PAGE 1 / 13

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIM 3X	For	Other	Than An Au	thorized	I Commi	ttee		Office U	se Only	
NAME OF COMMITTEE (in		E OR PI	RINT ▼		mple: If ty r the lines.		12FE	4M5		
CAROLINA NE	UROSUR	GERY	AND SPIN	IE ASS	OCIATE	ESPAPA	C	1 1 1 1		
ADDRESS (number an		25 BALD	WIN AVENUE							
Check if diff than previou reported. (A	sly	CHARLO	ITE				NC NC	28204	4	
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CI	ITY 🛦			STATE A		ZIP CODI	E 🛦
C C0054484	1			IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
4. TYPE OF REF (Choose One) (a) Quarterly Re	((b) Monti Repo Due (rt On: Ma	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) Non-Election fear Only) Dec 20 (M12) Non-Election fear Only) Jan 31 (YE)
July 15 Quarterl October	y Report (Q1) y Report (Q2) 15 y Report (Q3)		12-Day PRE-Election Report for the:		Primary (1	n (12C)	Spec	eral (12G) ial (12S)		Runoff (12R)
	31 d Report (YE) Mid-Year	(d)	Elect	ion on	М М		Y Y Y		in the State of	
Report (Year On	Non-election ly) (MY)	, ,	POST-Election Report for the:		General (3	80G)	Runo	off (30R)	S	Special (30S)
(TER)	tion Report		Elect	ion on	M = M	/ D D /	Y Y Y	Y	in the State of	
5. Covering Period	01	01	2018	Y	through	03	/ D D 31	20	18	
I certify that I have ex Type or Print Name of	V	eport an /anDerVe	d to the best c eer, Craig, , Dr,	of my know	wledge and	d belief it is tr	ue, correct	and comple	te.	
Signature of Treasure	VanDerVe r	er, Craig,	, <i>Dr</i> ,		[Electronico	ally Filed]	Date 1	0 / 22		2018
NOTE: Submission of	false, erroneous	, or incor	mplete informati	on may su	bject the p	erson signing	this Report	to the penalti	ies of 52 U	J.S.C. § 30109
Office Use Only									FORN Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 59549.18 January 1, 2018 (b) Cash on Hand at 59549.18 Beginning of Reporting Period..... 5775.00 5775.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 65324.18 65324.18 6(a) and 6(c) for Column B)..... 6500.00 6500.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 58824.18 58824.18 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 05/2016)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

R	eport Covering the Period: From:		03 31 2018
	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)	5400.00	5400.00
	(ii) Unitemized(iii) TOTAL (add	375.00	375.00
	Lines 11(a)(i) and (ii)	5775.00	5775.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5775.00	5775.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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
10	Total Receipts (add Lines 11(d),		
13.	12, 13, 14, 15, 16, 17, and 18(c))▶	5775.00	5775.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5775.00	5775.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	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 (Including		
Non-Federal Donations)	1500.00	1500.00
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(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
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))	6500.00	6500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6500.00	6500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)	Page 3	
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5775.00	5775.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5775.00	5775.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF		13			
	(check only one)											
		X	11a		11b		11c	12	2			
			13		14		15	16	6		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	ne name and address of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGER	Y AND SPINE ASSOCIATES P A	PAC					
Full Name of Individual (Last, First, Middle In Adamson, Tim, , Dr,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 225 Baldwin Avenue		03 30 2018					
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4277 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
Full Name of Individual (Last, First, Middle II Bernard, Joe, , Dr, Mailing Address 225 Baldwin Avenue	nitial) or Full Organization Name	Date of Receipt					
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28204	O3 30 2018 Transaction ID : SA11Al.4280 Amount of Each Receipt this Period 300.00					
Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For:	Occupation (for Individual) Physician Aggregate Year-to-Date ▼	Memo Item Contribution					
Primary General Other (specify) ▼	300.00						
Full Name of Individual (Last, First, Middle I. Cowan, Michael, , Dr,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 225 Baldwin Avenue		03 30 2018					
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4283 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00						
SUBTOTAL of Receipts This Page (optional)		900.00					
TOTAL This Period (last page this line number	r only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF		13	
	(check only one)									
	X	11a		11b		11c	12	2		
		13		14		15	16	6		17

	statements may not be sold or used by any pel ne name and address of any political committee					
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGER	Y AND SPINE ASSOCIATES P A	PAC				
Full Name of Individual (Last, First, Middle II Deshmukh, Vinay, , Dr,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue		03 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.4284				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolina Neurosurgery & Spine	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle II) Dyer, E, Hunter, Dr,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue	Mailing Address 225 Baldwin Avenue					
City	State Zip Code	Transaction ID : SA11AI.4285				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300,00					
Full Name of Individual (Last, First, Middle In Henegar, Martin, , Dr,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue		03 30 2018				
City	State Zip Code	Transaction ID : SA11AI.4286				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify)	300.00					
SUBTOTAL of Receipts This Page (optional)		900.00				
TOTAL This Period (last page this line number	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	:	8	OF		13		
	(check only one)											
		X	11a		11b		11c		12			
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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.

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 NEUROSURGER	RY AND SPINE ASSOCIATES P A	PAC
Full Name of Individual (Last, First, Middle Holland, Christopher, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		03 30 2018
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle 3. Jarrell, S, Taylor, Dr, Mailing Address 225 Baldwin Avenue	Initial) or Full Organization Name	Date of Receipt
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C (Constraint (for Individual)	300.00 Memo Item
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Lakhia, Sanjiv, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		03 30 2018
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	9	OF		13		
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			13		14		15	16	;		17

or for commercial purposes, other than using		imittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGER	RY AND SPINE ASSOCIATES	S P A PAC
Full Name of Individual (Last, First, Middle Lesher, John, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		03 30 2018
City	State Zip Code NC 28204	Transaction ID : SA11AI.4290
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolina Neurosurgery & Spine	Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Otis, Scott, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		03 30 2018
City	State Zip Code	Transaction ID : SA11AI.4291
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0
Full Name of Individual (Last, First, Middle S. Smith, Mark, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		03 30 2018
City	State Zip Code	Transaction ID : SA11AI.4293
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolina Neurosurgery & Spine Receipt For:	Physician	Contribution
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	0
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	 10	OF	13	
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		13		14		15	16		17

or	for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGERY	AND SPI	NE ASSOCIATE	S P A PAC				
A.	Full Name of Individual (Last, First, Middle Initia Sumich, Andrew, , Dr, Mailing Address 225 Baldwin Avenue	М	Date of Receipt					
	City	State Zip Code NC 28204			30 2018 nsaction ID : SA11AI.4294			
	FEC ID number of contributing	NC 28204		Amou	unt of Each Receipt this Period 300.00			
	federal political committee. Name of Employer (for Individual)	Occupation (for Individual)			Memo Item			
	Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼	Aggregate `	sician Year-to-Date ▼ 300		Contribution			
В.	Full Name of Individual (Last, First, Middle Initial VanDerVeer, Craig, , Dr,	Date	Date of Receipt 03 30 2018 Transaction ID : SA11AI.4295					
	Mailing Address 225 Baldwin Ave City	State Zip Code						
	Charlotte FEC ID number of contributing federal political committee.	C	28204	Amou	unt of Each Receipt this Period 300.00			
	Name of Employer (for Individual) Carolina Neurosurgery & Spine		ipation (for Individual)	Contril	Memo Item oution			
	Receipt For: Primary General Other (specify) ▼	.00						
	Full Name of Individual (Last, First, Middle Initial Vemuri, Sameer, , Dr,	Date	of Receipt					
	Mailing Address 225 Baldwin Avenue	03	30 2018					
	City Charlotte	State NC	Zip Code 28204		nsaction ID : SA11AI.4296 unt of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			300.00			
	Name of Employer (for Individual) Carolina Neurosurgery & Spine	Phys	pation (for Individual) ician Year-to-Date ▼	Contri	Memo Item Contribution			
	Receipt For: Primary General Other (specify)	.00						
Н	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o				900.00			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	1 (OF		13
	(check only one)									
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		13	14	□ 1	5		16			17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.				
/	RY AND SPINE ASSOCIATES P	A PAC				
Full Name of Individual (Last, First, Middle Wait, Scott, , Dr,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wait, Scott, , Dr,					
Mailing Address 225 Baldwin Avenue	Mailing Address 225 Baldwin Avenue					
City	State Zip Code	Transaction ID : SA11AI.4297				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolina Neurosurgery & Spine	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middl 3. Welshofer, John, , Dr,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue		03 30 Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.4298				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Midd) Wiercisiewski, David, , Dr,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue						
City	State Zip Code	Transaction ID : SA11AI.4299				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	300.00					
SUBTOTAL of Receipts This Page (optional	al)	900.00				
TOTAL This Period (last page this line nun	nber only)	5400.00				

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SCHEDULE B (FEC Form 3X)	.,		FOR LINE NUMBER: PAGE 12 OF 13				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	1 ` ′	(check only one) 21b 22 x 23 26 27			
		Summary Page	21b 28a	22 X 23 28c 28c	26 27 29 30b		
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and addre	ess of any politica	al committee to	solicit contributions fi	rom such committee.		
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGERY A	ND SPIN	E ASSOCIA	TES P A F	PAC			
Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF NEUROLOGICAL COMMITTEE (NEUROSURGERYPAC)	SURGEONS	POLITICAL ACTION	ON	Date of Disbursem	ent		
Mailing Address 25 MASSACHUSETTS AVENUE,		T		03 28	2018		
City WASHINGTON	State DC	Zip Code 20001		FEC Identification	Number		
Purpose of Disbursement Contribution to AANS PAC				C C00413955 Transaction ID : SB23,4336			
Candidate Name			Category/ Type		isbursement this Period		
Senate	ement For: 2 Primary	General			5000.00		
State: President x	Other (spec	ify) ▼ Special-Genera	ı	Memo Item			
Full Name (Last, First, Middle Initial) B.		·		Date of Disbursem	ent		
	M M / D D / Y Y Y Y						
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	ement For:	0					
Senate President	Primary Other (spec	General		Memo Item			
State: District: Full Name (Last, First, Middle Initial)							
C.				Date of Disbursem	ent		
Mailing Address		M - M / D - D					
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement		C					
Candidate Name	Category/ Type	Amount of Each D	isbursement this Period				
Office Sought: House Disburse Senate	. , , , ,	4					
President	Other (spec	General ify) ▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional).			······		5000.00		
TOTAL This Period (last page this line number only	/)				5000.00		

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 13					
ITEMIZED DISBURSEMENTS		parate schedule(s)	\ I -	FOR LINE NUMBER: PAGE 13 OF 13 (check only one)				
TI ENTILLE DISBONSLIVILIA 13		category of the Summary Page	21b					
	Detailet	. Juliinary Fage	28a	28b 28c x 29 30b				
Any information copied from such Reports and Sta								
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	uress or any politi	cai committee to	o solicit contributions from such committee.				
CAROLINA NEUROSURGERY	וום אוח פטוו		ΔΤΕς Ρ Δ Ι	PAC				
CANOLINA NEUROSUNGERT	רוזט טרוו	NE ASSOCIA	AILO F A I	Α0				
Full Name (Last, First, Middle Initial)								
A. State Board of Elections	Date of Disbursement							
Mailing Address 430 N. Salisbury Street	02 16 2018							
				12 13				
City	State	Zip Code		FEC Identification Number				
Raleigh Purpose of Disbursement	NC	NC 27603						
Late filing penalties			001	C				
Candidate Name			Category/	Transaction ID: SB29.4309 Amount of Each Disbursement this Period				
			Type	1500.00				
	sement For:							
Senate President	Other (sp.	General						
State: District:	Other (sp	Golly) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
В.	, , , , ,							
Mailing Address	Mailing Address							
City	State	Zip Code		EEC Identification Number				
•				FEC Identification Number				
Purpose of Disbursement								
Candidate Name		Ontrary 1						
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbur			1					
Senate	Primary	General						
President State: District:	Other (sp	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)								
C.				Date of Disbursement				
				M = M / D = D / Y = Y = Y				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
•								
Purpose of Disbursement	Purpose of Disbursement							
Candidate Name	Candidate Name Category/							
Canada Hanto	Amount of Each Disbursement this Period							
Office Sought: House Disbur	Type							
Senate	Primary	General						
President				Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional	nI)			1500.00				
COSTOTAL OF DISDUISEMENTS THIS Fage (Optional	,		·····	7 7 7				
TOTAL This Period (last page this line number o	nly)			1500.00				