Image# 14941261349 PAGE 1 / 10

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

| 1 Offivi OX  | Office Use Only                            |   |                                   |   |  |  |  |
|--|--|---|-----------------------------------|---|--|--|--|
| 1. NAME OF<br>COMMITTEE (in full)                          | TYPE OR PRINT ▼                            | Example: If typing, type over the lines.  | 12FE4M5                           |   |  |  |  |
| Carolina Neurosurgery                                      | and Spine Associate                        | es PA PAC                                 |                                   |   |  |  |  |
|  |  |   |                                   |   |  |  |  |
| ADDRESS (number and street)                                | 225 Baldwin Avenue                         |   |                                   |   |  |  |  |
| Check if different   |  |   |                                   |   |  |  |  |
| than previously reported. (ACC)                            | Charlotte                                  |   | NC 28204                          |   |  |  |  |
| 2. FEC IDENTIFICATION NU                                   | JMBER ▼ CIT                                | Y <b></b>                                 | STATE ▲ ZIP CC                    | DDE 🛦   |  |  |  |
| C C00544841  |  | S THIS EPORT X (N) OR                     | AMENDED (A)                       |   |  |  |  |
| 4. TYPE OF REPORT (Choose One)                             | Report Due On:                             | 20 (M2) May 20 (M5<br>20 (M3) Jun 20 (M6) | Aug 20 (M8)  Sep 20 (M9)          | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12) |  |  |  |
| (a) Quarterly Reports:                                     | Apr  | 20 (M4) Jul 20 (M7)                       | Oct 20 (M10)                      | (Non-Election<br>Year Only)  Jan 31 (YE)                    |  |  |  |
| April 15 Quarterly Report (C                               | 01)  |   |                                   |   |  |  |  |
| July 15<br>Quarterly Report (C                             | (c) 12-Day                                 | Primary (12P)  Convention (12C)           | General (12G)  Special (12S)      | Runoff (12R)  |  |  |  |
| October 15 Quarterly Report (C                             | •  | 33a (123)                                 | Sposia: (125)                     |   |  |  |  |
| January 31<br>Year-End Report (Y                           | (E) Election                               | n on                                      | in the State of                   | of  |  |  |  |
| July 31 Mid-Year<br>Report (Non-electio<br>Year Only) (MY) | n (d) 30-Day POST-Election Report for the: | General (30G)                             | Runoff (30R)                      | Special (30S)   |  |  |  |
| Termination Report (TER)                                   | Election                                   | n on                                      | in the State of                   | of  |  |  |  |
| 5. Covering Period 01                                      |  | through 03                                | 31 2014                           |   |  |  |  |
| I certify that I have examined th                          | is Report and to the best of               | my knowledge and belief it is t           | rue, correct and complete.        |   |  |  |  |
| Type or Print Name of Treasure                             | r Dr. Craig A VanDerVeer                   |   |                                   |   |  |  |  |
| Signature of Treasurer Dr. C                               | Craig A VanDerVeer                         | [Electronically Filed]                    | Date 05 23 /                      | 2014  |  |  |  |
| NOTE: Submission of false, erron                           | eous, or incomplete information            | n may subject the person signing          | this Report to the penalties of 2 | U.S.C. §437g.   |  |  |  |
| Office<br>Use<br>Only                                      |  |   | FEC FOF<br>Rev. 12/2              |   |  |  |  |

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### Carolina Neurosurgery and Spine Associates PA PAC

Report Covering the Period: From: 01 01 2014 To: 03 31 2014

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand January 1, 2014   |                         | 6868.30                           |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 6868.30                 |                                   |
|     | (c) Total Receipts (from Line 19)  | 4944.24                 | 4944.24                           |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 11812.54                | 11812.54                          |
| 7.  | Total Disbursements (from Line 31)   | 0.00                    | 0.00                              |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 11812.54                | 11812.54                          |
| 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. 06/2004)

Write or Type Committee Name

## Carolina Neurosurgery and Spine Associates PA PAC

| tions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees ch as PACs) al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other  | 4500.00<br>444.24<br>4944.24<br>0.00<br>0.00 | 444.24<br>4944.24<br>0.00  |
|--|--|--|
| Itemized (use Schedule A)  Unitemized  | 444.24<br>4944.24<br>0.00<br>0.00            | 444.24<br>4944.24<br>0.00  |
| Unitemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other  | 444.24<br>4944.24<br>0.00<br>0.00            | 0.00   |
| Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees ch as PACs) al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other   | 444.24<br>4944.24<br>0.00<br>0.00            | 444.24<br>4944.24<br>0.00  |
| TOTAL (add Lines 11(a)(i) and (ii)   | 0.00   | 0.00   |
| TOTAL (add Lines 11(a)(i) and (ii)   | 0.00   | 0.00<br>0.00<br>4944.24  |
| tical Party Committees er Political Committees ch as PACs)   | 0.00   | 0.00   |
| er Political Committees ch as PACs)  | 0.00   | 0.00   |
| er Political Committees ch as PACs)  |  |  |
| al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other  |  |  |
| al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other  | 4944.24                                      | 4944.24  |
| a)(iii), (b), and (c)) (Carry als to Line 33, page 5)  | 4944.24                                      | 4944.24  |
| als to Line 33, page 5)s From Affiliated/Other   | 4944.24                                      | 4944.24  |
|  |  |  |
| ommittees  |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 0.00   | 0.00   |
|  | 0.00   | 0.00   |
| s Received   | 0.00   | 0.00   |
| annumente Passivad   | 0.00   | 0.00   |
|  | 7  | 0.00   |
|  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | 0.00   | 0.00   |
|  | 7  | 0.00   |
|  |  |  |
|  | 0.00   | 0.00   |
|  | 0.00   | 0.00   |
| The state of the s | 0.00   | 0.00   |
|  | 0.00   | 0.00   |
|  |  |  |
|  | 0.00   | 0.00   |
| Transfer to the contract of th |  | 0.00   |
| Funds (from Schedule H5)   | 0.00   | 0.00   |
| Trunds (nom ochedule 115)  |  |  |
| Transfers (add 18(a) and 18(b))  | 0.00   | 0.00   |
|  | epayments Received                           | To Operating Expenditures s, Rebates, etc.) Totals to Line 37, page 5) |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | II. Disbursements COLUMN A Total This Period |                       |  |  |
|--|--|-----------------------|--|--|
| Operating Expenditures:  (a) Allocated Federal/Non-Federal                         | Total Tillo I Gliou                          | Calendar Year-to-Date |  |  |
| Activity (from Schedule H4)  |  |                       |  |  |
| (i) Federal Share  | 0.00   | 0.00                  |  |  |
|  |  |                       |  |  |
| (ii) Non-Federal Share   | 0.00   | 0.00                  |  |  |
| (b) Other Federal Operating  | 0.00   | 0.00                  |  |  |
| Expenditures(c) Total Operating Expenditures                                       | 0.00   | 0.00                  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶  | 0.00   | 0.00                  |  |  |
| Transfers to Affiliated/Other Party  |  |                       |  |  |
| Committees   | 0.00   | 0.00                  |  |  |
| Contributions to Federal Candidates/Committees                                     | 0.00   |                       |  |  |
| and Other Political Committees   | 0.00   | 0.00                  |  |  |
| Independent Expenditures   | 0.00   | 0.00                  |  |  |
| (use Schedule E)  Coordinated Party Expenditures                                   | 7  |                       |  |  |
| (2 U.S.C. §441a(d)) (use Schedule F)   | 0.00   | 0.00                  |  |  |
|  | 7  |                       |  |  |
| Loan Repayments Made   | 0.00   | 0.00                  |  |  |
|  |  |                       |  |  |
| Loans MadeRefunds of Contributions To:   | 0.00   | 0.00                  |  |  |
| (a) Individuals/Persons Other  | 0.00   | 0.00                  |  |  |
| Than Political Committees  | 0.00   | 0.00                  |  |  |
| (b) Political Party Committees   | 0.00   | 0.00                  |  |  |
| (c) Other Political Committees   | 7  |                       |  |  |
| (such as PACs)   | 0.00   | 0.00                  |  |  |
| (1) 7 . 1  |  |                       |  |  |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶                    | 0.00   | 0.00                  |  |  |
| (add Lines 20(a), (b), and (c))  | 7  |                       |  |  |
| Other Disbursements  | 0.00   | 0.00                  |  |  |
|  | 7  | 7 7                   |  |  |
| Federal Election Activity (2 U.S.C. §431(20))                                      |  |                       |  |  |
| (a) Allocated Federal Election Activity  |  |                       |  |  |
| (from Schedule H6)   | 0.00   | 0.00                  |  |  |
| (i) Federal Share  | 3  | 7 7                   |  |  |
| (ii) "Levin" Share   | 0.00   | 0.00                  |  |  |
| (b) Federal Election Activity Paid Entirely  |  | 7 7                   |  |  |
| 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                  |  |  |
| Total Disburgamenta (add Lines 01/a) 00  |  |                       |  |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 0.00   | 0.00                  |  |  |
| 20, 21, 20, 21, 20(a), 20 and 00(b))   | 0.00   | 0.00                  |  |  |
| Total Federal Disbursements  |  |                       |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)  |  |                       |  |  |
| from Line 31)  | 0.00   | 0.00                  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 4944.24                       | 4944.24                           |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 4944.24                       | 4944.24                           |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00                          | 0.00                              |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36)               | 0.00                          | 0.00                              |

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

10

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Carolina Neurosurgery and Spine Associates PA PAC Full Name (Last, First, Middle Initial) Dr. Tim E Adamson Date of Receipt Mailing Address 225 Baldwin Avenue 03 2014 31 City State Zip Code Transaction ID: SA11AI.4228 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joe D Bernard Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 City State Zip Code Transaction ID: SA11AI.4232 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Vinay Deshmukh Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 City Zip Code State Transaction ID: SA11AI.4235 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

10

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Carolina Neurosurgery and Spine Associates PA PAC Full Name (Last, First, Middle Initial) Dr. E Hunter Dyer Date of Receipt Mailing Address 225 Baldwin Avenue 2014 03 31 City State Zip Code Transaction ID: SA11AI.4236 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Martin M Henegar Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 City State Zip Code Transaction ID: SA11AI.4237 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. S Taylor Jarrell Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 City Zip Code State Transaction ID: SA11AI.4238 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

|      |         |    |     | PAGE | =   | 8 | OF | 10 |    |
|------|---------|----|-----|------|-----|---|----|----|----|
| (che | ck only | or | ne) |      |     |   |    |    |    |
| X    | 11a     |    | 11b |      | 11c |   | 12 | !  |    |
|      | 13      |    | 14  |      | 15  |   | 16 | ;  | 17 |

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| or for commercial purposes, other than usir                       | ng the name and address of any political committee to | o solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) Carolina Neurosurgery and             | Spine Associates PA PAC                               |  |
| Full Name (Last, First, Middle Initial)  A. Dr. John M Lesher     |   | Date of Receipt                              |
| Mailing Address 225 Baldwin Avenue                                |   | 03 31 2014                                   |
| City  | State Zip Code  | Transaction ID : SA11AI.4239                 |
| Charlotte   | NC 28204  | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.        | C   | 300.00                                       |
| Name of Employer  | Occupation  | 1  |
| Carolina Neurosurgery & Spine                                     | Physician   |  |
| Receipt For:  Primary General                                     | Aggregate Year-to-Date ▼                              |  |
| Other (specify) ▼   | 300.00  |  |
| Full Name (Last, First, Middle Initial)  3. Dr. C Scott McLanahan | <u> </u>  | Date of Receipt                              |
| Mailing Address 225 Baldwin Avenue                                |   | 03 31 2014                                   |
| City  | State Zip Code  | Transaction ID : SA11AI.4240                 |
| Charlotte   | NC 28204  | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.        | С   | 300.00                                       |
| Name of Employer  | Occupation  | 1  |
| Carolina Neurosurgery & Spine                                     | Physician   |  |
| Receipt For:  Primary General  Other (specify) ▼                  | Aggregate Year-to-Date ▼ 300.00                       |  |
| Full Name (Last, First, Middle Initial)  Dr. Mark D Smith         | ı   | Date of Receipt                              |
| Mailing Address 225 Baldwin Avenue                                |   | 03 31 2014                                   |
| City  | State Zip Code  | Transaction ID : SA11AI.4241                 |
| Charlotte   | NC 28204  | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.        | С   | 300.00                                       |
| Name of Employer  | Occupation  | -  |
| Carolina Neurosurgery & Spine                                     | Physician   |  |
| Receipt For:  Primary  General                                    | Aggregate Year-to-Date ▼                              |  |
| Other (specify)   | 300.00  |  |
| SUBTOTAL of Receipts This Page (option                            | al)   | 900.00                                       |
|   |   |  |
| TOTAL This Period (last page this line nur                        | mber only)  |  |

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

| FOR LINE NUMBER: |       |        |    | PAGE | 9 | OF  | 10 |  |    |
|------------------|-------|--------|----|------|---|-----|----|--|----|
|                  | (chec | k only | on | ıe)  |   |     |    |  |    |
|                  | X     | 11a [  |    | 11b  |   | 11c | 12 |  |    |
|                  |       | 13     |    | 14   |   | 15  | 16 |  | 17 |

| Any information copied from such Reports and St<br>or for commercial purposes, other than using the |  |   |
|---|--|---|
| NAME OF COMMITTEE (In Full)   | 7 - 200 00000000000000000000000000000000 | 2 25                                      |
| Carolina Neurosurgery and Spin  | e Associates PA PAC                      |   |
| Full Name (Last, First, Middle Initial)  A. Dr. Andrew I Sumich                                     |  | Date of Receipt                           |
| Mailing Address 225 Baldwin Avenue  |  | 03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City  | State Zip Code                           | Transaction ID : SA11AI.4242              |
| Charlotte   | NC 28204                                 | Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  | C  | 300.00                                    |
| Name of Employer  | Occupation                               |   |
| Carolina Neurosurgery & Spine   | Physician                                |   |
| Receipt For:  | Aggregate Year-to-Date ▼                 |   |
| Primary General   | 30 0                                     |   |
| Other (specify) ▼   | 300.00                                   |   |
| Full Name (Last, First, Middle Initial)  B. Dr. Craig A VanDerVeer                                  |  | Date of Receipt                           |
| Mailing Address 225 Baldwin Avenue  |  | 03 31 2014                                |
| City  | State Zip Code                           | Transaction ID : SA11AI.4243              |
| Charlotte   | NC 28204                                 | Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  | C  | 300.00                                    |
| Name of Employer  | Occupation                               |   |
| Carolina Neurosurgery & Spine   | Physician                                |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  300.00         |   |
| Full Name (Last, First, Middle Initial)  Dr. Sameer Vemuri  |  | Date of Receipt                           |
| Mailing Address 225 Baldwin Avenue  |  | 03 31 _ 2014 _                            |
| City  | State Zip Code                           | Transaction ID : SA11AI.4244              |
| Charlotte   | NC 28204                                 | Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  | C  | 300.00                                    |
| Name of Employer  | Occupation                               |   |
| Carolina Neurosurgery & Spine   | Physician                                |   |
| Receipt For:  | Aggregate Year-to-Date ▼                 |   |
| Primary General   |  |   |
| Other (specify) ▼   | 300.00                                   |   |
| SUBTOTAL of Receipts This Page (optional)   |  | 900.00                                    |
| TOTAL This Period (last page this line number of  | only)                                    |   |

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 10 OF

| EMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page | ` | ck only<br>11a<br>13 | one)<br>11b<br>14 | 11c | 12<br>16 | 17 |
|---|---|---|----------------------|-------------------|-----|----------|----|
| ny information copied from such Reports and Statements ma | , , , ,   |   |                      |                   | _   |          |    |

A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Carolina Neurosurgery and Spine Associates PA PAC Full Name (Last, First, Middle Initial) Dr. Scott D Wait Date of Receipt Mailing Address 225 Baldwin Avenue 2014 31 City State Zip Code Transaction ID: SA11AI.4246 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John A Welshofer Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 City State Zip Code Transaction ID: SA11AI.4248 Charlotte NC 28204 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David R Wiercisiewski Date of Receipt Mailing Address 225 Baldwin Avenue 03 31 2014 Zip Code City State Transaction ID: SA11AI.4249 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Carolina Neurosurgery & Spine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 900.00 SUBTOTAL of Receipts This Page (optional)..... 4500.00 TOTAL This Period (last page this line number only).....