Image# 14941261020					PAGE 1 / 9
	EPORT OF R ND DISBURS Other Than An Autho	EMENT	s		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V	Example: If typin over the lines.	ng, type	12FE4M5	
Carolina Neurosurgery ar	nd Spine Associates				
ADDRESS (number and street)	225 Baldwin Avenue				
Check if different					
than previously reported. (ACC)	Charlotte			NC	28204
2. FEC IDENTIFICATION NUME			S		ZIP CODE
C C00544841	3. IS T REF		NEW N) OR	AM (A)	ENDED
 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election 	(b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day	(M3) (M4) Primary (12F Convention (12C)	General (Special (1	in the State of
Year Only) (MY) Termination Report	POST -Election Report for the:	General (300	G)	Runoff (3)	0R) Special (30S)
(TER)	Election of	on/	D D /	Y Y Y Y	in the State of
5. Covering Period 10	/ 01 / Y Y Y Y 01 2013	through	M M 12	/ D D / 31	2013
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my	y knowledge and	belief it is true	e, correct and	complete.
-	A VanDerVeer	[Electronicall	y Filed] Da	ate 05	/ D D / Y Y Y Y Y 23 2014
NOTE: Submission of false, erroneous	s, or incomplete information n	nay subject the per	son signing thi	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

05/23/2014 11 : 23

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

-	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
(Carolina Neurosurgery and Spine	Associates PA PAC	
R	eport Covering the Period: From:	10 / D D / Y Y Y Y 10 01 2013	To: 12 / D D / Y Y Y Y Y 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		0.00
	(b) Cash on Hand at Beginning of Reporting Period	1335.60	
	(c) Total Receipts (from Line 19)	5532.70	6932.70
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	6868.30	6932.70
7.	Total Disbursements (from Line 31)	0.00	64.40
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6868.30	6868.30
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

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	DE	ETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Wr	rite or Type Committee Name		
С	arolina Neurosurgery and Spine As	ssociates PA PAC	
Re	eport Covering the Period: From: 10		D: 12 / D D / Y Y 31 2
	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)	4500.00	51
	(ii) Uniternized	1032.70	18
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5532.70	69
		0.00	
	(b) Political Party Committees(c) Other Political Committees	0.00	
	(c) Other Political Committees (such as PACs)	0.00	
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	5532.70	69
	Transfers From Affiliated/Other		
	Party Committees	, 0.00	7 7
13.	All Loans Received	0.00	
14.	Loan Repayments Received	0.00	
15.	Offsets To Operating Expenditures	7	7 7
	(Refunds, Rebates, etc.)	0.00	
	(Carry Totals to Line 37, page 5)	0.00	
	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	0.00	
	Other Federal Receipts	0.00	
	(Dividends, Interest, etc.)	0.00	
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	
	(b) Levin Funds (from Schedule H5)	0.00	

(c) Total Transfers (add 18(a) and 18(b))..

- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19)►

		,		,	6932.70
Г					6932.70
		7		7	

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DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	64.40
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	7 7 7	7 7 0.00
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	64.44
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to		
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	
(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
. Other Disbursements	0.00	0.00
		/7 /7 /7
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated 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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	0.00	64.4
		7 7 7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5532.70	6932.70
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5532.70	6932.70
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)		(check only one)								
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	\`	11a 13	11b	11c	12	_	17			
	y information copied from such Reports and Si for commercial purposes, other than using the				or the p	ourpose	of solicitin	ig contri	ibutio	ns			
	NAME OF COMMITTEE (In Full)			10 301		linbution	3 110111 300		muee	•			
	Carolina Neurosurgery and Spir	ne Associ	ates PA PAC										
Α.	Full Name (Last, First, Middle Initial) Dr. Tim E Adamson				Date of	Receipt							
	Mailing Address 225 Baldwin Avenue				м м		D / T	_ 2013		1			
	City	State	Zip Code	1.) : SA11A		,				
	Charlotte	NC	28204	A	mount	of Each	Receipt t	his Peri	iod				
	FEC ID number of contributing federal political committee.	С				7		3	300.00	D			
	Name of Employer	Occupation											
	Carolina Neurosurgery & Spine	Physician											
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General		300.00										
	Other (specify)		300.00										
в.	Full Name (Last, First, Middle Initial) Dr. Joe D Bernard				Date of	Receipt							
	Mailing Address 225 Baldwin Avenue				м м 12		31	_2013		1			
	City	State	Zip Code		Transa	action ID) : SA11A						
	Charlotte	NC	28204	A	mount	of Each	Receipt t	his Peri	od				
	FEC ID number of contributing federal political committee.	С				7	7	3	00.00)			
	Name of Employer	Occupation											
	Carolina Neurosurgery & Spine	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		500.00										
с.	Full Name (Last, First, Middle Initial)				Date of	Receipt							
	Mailing Address 225 Baldwin Avenue				м м 12		31	2013	Y Y	1			
	City	State	Zip Code		Trans	action II) : SA11A	I.4185					
	Charlotte	NC	28204	A	mount	of Each	Receipt t	his Peri	od				
	FEC ID number of contributing federal political committee.	С				7		12	200.0	D			
	Name of Employer	Occupation		1									
	Carolina Neurosurgery & Spine	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		1200.00										
	UBTOTAL of Receipts This Page (optional)				-			18	00.00				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page	×	11a 13	\vdash	11b 14	11c	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	f soliciting	contribu	itions			
	NAME OF COMMITTEE (In Full) Carolina Neurosurgery and Spin	ne Associ	ates PA PAC										
A .	Full Name (Last, First, Middle Initial) Dr. Vinay Deshmukh Mailing Address 225 Baldwin Avenue				Date of Receipt								
	City Charlotte	State NC	Zip Code 28204					: SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	С					1			0.00			
	Name of Employer Carolina Neurosurgery & Spine Receipt For:	Occupation Physician	Veer to Date T										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
Β.	Full Name (Last, First, Middle Initial) Dr. S Taylor Jarrell Mailing Address 225 Baldwin Avenue				Date of		eceipt	D / Y	Y Y	Ŷ			
	City Charlotte	Zip Code 28204	12 31 2013 Transaction ID : SA11AI.4215 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					300	0.00					
	Name of Employer Carolina Neurosurgery & Spine	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt						
	Mailing Address 225 Baldwin Avenue				^M ^M 12	/	D 31		ү ү 2013	Y			
	City Charlotte	State NC	Zip Code 28204					: SA11AI. Receipt th		1			
	FEC ID number of contributing federal political committee.	С					7	7	30	0.00			
	Name of Employer Carolina Neurosurgery & Spine	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00]									
s	UBTOTAL of Receipts This Page (optional)			•			,	7	900	.00			
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PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c	12	47			
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or fo	or commercial purposes, other than using the												
	IAME OF COMMITTEE (In Full) Carolina Neurosurgery and Spir	ne Assoc	iates PA PAC										
	ull Name (Last, First, Middle Initial) Dr. Mark D Smith			[Date of	f Rec	ceipt						
Ν	Aailing Address 225 Baldwin Avenue				12 31 2013								
	Charlotte	State NC	Zip Code 28204					SA11AI.					
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	EC ID number of contributing ederal political committee.	С				_	,		300).00			
N	lame of Employer	Occupation											
	Carolina Neurosurgery & Spine Receipt For:	Physician											
Г	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1									
	- Full Name (Last, First, Middle Initial) Dr. Andrew I Sumich				Date of	f Rec	ceipt						
N	Aailing Address 225 Baldwin Avenue				M M	/	31) / Y	y y 2013	Y			
	City	State	Zip Code		Trans	actic	on ID :	SA11AI.	4219				
_	Charlotte	NC	28204	/	Amount	t of E	Each R	Receipt th	is Period				
	EC ID number of contributing ederal political committee.	С					,		300	.00			
	lame of Employer Carolina Neurosurgery & Spine	Occupation Physician											
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]									
	ull Name (Last, First, Middle Initial) Dr. Sameer Vemuri				Date of	f Rec	ceipt						
_	Aailing Address 225 Baldwin Avenue				^M M 12	/	31) / Y	y y 2013	Y			
	Charlotte	State NC	Zip Code 28204					SA11AI.					
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Ā	Jame of Employer	Occupation											
	Carolina Neurosurgery & Spine	Physician											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 9 OF

		Detailed Summary Page		11a 13		11b	11c 15	12	17
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Carolina Neurosurgery and	d Spine Assoc	iates PA PAC							
Full Name (Last, First, Middle Initial) A. Dr. Scott D Wait			D						
Mailing Address 225 Baldwin Avenue				м м 12	/	31	/ Y	ү ү 2013	Y
City	State	Zip Code		Trans	acti	ion ID : S	6A11AI.4	4222	
Charlotte	NC	28204	A	mount	of	Each Re	ceipt th	is Perioc	
FEC ID number of contributing federal political committee.	C					3	9		0.00
Name of Employer	Occupation								
Carolina Neurosurgery & Spine Receipt For:	Physician								
Primary General	Aggregate	Year-to-Date ▼							
Other (specify) ▼		300.00]						
Full Name (Last, First, Middle Initial) B. Dr. John A Welshofer	1			ate of	Re	eceipt			
Mailing Address 225 Baldwin Avenue				^M M 12	/	31	/ Y	у у 2013	Y
City	State	Zip Code		Transa	acti	ion ID : S	A11AI.4	1223	
Charlotte	NC	28204	A	mount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					,	7	300	.00
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
Full Name (Last, First, Middle Initial) C. Dr. David R Wiercisiewski				ate of	Re	eceipt			
Mailing Address 225 Baldwin Avenue				м м 12	/	D D 31	/ Y	у у 2013	Y
City Charlotte	State NC	Zip Code 28204				ion ID : S Each Re			
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Carolina Neurosurgery & Spine	Physician								
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Primary General			11						
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