

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Carolina Neurosurgery and Spine Associates PA PAC

ADDRESS (number and street) 225 Baldwin Avenue Check if different than previously reported. (ACC) Charlotte NC 28204

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00544841

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)
[X] January 31 Year-End 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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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)

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 10 / 01 / 2013 through 12 / 31 / 2013

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 Dr. Craig A VanDerVeer

Signature of Treasurer Dr. Craig A VanDerVeer [Electronically Filed] Date 05 / 23 / 2014

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)

Write or Type Committee Name

Carolina Neurosurgery and Spine Associates PA PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1335.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5532.70"/>	<input type="text" value="6932.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6868.30"/>	<input type="text" value="6932.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="64.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6868.30"/>	<input type="text" value="6868.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

Carolina Neurosurgery and Spine Associates PA PAC

Report Covering the Period: From: / / To: / /

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	5100.00
(ii) Unitemized	1032.70	1832.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5532.70	6932.70
(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)	5532.70	6932.70
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	5532.70	6932.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5532.70	6932.70

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	64.40
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	64.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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	0.00
(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)) ..	0.00	64.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	5532.70	6932.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5532.70	6932.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Carolina Neurosurgery and Spine Associates PA PAC

A. Dr. Tim E Adamson
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4206
 Amount of Each Receipt this Period
300.00

B. Dr. Joe D Bernard
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4209
 Amount of Each Receipt this Period
300.00

C. Dr. Dom Coric
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4185
 Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 7 OF 9
<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)
Carolina Neurosurgery and Spine Associates PA PAC

A. Dr. Vinay Deshmukh
Full Name (Last, First, Middle Initial)

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Neurosurgery & Spine	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
300.00

B. Dr. S Taylor Jarrell
Full Name (Last, First, Middle Initial)

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Neurosurgery & Spine	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
300.00

C. Dr. C Scott McLanahan
Full Name (Last, First, Middle Initial)

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Neurosurgery & Spine	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Carolina Neurosurgery and Spine Associates PA PAC

A. Dr. Mark D Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4218
 Amount of Each Receipt this Period
 300.00

B. Dr. Andrew I Sumich
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4219
 Amount of Each Receipt this Period
 300.00

C. Dr. Sameer Vemuri
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4221
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 9 OF 9
<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)
Carolina Neurosurgery and Spine Associates PA PAC

A. Dr. Scott D Wait
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4222
 Amount of Each Receipt this Period
 300.00

B. Dr. John A Welshofer
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4223
 Amount of Each Receipt this Period
 300.00

C. Dr. David R Wiercisiewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.4224
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	4500.00