

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

ADDRESS (number and street)

725 Fifteenth St., NW Suite 500

(Check if address is changed)

Washington

DC

20005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

rwe@aans.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.aans.org/Legislative%20Activities/NeurosurgeryPAC.aspx

2. DATE

09 / 24 / 2010

3. FEC IDENTIFICATION NUMBER

C C00413955

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Dr. Robert E. Harbaugh

Signature of Treasurer

Electronically Filed by Dr. Robert E. Harbaugh

Date

09 / 24 / 2010

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)