

# 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  
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)  
 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) (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 (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 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.

Type or Print Name of Treasurer Dr. Craig VanDerVeer

Signature of Treasurer Dr. Craig VanDerVeer [Electronically Filed] Date 03 / 31 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>	<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="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5244.24"/>	<input type="text" value="5244.24"/>
(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="5244.24"/>	<input type="text" value="5244.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5244.24"/>	<input type="text" value="5244.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 P A 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).....	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

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	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 (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	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. 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) .....	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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Dr. Tim 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 03 / 31 / 2016  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**B. Dr. Joe 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 300.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.4109**  
 Amount of Each Receipt this Period 300.00  
 Memo Item contribution

**C. Dr. Vinay Deshmukh**  
 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 03 / 31 / 2016  
**Transaction ID : SA11AI.4113**  
 Amount of Each Receipt this Period 300.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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. Dr. E Hunter Dyer**  
 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 M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4115**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item contribution

**B. Dr. Martin Henegar**  
 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 M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4117**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item Contribution

**C. Dr. S Taylor Jarrell**  
 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 M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4119**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Dr. John Leshner</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 <b>Transaction ID : SA11AI.4121</b>
Mailing Address 225 Baldwin Avenue		Amount of Each Receipt this Period 300.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution	
Name of Employer Carolina Neurosurgery & Spine	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. C Scott McLanahan</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 <b>Transaction ID : SA11AI.4123</b>
Mailing Address 225 Baldwin Avenue		Amount of Each Receipt this Period 300.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item contribution	
Name of Employer Carolina Neurosurgery & Spine	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Dan Oberer</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 <b>Transaction ID : SA11AI.4125</b>
Mailing Address 225 Baldwin Avenue		Amount of Each Receipt this Period 300.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item contribution	
Name of Employer Carolina Neurosurgery & Spine	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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. Dr. Mark 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 ▼ 300.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period 300.00

Memo Item contribution

**B. Dr. Andrew 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 ▼ 300.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period 300.00

Memo Item contribution

**c. Dr. Craig VanDerVeer**  
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 03 / 31 / 2016  
**Transaction ID : SA11AI.4131**

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

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NAME OF COMMITTEE (In Full)  
**CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC**

**A. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4133**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item contribution

**B. Dr. Scott 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 M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4135**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item contribution

**C. Dr. John 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.4137**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 11 OF 11  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David Wiercisiewski**

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  
 03 / 31 / 2016

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  
 300.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4800.00