

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 P A PAC

ADDRESS (number and street) 225 BALDWIN AVENUE CHARLOTTE NC 28204 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544841 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 11 / 29 / 2016 through 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. VanDerVeer, Craig, A, Dr., Type or Print Name of Treasurer

Signature of Treasurer VanDerVeer, Craig, A, Dr., [Electronically Filed] Date 10 / 16 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A 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="2016"/>		35054.94
(b) Cash on Hand at Beginning of Reporting Period.....	35054.94	
(c) Total Receipts (from Line 19)	5244.24	5244.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40299.18	40299.18
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40299.18	40299.18
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

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Report Covering the Period: From: 11 / 29 / 2016 To: 12 / 31 / 2016

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).....	4800.00	4800.00
(ii) Unitemized	444.24	444.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5244.24	5244.24
(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)	5244.24	5244.24
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)).....▶	5244.24	5244.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5244.24	5244.24

DETAILED SUMMARY PAGE
of Disbursements

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	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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	0.00
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. 05/2016)

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)	5244.24	5244.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5244.24	5244.24
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 11
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Adamson, Tim, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Bernard, Joe, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician
--	--

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	/	30	/	2016

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Deshmukh, Vinay, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician
--	--

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	/	30	/	2016

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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 7 OF 11
<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 P A PAC

A. Dyer, E, Hunter, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 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 / 30 / 2016
Transaction ID : SA11AI.4114
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Henegar, Martin, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 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 / 30 / 2016
Transaction ID : SA11AI.4116
 Amount of Each Receipt this Period
 300.00
 Memo Item
 Contribution

C. Jarrell, S, Taylor, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 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 / 30 / 2016
Transaction ID : SA11AI.4118
 Amount of Each Receipt this Period
 300.00
 Memo Item
 Contribution

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 11
<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 P A PAC

A. Leshner, John, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. McLanahan, C, Scott, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Oberer, Dan, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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 11
<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 P A PAC

A. Smith, Mark, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Ave

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

Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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		23		2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Sumich, Andrew, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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		30		2016

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. VanDerVeer, Craig, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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		30		2016

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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 10 OF 11
<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 P A PAC

A. Vemuri, Sameer, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician
--	--

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	/	30	/	2016

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Wait, Scott, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Welshofer, John, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) 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	/	30	/	2016

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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 11 OF 11
<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 P A PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wiercisiewski, David, , Dr,

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 (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	30	/	2016

Transaction ID : SA11A1.4137

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	4800.00