



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

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="2017"/>		54445.16
(b) Cash on Hand at Beginning of Reporting Period.....	54445.16	
(c) Total Receipts (from Line 19) .....	168747.00	168747.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	223192.16	223192.16
7. Total Disbursements (from Line 31).....	138066.47	138066.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	85125.69	85125.69
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

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).....	166217.00	166217.00
(ii) Unitemized .....	2530.00	2530.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	168747.00	168747.00
(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) .....	168747.00	168747.00
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)).....▶	168747.00	168747.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	168747.00	168747.00

**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 .....	35066.47	35066.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35066.47	35066.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103000.00	103000.00
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)) ..	138066.47	138066.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138066.47	138066.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	168747.00	168747.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	168747.00	168747.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35066.47	35066.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35066.47	35066.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

The ID being pulled is the candidates ID instead of the Campaigns.

Form/Schedule:  
Transaction ID:

**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 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Ackerman, Laurie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Riley Hospital Dr # 1134

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Riley Hospital	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : SA11AI.9246**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

**B. Adelson, P., David, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 E. Thomas Rd. Bldg B/4th Fl.

City Phoenix	State AZ	Zip Code 85016
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA11AI.9322**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

**C. Arginteanu, Marc, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Engle St.

City Englewood	State NJ	Zip Code 07631
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

**Transaction ID : SA11AI.9268**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Asher, Anthony, L., 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 06 / 2017**  
**Transaction ID : SA11AI.9263**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Atkinson, John, L.D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 1st St./Neurosurgery S.W. Mayo Clinic  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : SA11AI.9221**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 2017 Contribution

**C. Barbaro, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 W 16th St Ste 5100  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.9302**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Barnes, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 N Lincoln Blvd Ste 400  
 City Oklahoma City State OK Zip Code 73104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nerves Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9323**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**B. Batjer, H., Hunt, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 676 N. St. Clair #2210  
 City Chicago State IL Zip Code 60611-5934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern Univ Feinberg Sch Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2017  
**Transaction ID : SA11AI.9245**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Bean, James, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1760 Nicholasville Rd. Ste 301  
 City Lexington State KY Zip Code 40503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 22 / 2017  
**Transaction ID : SA11AI.9239**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 10 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Bernard, Estrada, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3831 Piper St Ste S-450  
 City Anchorage State AK Zip Code 99508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9324**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 2017 Contribution

**B. Bloomgarden, Gary, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 Orchard St. Ste. 316  
 City New Haven State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Connecticut Neurosurgery PC Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.9305**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Blumenfeld, Kenneth, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2577 Samaritan Dr. Ste 710  
 City San Jose State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9224**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 11 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Boop, Frederick, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 Union Ave  
Ste. 200

City Memphis State TN Zip Code 38104

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

Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 14 / 2017**

**Transaction ID : SA11AI.9220**

Amount of Each Receipt this Period 2500.00

Memo Item  
2017 Contribution

**B. Brisman, Michael, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Merrick Rd.  
Ste 128W

City Rockville Centre State NY Zip Code 11570

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

Name of Employer (for Individual) Neurological Surgery Occupation (for Individual) Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 25 / 2017**

**Transaction ID : SA11AI.9161**

Amount of Each Receipt this Period 1000.00

Memo Item  
2017 Contribution

**C. Brophy, John, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1325 Eastmoreland  
Ste 370

City Memphis State TN Zip Code 38104

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

Name of Employer (for Individual) Kellett Brophy & Lovell Neuro Occupation (for Individual) Neurosurgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2017**

**Transaction ID : SA11AI.9192**

Amount of Each Receipt this Period 1000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 12 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Carlson, Andrew, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2017
Mailing Address MSC 10 5615 1 University of New Mexico		<b>Transaction ID : SA11AI.9355</b>
City Albuquerque	State NM	Zip Code 87131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) University of New Mexico	Occupation (for Individual) Neurosurgeon	<input type="checkbox"/> Memo Item 2017 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Caron, Michael, Joseph, Dr.,</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2017
Mailing Address 120 Spalding DR Ste. 207		<b>Transaction ID : SA11AI.9306</b>
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) self	Occupation (for Individual) Neurosurgeon	<input type="checkbox"/> Memo Item 2017 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cervantes, Luis, A., Dr.,</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2017
Mailing Address 110 Marter Ave. Ste 202		<b>Transaction ID : SA11AI.9184</b>
City Moorestown	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self	Occupation (for Individual) Neurosurgeon	<input type="checkbox"/> Memo Item 2017 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 13 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Chabraja, Michael, , , Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 N Las Salle

City Chicago	State IL	Zip Code 60601
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Vedder Price	Occupation (for Individual) Lawyer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017

**Transaction ID : SA11AI.9326**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 2017 Contribution

**B. Cheng, Joseph, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6541 Radcliff Dr.

City Nashville	State TN	Zip Code 37221
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Vanderbilt Univ Med Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2017

**Transaction ID : SA11AI.9213**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**C. Colen, Chaim, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19745 Blossom Ln.

City Grosse Pointe Wood	State MI	Zip Code 48236
----------------------------	-------------	-------------------

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

Name of Employer (for Individual) University Health Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2017

**Transaction ID : SA11AI.9285**

Amount of Each Receipt this Period  
 625.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2125.00
<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 14 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Colen, Chaim, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19745 Blossom Ln.  
 City Grosse Pointe Wood State MI Zip Code 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Health Center Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 15 / 2017  
**Transaction ID : SA11AI.9359**  
 Amount of Each Receipt this Period 625.00  
 Memo Item  
 2017 Contribution

**B. Connolly, Jr., E., Sander, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 W. 168th ST, Rm. 435  
 New York Neurological Institute  
 City New York State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.9287**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**C. Couldwell, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 N. Medical Dr. East  
 Neurosurgery  
 City Salt Lake City State UT Zip Code 84132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2017  
**Transaction ID : SA11AI.9164**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 15 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. D'Ambrosio, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 E Ridgewood Ave Ste 200

City Ridgewood	State NJ	Zip Code 07450
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Neurological Assoc. Of New Jer	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 02 / 2017  
**Transaction ID : SA11AI.9309**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Dakers, Juris, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5615 S. Highway A1A

City Melbourne Beach	State FL	Zip Code 32951
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 02 / 14 / 2017  
**Transaction ID : SA11AI.9215**

Amount of Each Receipt this Period  
 750.00

Memo Item  
 2017 Contribution

**C. Davis, John, D., Dr., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2470 Flowood Dr.

City Flowood	State MS	Zip Code 39232
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 01 / 24 / 2017  
**Transaction ID : SA11AI.9155**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6750.00
<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 16 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Diaz, Fernando, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29275 Northwestern Hwy  
 Ste. 100

City Southfield	State MI	Zip Code 48034
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017

**Transaction ID : SA11AI.9203**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2017 Contribution

**B. Dyer, E., Hunter, 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
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2017

**Transaction ID : SA11AI.9293**

Amount of Each Receipt this Period  
 1250.00

Memo Item  
 2017 Contribution

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

Mailing Address 719 West 2nd Street

City Bloomington	State IN	Zip Code 47403
---------------------	-------------	-------------------

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

Name of Employer (for Individual) US Air Force	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2017

**Transaction ID : SA11AI.9153**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4750.00
<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 17 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. FLEMING, JOHN C MR. JR., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1236

City MINDEN	State LA	Zip Code 71058
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8LA04225

Name of Employer (for Individual) US Government	Occupation (for Individual) Congressmen
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017  
**Transaction ID : SA11AI.9327**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

**B. Fogelson, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 SW First St

City Rochester	State MN	Zip Code 55905
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Mayo Clinic/Neurology	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2017  
**Transaction ID : SA11AI.9217**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

**C. Foley, Kevin, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6325 Humphreys Blvd

City Memphis	State TN	Zip Code 38120
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Semmes-Murphey	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2017  
**Transaction ID : SA11AI.9140**

Amount of Each Receipt this Period  
5000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 18 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Fronczak, Stanley, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 Suffolk Ln.  
 City Oak Brook State IL Zip Code 60523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Suburban Neurosurgical Occupation (for Individual) neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9328**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Fu, Kia-Ming, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 E 68th St Box 99  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Weill Cornell Medical Center Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9329**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**C. Gaskill, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9909 Emerald Links Dr  
 City Tampa State FL Zip Code 33626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dept Of Neuro Surgery Tampa Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.9311**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 19 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Gaspard, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Anna Cove  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9201**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. George, Richard, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4515 Marsha Sharp Fwy.  
 City Lubbock State TX Zip Code 79407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grace Clinic Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9190**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**C. Gilmer, Holly, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29275 Northwestern Hwy. Ste 100  
 City Southfield State MI Zip Code 48034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beaumont Children's Hospital Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 05 / 2017**  
**Transaction ID : SA11AI.9358**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 20 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Grabel, Jordan, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1411 N. Flagler Dr. Ste 5900

City West Palm Beach	State FL	Zip Code 33401
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

**Transaction ID : SA11AI.9233**

Amount of Each Receipt this Period  
750.00

Memo Item  
2017 Contribution

**B. Grabel, Jordan, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1411 N. Flagler Dr. Ste 5900

City West Palm Beach	State FL	Zip Code 33401
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2017

**Transaction ID : SA11AI.9294**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

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

Mailing Address 420 Delaware St SE MMC 96

City Minneapolis	State MN	Zip Code 55455
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA11AI.9330**

Amount of Each Receipt this Period  
250.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 21 OF 78
	<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"/> 17	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Guthikonda, Bharat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 Kings Hwy  
 City Shreveport State LA Zip Code 71103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana State University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1017.00

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : SA11AI.9256**  
 Amount of Each Receipt this Period 1017.00  
 Memo Item  
 2017 Contribution

**B. Hadjipamayis, Costas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Union Sq/5th Fl Ste 5E  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phillips Ambulatory Care Ctr. Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 06 / 2017**  
**Transaction ID : SA11AI.9295**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**C. Haid, Regis, W., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Peachtree Rd. NE Ste 575  
 City Atlanta State GA Zip Code 30309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atlanta Brain & Spine Care Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9199**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2267.00
<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 22 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Haid, Regis, W., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Peachtree Rd. NE  
 Ste 575  
 City Atlanta State GA Zip Code 30309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atlanta Brain & Spine Care Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2017  
**Transaction ID : SA11AI.9234**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 2017 Contribution

**B. Harbaugh, Robert, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Hope Dr. EC110  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn State University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2017  
**Transaction ID : SA11AI.9165**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 2017 Contribution

**C. Heary, Robert, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Bergen St. Ste. 8100  
 City Newark State NJ Zip Code 07103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMDNJ Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017  
**Transaction ID : SA11AI.9205**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 23 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Huang, Paul, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave.  
 Ste 8R  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NY Univ Medical Center Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9185**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**B. Hummell, Matthew, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 W. 38th St.  
 Ste 400  
 City Austin State TX Zip Code 78705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Brain & Spine Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 21 / 2017**  
**Transaction ID : SA11AI.9235**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**C. Jackson, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3750 Landmark Dr Ste B  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Goodman Campbell Brain and Spi Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 21 / 2017**  
**Transaction ID : SA11AI.9250**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 24 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. James, Steven, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1051 Greenwood Springs Blvd  
Ste 201

City Greenwood	State IN	Zip Code 46143
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goodman Campbell Brain and Spi	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2017

**Transaction ID : SA11AI.9298**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

**B. Jenkins, N. Ross, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Hawthorne Dr

City Bedford	State NH	Zip Code 03110
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NH Neurospine Institute	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA11AI.9331**

Amount of Each Receipt this Period  
2500.00

Memo Item  
2017 Contribution

**C. Johnson, J., Patrick, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 S. San Vicente Blvd. #800

City Los Angeles	State CA	Zip Code 90048
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cedars Sinai Inst for Spinal	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2017

**Transaction ID : SA11AI.9313**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 25 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Kakarla, Udaya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 N 3rd Ave

City Phoenix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurosurgical Assoc.	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 01 / 03 / 2017  
**Transaction ID : SA11AI.9141**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Kline, David, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7041 Globe Rd.

City Lenoir	State NC	Zip Code 28645
----------------	-------------	-------------------

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

Name of Employer (for Individual) Louisiana State University HSC	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 01 / 25 / 2017  
**Transaction ID : SA11AI.9157**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Knightly, John, Joseph, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Madison Ave.

City Morristown	State NJ	Zip Code 07960
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Atlantic Neurosurg Specialists	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 03 / 2017  
**Transaction ID : SA11AI.9332**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 26 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

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

Mailing Address 2965 Harrison Ste. 111

City Beaumont	State TX	Zip Code 77702
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2017

**Transaction ID : SA11AI.9219**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

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

Mailing Address 101 City Drive S. Bldg. 56 Ste 400

City Orange	State CA	Zip Code 92868
----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of California Irvine	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2017

**Transaction ID : SA11AI.9166**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

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

Mailing Address 1501 N. Campbell Ave. Rm. 4310 PO Box 245070

City Tucson	State AZ	Zip Code 85724
----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Arizona	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : SA11AI.9278**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 27 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Lieberman, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2525 E. Arizona Biltmore Circle  
 Suite D-142

City Phoenix	State AZ	Zip Code 85016
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Phoenix Spine	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2017

**Transaction ID : SA11AI.9273**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Lindley, James, G., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Jackson Blvd.

City Savannah	State GA	Zip Code 31405
------------------	-------------	-------------------

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

Name of Employer (for Individual) Neuro Inst of Savannah	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2017

**Transaction ID : SA11AI.9222**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 2017 Contribution

**C. Little, Andrew, Scott, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 N 3rd Ave

City Pheonix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2017

**Transaction ID : SA11AI.9143**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 28 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Majzoub, Hisham, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2496

City Joplin	State MO	Zip Code 64803
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 01 / 25 / 2017  
**Transaction ID : SA11AI.9163**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 2017 Contribution

**B. Majzoub, Hisham, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2496

City Joplin	State MO	Zip Code 64803
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 02 / 21 / 2017  
**Transaction ID : SA11AI.9232**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 2017 Contribution

**C. Mapstone, Timothy, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Univ. Of Oklahoma HSC/Neurosurgery  
 1000 N. Lincoln Blvd. Ste. 400

City Oklahoma City	State OK	Zip Code 73104
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 02 / 21 / 2017  
**Transaction ID : SA11AI.9231**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 29 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Masnyk, Taras, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 Richton Dr.  
 City Wheaton State IL Zip Code 60187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Dupage Hospital Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 02 / 2017**  
**Transaction ID : SA11AI.9316**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. McCanna, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8333 Naab Rd Ste 250  
 City Indianapolis State IN Zip Code 46260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Goodman Campbell Brain and Spi Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 07 / 2017**  
**Transaction ID : SA11AI.9269**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. McGillicuddy, Gerald, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Winthrop St. Ste 119A  
 City Worcester State MA Zip Code 01604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9198**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 30 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. McGregor, John, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 W. 10th Ave.  
 N1027 Doan Hall  
 City Columbus State OH Zip Code 43210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio State University Hospital Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9333**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. McPherson, Christofer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 S 16th St Ste 305  
 City Lincoln State NE Zip Code 68502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neurological & Spinal Surgery Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.9289**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**C. Meyer, Scott, Andrew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Madison Ave 3rd Fl  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atlantic Neurosurgical Special Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2017  
**Transaction ID : SA11AI.9301**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 31 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Michael, Daniel, Bernard, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Michigan Head & Spine Inst.  
 29275 Northwestern Hwy Ste. 100

City Southfield	State MI	Zip Code 48034-5700
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Michigan Head & Spine Inst	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2017

**Transaction ID : SA11AI.9300**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Mobesser, Jean-Pierre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8333 Naab Rd Ste 250

City Indianapolis	State IN	Zip Code 46260
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Goodman Campbell Brain and Spi	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2017

**Transaction ID : SA11AI.9151**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
 2017 Contribution

**C. Moody, James, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1411 N. Beckley Ave. Pavillion  
 Ste. 152

City Dallas	State TX	Zip Code 75203
----------------	-------------	-------------------

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

Name of Employer (for Individual) Methodist Brain & Spine Inst	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017

**Transaction ID : SA11AI.9197**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 32 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Mummaneni, Praveen, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 Parnassus Ave. M-779 Box 0112

City San Francisco	State CA	Zip Code 94143
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 06 / 2017  
**Transaction ID : SA11AI.9265**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2017 Contribution

**B. Murad, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 100265

City Gainesville	State FL	Zip Code 32610
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 05 / 03 / 2017  
**Transaction ID : SA11AI.9334**

Amount of Each Receipt this Period  
 400.00

Memo Item  
 2017 Contribution

**C. Nakaji, Peter, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 N. 3rd Ave.

City Phoenix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurological Institute	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 09 / 2017  
**Transaction ID : SA11AI.9275**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<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 33 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Nanda, Anil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 Kings Hwy.  
 LSUHSC/Dept. of Neurosurgery

City Shreveport	State LA	Zip Code 71103
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2017

**Transaction ID : SA11AI.9223**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Nichols, M. Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2122 E. 47th St.

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer (for Individual) Neuroscience & Rehab Institute	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017

**Transaction ID : SA11AI.9182**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 2017 Contribution

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

Mailing Address 3116 Cloverfield Rd

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2017

**Transaction ID : SA11AI.9207**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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 34 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Oritano, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Commons Way Ste B  
 City kalispell State MT Zip Code 59901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neuroscience & Spine Inst. Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9335**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Orrico, Katie, , , Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 15th St. NW Ste800  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Assn of Neuro Surgeon Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2017  
**Transaction ID : SA11AI.9227**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Parr, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Delaware St SE  
 City Minneapolis State MN Zip Code 55455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Cliniv Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9336**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 35 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Phelps, Jeremy, Todd, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 S. Van Buren  
 City Enid State OK Zip Code 73703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neurosurgical Associates Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9337**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**B. Plunkett, Robert, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 High St. Ste E2  
 City Buffalo State NY Zip Code 14203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ at Buffalo Neurosurgery Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2017  
**Transaction ID : SA11AI.9292**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 2017 Contribution

**C. Porter, Randall, W, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Barrow Neurosurgical Assoc. 2910 N 3rd Ave  
 City Phoenix State AZ Zip Code 85013-4434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Joseph's Hospital Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 03 / 2017  
**Transaction ID : SA11AI.9144**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 36 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Prabhu, Sujit, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 301402

City Houston	State TX	Zip Code 77230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MD Anderson Cancer Ctr	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2017

**Transaction ID : SA11AI.9261**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 2017 Contribution

**B. Prall, J. Adair, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7780 S. Broadway Ste 260

City Littleton	State CO	Zip Code 80122
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2017

**Transaction ID : SA11AI.9225**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2017 Contribution

**C. Ratliff, John, Kevin, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Stanford Univ./Neurosurgery 300 Pasteur Dr. Edwards Bldg/R-292

City Stanford	State CT	Zip Code 94305-2295
------------------	-------------	------------------------

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

Name of Employer (for Individual) Stanford University	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017

**Transaction ID : SA11AI.9338**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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 37 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Reiss, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 Kresge Way Ste 51

City Louisville	State KY	Zip Code 40207
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Baptist Neurological Surgery	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 01 / 25 / 2017  
**Transaction ID : SA11AI.9159**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 2017 Contribution

**B. Remington, Benjamin, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7442 River Nine Dr.

City Modesto	State CA	Zip Code 95356
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 02 / 06 / 2017  
**Transaction ID : SA11AI.9206**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 2017 Contribution

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

Mailing Address 725 15th St. NW Ste. 500

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

Name of Employer (for Individual) American Assn of Neuro Surgeon	Occupation (for Individual) Senior Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 02 / 2017  
**Transaction ID : SA11AI.9260**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<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 38 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Rodgers, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 W 16th St  
 Ste 5100  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : SA11AI.9248**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**B. Rosen, Charles, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 9183  
 City Morgantown State WV Zip Code 26506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 03 / 2017**  
**Transaction ID : SA11AI.9340**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Rosenow, Joshua, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 676 N. St. Clair St.  
 Ste 2210  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 15 / 2017**  
**Transaction ID : SA11AI.9286**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 39 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Rozzelle, Curtis, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 7th Ave S ACC400  
 City Birmingham State AL Zip Code 35233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children Hospital of Alabama Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9341**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Ryken, Timothy, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2710 Saint Francis Dr. Ste 110 Spine & Brain Institute  
 City Waterloo State IA Zip Code 50702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spine & Brain Institute Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2017  
**Transaction ID : SA11AI.9236**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Schulder, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Community Dr./Neurosurgery 9 Tower  
 City Manhasset State NY Zip Code 11030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2017  
**Transaction ID : SA11AI.9272**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 40 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Schwartz, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 W 3rd St  
 City Los Angeles State CA Zip Code 90057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) House Clinic/Neurosurgery Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : SA11AI.9211**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Scibelli, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3627 University Blvd S Ste 355  
 City Jacksonville State FL Zip Code 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : SA11AI.9280**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 2017 Contribution

**C. Selden, Nathan, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3303 S.W. Bond Ave. CH8N  
 City Portland State OR Zip Code 97239-3098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health & Science Univ Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 16 / 2017**  
**Transaction ID : SA11AI.9290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<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 41 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Shaffrey, Mark, Edwin, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Box 800212  
 Neurosurgery  
 City Charlottesville State VA Zip Code 22908-0212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Virginia Hlth System Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2017  
**Transaction ID : SA11AI.9174**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 2017 Contribution

**B. Shedden, Peter, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9200 New Trails Dr.  
 Ste 100  
 City The Woodlands State TX Zip Code 77381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2017  
**Transaction ID : SA11AI.9237**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 2017 Contribution

**C. Singer, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Michigan St NE  
 Suite 6100  
 City Grand Rapids State MI Zip Code 49503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of Michigan Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017  
**Transaction ID : SA11AI.9343**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<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 42 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Sloan, Andrew, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11100 Euclid Ave.  
 City Cleveland State OH Zip Code 44106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9209**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 2017 Contribution

**B. Smith, Gregory, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1417 Eagle Bend Dr  
 City Southlake State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Texas Neurosurgical & Sp Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2017  
**Transaction ID : SA11AI.9226**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Spatola, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 Kingsley Ave. Ste 101  
 City Orange Park State FL Zip Code 32073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orange Park Neurosurgery Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 27 / 2017  
**Transaction ID : SA11AI.9253**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 43 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Spetzler, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 N Third Ave  
 City Phoenix State AZ Zip Code 85013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barrow Neurosurgical Associate Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 03 / 2017  
**Transaction ID : SA11AI.9145**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**B. Stacy, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 N State St  
 City Jackson State MS Zip Code 39216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. Of Mississippi Med. Ctr. Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9345**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Steinmetz, Michael, Patrick, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Metrohealth Dr.  
 City Cleveland State OH Zip Code 44109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MetroHealth Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9346**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 44 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Stockwell, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 Ronald Reagan Parkway  
 Suite 283  
 City Indianapolis State IN Zip Code 46123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2017  
**Transaction ID : SA11AI.9258**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**B. Stroink, Ann, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 S. Mercer Ave.  
 City Bloomington State IL Zip Code 61701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central IL Neuro Hlth Science Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.9317**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 2017 Contribution

**C. Sungarian, Arno, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Winthrop St.  
 Ste 119  
 City Worcester State MA Zip Code 01604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2017  
**Transaction ID : SA11AI.9194**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 45 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Swartz, Karin, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Rose St. MS108C  
 City Lexington State KY Zip Code 40536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2017  
**Transaction ID : SA11AI.9170**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Taylor, Sherry, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Medical Center Dr Ste 503  
 City Springfield State MA Zip Code 01107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9347**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**C. Than, Khoi, Duc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3303 SW Bond Ave.  
 City Portland State OR Zip Code 97239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health and Sciences Uni Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.9318**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 46 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Thoman, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N1014 Doan Hall  
410 W 10th Ave

City Columbus	State OH	Zip Code 43210
------------------	-------------	-------------------

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

Name of Employer (for Individual) Ohio State Univ.	Occupation (for Individual) neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2017

**Transaction ID : SA11AI.9320**

Amount of Each Receipt this Period  
250.00

Memo Item  
2017 Contribution

**B. Thomas, John, Alexander, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 S 17th St

City Wilmington	State NC	Zip Code 28401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington Hospital Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2017

**Transaction ID : SA11AI.9243**

Amount of Each Receipt this Period  
1500.00

Memo Item  
2017 Contribution

**C. Thorell, William, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 982035 Nebraska Medical Ctr.

City Omaha	State NE	Zip Code 68198
---------------	-------------	-------------------

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

Name of Employer (for Individual) Univ Nebraska Medical Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2017

**Transaction ID : SA11AI.9187**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 47 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Timmons, Shelly, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 N. Academy Ave.

City Danville	State PA	Zip Code 17822-0001
------------------	-------------	------------------------

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

Name of Employer (for Individual) Geisinger Medical Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

**Transaction ID : SA11AI.9264**

Amount of Each Receipt this Period  
2500.00

Memo Item  
2017 Contribution

**B. Todd, Frederick, D., , II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W. Arbrook Blvd.  
Ste 250

City Arlington	State TX	Zip Code 76015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Arlington Neurosurg & Spine	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : SA11AI.9291**

Amount of Each Receipt this Period  
5000.00

Memo Item  
2017 Contribution

**C. Tomei, Krystal, Lynne, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 Essex St. Apt. 5N

City Jersey City	State NJ	Zip Code 07302
---------------------	-------------	-------------------

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

Name of Employer (for Individual) New Jersey Medical School	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

**Transaction ID : SA11AI.9271**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<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 48 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Valadka, Alex, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 N. IH 35  
 Ste 300  
 City Austin State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017  
**Transaction ID : SA11AI.9204**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 2017 Contribution

**B. Van Der Veer, Craig, Andrew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Baldwin Ave.  
 City Charlotte State NC Zip Code 28204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2017  
**Transaction ID : SA11AI.9357**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item  
 2017 Contribution

**C. Vanefsky, Marc, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3460 E La Palma Ave  
 City Anaheim State CA Zip Code 92806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CSNS Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017  
**Transaction ID : SA11AI.9348**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4750.00
<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 49 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Vates, G., E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Univ. of Rochester MC/Neurology  
 601 Elmwood Ave. Box 670

City Rochester	State NY	Zip Code 14642
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017

**Transaction ID : SA11AI.9304**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**B. Wade, Patrick, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 E. Broadway Ste 100

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017

**Transaction ID : SA11AI.9189**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 2017 Contribution

**C. Walker, James, Benning, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 509 North Lamar Blvd

City Oxford	State MS	Zip Code 38655
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2017

**Transaction ID : SA11AI.9156**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 50 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

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

Mailing Address 7301 E 2nd St Ste 106

City Scottsdale	State AZ	Zip Code 85251
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurosurgical Assoc.	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2017

**Transaction ID : SA11AI.9147**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

**B. Watridge, Clarence, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6325 Humphreys Blvd

City Memphis	State TN	Zip Code 38120
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Semmes Murphey Clinic	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

**Transaction ID : SA11AI.9230**

Amount of Each Receipt this Period  
500.00

Memo Item  
2017 Contribution

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

Mailing Address 6325 Humphreys Blvd

City Memphis	State TN	Zip Code 38120
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Semmes Murphey	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2017

**Transaction ID : SA11AI.9195**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 51 OF 78
<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Webb, Sharon, Woods, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Sunset Dr  
 City Columbia State SC Zip Code 29203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 03 / 2017**  
**Transaction ID : SA11AI.9349**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

**B. Welch, William, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 S 8th St  
 City Philadelphia State PA Zip Code 19106-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pennsylvania Neurosurgical Ins Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 06 / 2017**  
**Transaction ID : SA11AI.9266**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**C. Wen, Dennis, Yung K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Center St. Ste 305  
 City Elgin State IL Zip Code 60120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elgin Barrington Neurosurgery Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : SA11AI.9191**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 52 OF 78
	<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"/> 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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. White, Elbert, Asa, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4381 S. Eason Blvd.  
Ste 302

City Tupelo	State MS	Zip Code 38801
----------------	-------------	-------------------

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

Name of Employer (for Individual) North Mississippi Medical Syst	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2017

**Transaction ID : SA11AI.9200**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

**B. White, William, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 N. 3rd Ave.

City Phoenix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurological Associates	Occupation (for Individual) Neurosurgeon
---	---

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	/	03	/	2017

**Transaction ID : SA11AI.9262**

Amount of Each Receipt this Period  
200.00

Memo Item  
2017 Contribution

**C. Wilson, John, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Medical Center Dr./Neurology  
Wake Forest University

City Winston Salem	State NC	Zip Code 27157
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Wake Forest University	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA11AI.9350**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<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 53 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Winfree, Christopher, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 W 168th St Rm 408  
 City New York State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2017  
**Transaction ID : SA11AI.9186**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 2017 Contribution

**B. Witham, Timothy, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2310 Ravenview Rd.  
 City Luther Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2017  
**Transaction ID : SA11AI.9169**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 2017 Contribution

**C. Wolfe, Stacey, C. Quintero, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Tripler Army Med. Ctr./Neuros. Cli  
 1 Jarrett White Rd.  
 City Honolulu State HI Zip Code 96589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest Univeristy School Occupation (for Individual) Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : SA11AI.9351**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 54 OF 78
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

**A. Woo, Henry, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Cerebrovascular Center  
 Hospital Level 4 Suite 430

City Stony Brook	State NY	Zip Code 11794-0001
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cerebrovascular Center	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017

**Transaction ID : SA11AI.9193**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

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

Mailing Address 2910 N 3rd Ave

City Phoenix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurological Institute	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2017

**Transaction ID : SA11AI.9149**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2017 Contribution

**C. Zakalik, Karol, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 W. 13 Mile Rd.  
 Ste 636

City Royal Oak	State MI	Zip Code 48073
-------------------	-------------	-------------------

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

Name of Employer (for Individual) William Beaumont Hospital	Occupation (for Individual) Neurosurgeon
--	---

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  
 02 / 06 / 2017

**Transaction ID : SA11AI.9183**

Amount of Each Receipt this Period  
 300.00

Memo Item  
 2017 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	166217.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement MM / DD / YYYY 01 / 31 / 2017	
Mailing Address PO Box 53852			FEC Identification Number C [ ] <b>Transaction ID : SB21B.9362</b> Amount of Each Disbursement this Period [ ] 372.88	
City Phoenix	State AZ	Zip Code 85072	Category/ Type [ ]	
Purpose of Disbursement Amex fees January		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address PO Box 53852			FEC Identification Number C [ ] <b>Transaction ID : SB21B.9368</b> Amount of Each Disbursement this Period [ ] 588.88	
City Phoenix	State AZ	Zip Code 85072	Category/ Type [ ]	
Purpose of Disbursement Feb Amex Fees		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address PO Box 53852			FEC Identification Number C [ ] <b>Transaction ID : SB21B.9403</b> Amount of Each Disbursement this Period [ ] 385.07	
City Phoenix	State AZ	Zip Code 85072	Category/ Type [ ]	
Purpose of Disbursement Amex fees March		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			[ ] 1346.83	
<b>TOTAL</b> This Period (last page this line number only).....▶			[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Amex fee April

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.9406  
Amount of Each Disbursement this Period  
335.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Fees May

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.9410  
Amount of Each Disbursement this Period  
28.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Amex fee diff 6/30/17

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.9534  
Amount of Each Disbursement this Period  
5.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

369.33



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A. Chase**

Full Name (Last, First, Middle Initial)

Mailing Address 120 S. LaSalle St.

City Chicago State IL Zip Code 60603

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 31 / 2017

FEC Identification Number C

Transaction ID : SB21B.9360

Amount of Each Disbursement this Period 383.21

Memo Item

**B. Moneris Solutions**

Full Name (Last, First, Middle Initial)

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement Moneris Fees Jan

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 31 / 2017

FEC Identification Number C

Transaction ID : SB21B.9363

Amount of Each Disbursement this Period 387.20

Memo Item

**C. Moneris Solutions**

Full Name (Last, First, Middle Initial)

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement Jan ereader Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 31 / 2017

FEC Identification Number C

Transaction ID : SB21B.9365

Amount of Each Disbursement this Period 41.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 812.31

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9369</b> Amount of Each Disbursement this Period [REDACTED] 632.85	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [REDACTED]
Purpose of Disbursement Moneris Fees feb		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9402</b> Amount of Each Disbursement this Period [REDACTED] 41.90	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [REDACTED]
Purpose of Disbursement Feb Ereaders Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9404</b> Amount of Each Disbursement this Period [REDACTED] 551.13	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [REDACTED]
Purpose of Disbursement March V/MC Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1225.88

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2017
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9407</b> Amount of Each Disbursement this Period [REDACTED] 302.09
City Buffalo Grove	State IL	Zip Code 60089
Purpose of Disbursement V/MC Fees April		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2017
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9409</b> Amount of Each Disbursement this Period [REDACTED] 41.90
City Buffalo Grove	State IL	Zip Code 60089
Purpose of Disbursement Ereader March Fees		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9411</b> Amount of Each Disbursement this Period [REDACTED] 75.11
City Buffalo Grove	State IL	Zip Code 60089
Purpose of Disbursement V/MC Fees May 17		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 419.10
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9413</b> Amount of Each Disbursement this Period [ ] 467.15	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [ ]
Purpose of Disbursement Ereader May Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9525</b> Amount of Each Disbursement this Period [ ] 42.90	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [ ]
Purpose of Disbursement Ereader Fees May		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9526</b> Amount of Each Disbursement this Period [ ] 77.34	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [ ]
Purpose of Disbursement Moneris Fees June		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 587.39
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9528</b> Amount of Each Disbursement this Period [ ] 41.90	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [ ]
Purpose of Disbursement June Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Moneris Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 700 E. Lake Cook Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9535</b> Amount of Each Disbursement this Period [ ] 24.03	
City Buffalo Grove	State IL	Zip Code 60089	Category/ Type [ ]
Purpose of Disbursement Moneris Fee diff 6/30/17		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017	
Mailing Address 320 FIRST STREET SE		FEC Identification Number C C00075820 <b>Transaction ID : SB21B.9532</b> Amount of Each Disbursement this Period [ ] 15000.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type [ ]
Purpose of Disbursement 2017 Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 15065.93
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017
Mailing Address 425 SECOND STREET NE		FEC Identification Number C C00027466 <b>Transaction ID : SB21B.9531</b> Amount of Each Disbursement this Period 15000.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement 2017 Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 4100 Solutions Center 774100		FEC Identification Number C <b>Transaction ID : SB21B.9527</b> Amount of Each Disbursement this Period 39.95
City Chicago	State IL	Zip Code 60677
Purpose of Disbursement June Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15039.95
<b>TOTAL</b> This Period (last page this line number only).....▶	34866.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. AMI BERA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 582496		FEC Identification Number C H0CA03078 <b>Transaction ID : SB23.9496</b>
City ELK GROVE	State CA	Zip Code 95758
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>BERA, AMERISH, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ANDY BARR FOR CONGRESS, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO Box 2059		FEC Identification Number C C00467571 <b>Transaction ID : SB23.9517</b>
City Lexington	State KY	Zip Code 40588
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>BARR, GARLAND "ANDY", , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ANDY HARRIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 426		FEC Identification Number C C00435974 <b>Transaction ID : SB23.9475</b>
City STEVENSVILLE	State MD	Zip Code 21666
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>HARRIS, ANDREW P, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**DENT, CHARLES W REP, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number

C C00386847

Transaction ID : SB23.9482

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement  
2017 Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number

C C00480228

Transaction ID : SB23.9515

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**NUNES, DEVIN G, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number

C H8CA20059

Transaction ID : SB23.9521

Amount of Each Disbursement this Period

1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. DIANE BLACK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO BOX 1437		FEC Identification Number C 000472878 <b>Transaction ID : SB23.9514</b>
City GALLATIN	State TN	Zip Code 37066
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>BLACK, DIANE L MRS., , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 06	

Full Name (Last, First, Middle Initial) <b>B. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 6116		FEC Identification Number C 000502575 <b>Transaction ID : SB23.9499</b>
City LA QUINTA	State CA	Zip Code 92248
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>RUIZ, RAUL DR., , Dr.,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 36	

Full Name (Last, First, Middle Initial) <b>C. FRELINGHUYSEN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 19 CATTANO AVENUE		FEC Identification Number C H2NJ05014 <b>Transaction ID : SB23.9510</b>
City MORRISTOWN	State NJ	Zip Code 07960
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRELINGHUYSEN, RODNEY P., , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 11	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ERIK PAULSEN</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address P.O. Box 44369 250 Prairie Center Drive		FEC Identification Number C00439661 <b>Transaction ID : SB23.9509</b>
City Eden Prairie	State MN	Zip Code 55344
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>PAULSEN, ERIK, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN BARRASSO</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 52008		FEC Identification Number C00436386 <b>Transaction ID : SB23.9483</b>
City CASPER	State WY	Zip Code 82605
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>BARRASSO, JOHN, , ,</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF NEAL DUNN</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 2640A MITCHAM DRIVE		FEC Identification Number C00582304 <b>Transaction ID : SB23.9474</b>
City TALLAHASSEE	State FL	Zip Code 32308
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>DUNN, NEAL, PATRICK, Dr.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 02	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF SHERROD BROWN**

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2017

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 2018 Contribution

Candidate Name **BROWN, SHERROD, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 00

FEC Identification Number: **C00264697**  
Transaction ID : **SB23.9485**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. GENE GREEN CONGRESSIONAL CAMPAIGN**

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2017

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement 2018 Contribution

Candidate Name **GREEN, RAYMOND E. 'GENE', , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 29

FEC Identification Number: **C00254185**  
Transaction ID : **SB23.9542**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2017

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement 2018 Contribution

Candidate Name **GUTHRIE, STEVEN BRETT, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 02

FEC Identification Number: **C00445023**  
Transaction ID : **SB23.9477**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A. HATCH ELECTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement  
2018 Contribution

Candidate Name  
HATCH, ORRIN G, , ,

Office Sought:  House  Senate  President  
State: UT District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number  
C S6UT00063  
Transaction ID : SB23.9486  
Amount of Each Disbursement this Period  
3500.00

Memo Item

**B. HEALTHCARE FREEDOM FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
2017 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
01 / 12 / 2017

FEC Identification Number  
C C00528414  
Transaction ID : SB23.9530  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**C. HEALTH FIRST COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement  
2017 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number  
C C00624841  
Transaction ID : SB23.9503  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. HELLER FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO BOX 371907		FEC Identification Number C00494229 <b>Transaction ID : SB23.9501</b>
City LAS VEGAS	State NV	Zip Code 89137
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>HELLER, DEAN, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District: 00	

Full Name (Last, First, Middle Initial) <b>B. HUDSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 5053		FEC Identification Number C00504522 <b>Transaction ID : SB23.9500</b>
City CONCORD	State NC	Zip Code 28027
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>HUDSON, RICHARD, L., , Jr.</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 08	

Full Name (Last, First, Middle Initial) <b>C. JENKINS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address PO BOX 727		FEC Identification Number C00548271 <b>Transaction ID : SB23.9480</b>
City HUNTINGTON	State WV	Zip Code 25711
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>JENKINS, EVAN H, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WV	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)  
**A. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**JOHNSON, BILL, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 06

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number  
C C00476820  
Transaction ID : SB23.9513  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

Mailing Address PO BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**MARSHALL, ROGER W, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KS District: 01

Date of Disbursement  
MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number  
C C00576173  
Transaction ID : SB23.9476  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**MCCARTHY, KEVIN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 22

Date of Disbursement  
MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number  
C H6CA22125  
Transaction ID : SB23.9489  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. KINZINGER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO BOX 2365		FEC Identification Number C H0IL11052 <b>Transaction ID : SB23.9502</b>
City OTTAWA	State IL	Zip Code 61350
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name KINZINGER, ADAM, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 16	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. LONE STAR LEADERSHIP PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO BOX 30844		FEC Identification Number C C00415208 <b>Transaction ID : SB23.9504</b>
City BETHESDA	State MD	Zip Code 20824
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. MAGGIE'S LIST</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 6674 WEEPING WILLOW WAY		FEC Identification Number C C00469023 <b>Transaction ID : SB23.9512</b>
City TALLAHASSEE	State FL	Zip Code 32311
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
MARSHA BLACKBURN FOR CONGRESS INC.

Date of Disbursement: 03 / 20 / 2017

Mailing Address: PO Box 682185

City: Franklin, State: TN, Zip Code: 37068

Purpose of Disbursement: 2018 Contribution

Candidate Name: BLACKBURN, MARSHA, , Mrs., Category/Type: [ ]

Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) [ ]

State: TN, District: 07

FEC Identification Number: C00376939  
Transaction ID: SB23.9492  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. MCCONNELL SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE

Date of Disbursement: 03 / 20 / 2017

Mailing Address: PO BOX 1496

City: LOUISVILLE, State: KY, Zip Code: 40201

Purpose of Disbursement: 2020 Contribution

Candidate Name: MCCONNELL, MITCH, , , Category/Type: [ ]

Office Sought:  House,  Senate,  President  
Disbursement For: 2020,  Primary,  General,  Other (specify) [ ]

State: KY, District: 00

FEC Identification Number: C S2KY00012  
Transaction ID: SB23.9479  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MICHAEL BURGESS FOR CONGRESS

Date of Disbursement: 06 / 20 / 2017

Mailing Address: PO BOX 2334

City: DENTON, State: TX, Zip Code: 76202

Purpose of Disbursement: 2018 Contribution

Candidate Name: BURGESS, MICHAEL, C, Dr., Category/Type: [ ]

Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) [ ]

State: TX, District: 26

FEC Identification Number: C00372532  
Transaction ID: SB23.9519  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) <b>A. PALLONE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address PO BOX 3176		FEC Identification Number C C00226928 <b>Transaction ID : SB23.9524</b> Amount of Each Disbursement this Period 2500.00
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name <b>PALLONE, FRANK, , , Jr.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C C00226522 <b>Transaction ID : SB23.9495</b> Amount of Each Disbursement this Period 2500.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name <b>NEAL, RICHARD E MR., , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ROSKAM FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address P. O. BOX 713		FEC Identification Number C C00410969 <b>Transaction ID : SB23.9508</b> Amount of Each Disbursement this Period 1000.00
City WHEATON	State IL	Zip Code 60187
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name <b>ROSKAM, PETER, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 06	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A. RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
RYAN FOR CONGRESS

Date of Disbursement: 03 / 20 / 2017

Mailing Address P. O. Box 1919  
P. O. Box 1919

City: Janesville State: WI Zip Code: 53547

Purpose of Disbursement: 2018 Contribution

Candidate Name: RYAN, PAUL D., , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 01

FEC Identification Number: C H8W101024  
Transaction ID : SB23.9488  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. SCALISE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
SCALISE FOR CONGRESS

Date of Disbursement: 03 / 20 / 2017

Mailing Address PO BOX 23219

City: JEFFERSON State: LA Zip Code: 70183

Purpose of Disbursement: 2018 Contribution

Candidate Name: SCALISE, STEVE, , Mr.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: LA District: 01

FEC Identification Number: C C00394957  
Transaction ID : SB23.9497  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. TIBERI FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
TIBERI FOR CONGRESS

Date of Disbursement: 03 / 20 / 2017

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City: COLUMBUS State: OH Zip Code: 43231

Purpose of Disbursement: 2018 Contribution

Candidate Name: TIBERI, PATRICK J., , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 12

FEC Identification Number: C H00H12062  
Transaction ID : SB23.9498  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)  
**A. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2017

FEC Identification Number: C00433060  
Transaction ID : SB23.9494  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement 2018 Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00433060  
Transaction ID : SB23.9511  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. UPTON FOR ALL OF US**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement 2018 Contribution

Candidate Name UPTON, FREDERICK STEPHEN, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00200584  
Transaction ID : SB23.9506  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A. VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2017

FEC Identification Number: C00327189  
Transaction ID : SB23.9493  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. VOLUNTEERS FOR SHIMKUS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement 2018 Contribution

Candidate Name SHIMKUS, JOHN M, , ,

Office Sought:  House  Senate  President  
State: IL District: 15

Disbursement For: 2018  Primary  General  Other (specify)

Date of Disbursement: 03 / 20 / 2017

FEC Identification Number: C00258855  
Transaction ID : SB23.9487  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. WALDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement 2018 Contribution

Candidate Name WALDEN, GREGORY P MR., , ,

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C00333427  
Transaction ID : SB23.9516  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

**A. WALORSKI FOR CONGRESS INC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	0		2	0	1	7		

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

FEC Identification Number

**C** H0IN02190

Purpose of Disbursement  
2018 Contribution

Category/Type

**Transaction ID : SB23.9478**

Amount of Each Disbursement this Period

1000.00

Candidate Name

WALORSKI SWIHART, JACKIE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: IN District: 02

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

**TOTAL** This Period (last page this line number only).....▶

103000.00