI.8059
	City State Zip Code Montgomery AL 36111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer: Self Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Carolyn Kochert	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 4640 South 900 East	Transaction ID: SA11AI.8060
	City State Zip Code Lafayette IN 47905	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer: Self Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. W. Stephen Minore, MD

Mailing Address 2202 Harlem Rd.

City	State	Zip Code
Loves Park	IL	61111

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

Name of Employer Rockford Anest. Assoc.	Occupation Physician
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.8071

Amount of Each Receipt this Period

5000.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)
Allan Parr, MD, MD

Mailing Address 7015 Highway 190 East Service Road

City	State	Zip Code
Covington	LA	70433

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

Name of Employer Premier Pain Center	Occupation Physician
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.8055

Amount of Each Receipt this Period

5000.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)
Thomas Ragukonis, MD

Mailing Address 30 W Century Road

City	State	Zip Code
Paramus	NJ	07652

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.8072

Amount of Each Receipt this Period

1000.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ▶

11000.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
James Robles, MD

Mailing Address 412 E. 18th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer Self Occupation
 Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 30 2008

Transaction ID: SA11AI.8073

Amount of Each Receipt this Period
416.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)
Scott Woska, MD

Mailing Address 100 Farm Bridge Rd.

City State Zip Code
Marlboro NJ 07746

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

Name of Employer Self Occupation
 Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 10 2008

Transaction ID: SA11AI.8057

Amount of Each Receipt this Period
1000.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)	1416.00
TOTAL This Period (last page this line number only)	17586.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 15
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 3151 Jackson Street		Transaction ID: SA17.8097
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.29
Name of Employer	Occupation	Interest Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1646.26	

B.

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 3151 Jackson Street		Transaction ID: SA17.8098
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 264.99
Name of Employer	Occupation	Interest Dividends Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1911.25	

C.

Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 3151 Jackson Street		Transaction ID: SA17.8099
City Paducah	State KY	Zip Code 42003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2119.11
Name of Employer	Occupation	Earned from Changes in Investment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4030.36	

SUBTOTAL of Receipts This Page (optional)	2431.39
TOTAL This Period (last page this line number only)	2431.39

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

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

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

A. Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8095 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 31.00
B. Full Name (Last, First, Middle Initial) Bantera Bank <hr/> Mailing Address 3151 Jackson Street <hr/> City Paducah State KY Zip Code 42003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8096 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 187.32

SUBTOTAL of Disbursements This Page (optional)	▶	218.32
TOTAL This Period (last page this line number only)	▶	218.32

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: SB23.8076
	Mailing Address PO BOX 1527	Date of Disbursement MM / DD / YYYY 04 / 14 / 2008
	City ANNAPOLIS State MD Zip Code 21404	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ANDREW P HARRIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: MD District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: SB23.8080
	Mailing Address P.O. Box 44369	Date of Disbursement MM / DD / YYYY 04 / 14 / 2008
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ERIK PAULSEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: MN District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.8089
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434	Date of Disbursement MM / DD / YYYY 04 / 17 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MARY LANDRIEU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: LA District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MARY LANDRIEU</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8090</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name E BENJAMIN NELSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8088</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NELSON 2012</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name E BENJAMIN NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8091</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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 15 / 15

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

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

A.

Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS 08

Transaction ID: SB23.8094

Date of Disbursement

Mailing Address 3100 Ridgelake
Suite 301

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

City State Zip Code
Metairie LA 70002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
STEVE MR. SCALISE

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼
Special-General

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

35000.00
