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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For (Other ⁻	Than An Aut	horized	Commi	ttee		Office U	se Only	
NAME OF COMMITTEE (in		OR PF	RINT ▼		mple: If ty the lines.		12FE	4M5		
CAROLINA NE	UROSURG	BERY	AND SPIN	E ASS	OCIATE	ESPAPA	AC			
ADDRESS (number and		5 BALD\	WIN AVENUE							
Check if different than previous reported. (AC	sly C	HARLOT	TE				NC	28204	4	
2. FEC IDENTIFIC	ATION NUMBE	ER ▼	CIT	ΓY 🛦			STATE A		ZIP COD	E 🛦
C C0054484				S THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF REP (Choose One) (a) Quarterly Rep		D) Month Repor Due (on: Mar	20 (M2) 20 (M3) 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October Quarterly January	Report (Q3)	F	12-Day PRE-Election Report for the:	ō	Primary (1			cial (12S)	in the State of	Runoff (12R)
Year Onl	Non-election	ı	30-Day POST-Election Report for the: Electio		General (3	0G)	Run	off (30R)	in the State of	Special (30S)
5. Covering Period	04	01	2017	<u> </u>	through	M N	/ D 30	20	17	
I certify that I have ex Type or Print Name or	Va		d to the best of er, Craig, , Dr,	my knov	wledge and	d belief it is t	rue, correc	t and comple	te.	
Signature of Treasure	Vanderveer 	; Craig, ,	Dr,		[Electronica	ully Filed]		M M / D) / Y	2017
NOTE: Submission of fa	alse, erroneous,	or incon	mplete informatio	n may su	bject the p	erson signing	this Report	to the penalti	es of 52 L	J.S.C. § 30109
Office Use Only									FORN Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

04 01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36179.94 January 1. 2017 (b) Cash on Hand at 36179.94 Beginning of Reporting Period..... 6075.00 6075.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 42254.94 42254.94 6(a) and 6(c) for Column B)..... 0.00 0.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 42254.94 42254.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

R	eport Covering the Period: From:	01 / 2017 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	5700.00	5700.00
	(ii) Unitemized(iii) TOTAL (add	375.00	375.00
	Lines 11(a)(i) and (ii)	6075.00	6075.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	6075.00	6075.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))▶	6075.00	6075.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6075.00	6075.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Suisinda Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non Fodoud Chare	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures	1 1 1 1 1 1 1 1 1 1	
(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	4 4	4 4
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	45 45 45	4 4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	2.22
Loan riepayments wade	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	7 7 7	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	7 7 7
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	. 0.00	0.00
Federal Election Activity (52 U.S.C. § 301	01(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	4 4	
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
(,(, (,() (,(,	0.00	0.00
Total Disbursements (add Lines 21(c), 22	,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	0.00
	7 7	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	. 6075.00	6075.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	. 6075.00	6075.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	. 0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

F	011 22 110				PAGE		6	OF		12		
(0	(check only one)											
	X	11a		11b		11c		12				
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or for commercial purposes, other than using	the name and address of any political committ	ee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) CAROLINA NEUROSURGEF	RY AND SPINE ASSOCIATES P	A PAC
Full Name of Individual (Last, First, Middle Adamson, Tim, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		06 30 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.4099
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolina Neurosurgery & Spine	Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Bernard, Joe, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.4105
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) PHysician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Cowan, Michael, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.4109
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line numb	per only)	

F	FOR LINE NUMBER:							7	OF		12
(0	(check only one)										
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGER	RY AND SPINE ASSOCIATES P A	PAC
Full Name of Individual (Last, First, Middle Deshmukh, Vinay, , Dr,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 Baldwin Ave		06 30 2017
City Charlotte	State Zip Code NC 28204	Transaction ID : SA11AI.4111
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Physician Aggregate Year-to-Date ▼	Memo Item Contribution
Full Name of Individual (Last, First, Middle B. Dyer, E, Hunter, Dr,	1171717	Date of Receipt
Mailing Address 225 Baldwin Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼	State Zip Code 28204 C Occupation (for Individual) Physician Aggregate Year-to-Date 300.00	Transaction ID : SA11AI.4113 Amount of Each Receipt this Period 300.00 Memo Item
Full Name of Individual (Last, First, Middle Henegar, Martin, , Dr., Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M 06
SUBTOTAL of Receipts This Page (optional)		900.00
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			ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGEF	RY AND SPI	NE ASSOCIATES P	A PAC
Full Name of Individual (Last, First, Middle A. Holland, Chris, , Dr, Mailing Address 225 Baldwin Avenue	Initial) or Full Org	ganization Name	Date of Receipt
City	State	Zip Code	06 30 2017 Transaction ID : SA11AI.4117
Charlotte	NC	28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occup PHys	pation (for Individual) sician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle B. Jarrell, S, Taylor, Dr, Mailing Address 225 Baldwin Avenue	Initial) or Full Or	ganization Name	Date of Receipt
City Charlotte	State NC	Zip Code 28204	06 30 2017 Transaction ID : SA11Al.4119
FEC ID number of contributing federal political committee.	С	20204	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occu Phys	pation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼]
Full Name of Individual (Last, First, Middle C. Lakhia, Sanjiv, , Dr,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 225 Baldwin Avenue			06 30 Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28204	Transaction ID : SA11AI.4121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occu _l Physi	pation (for Individual) ician	Memo Item Contribution
Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			900.00

					PAGE	9	OF	12		
(check only one)										
	X	11a		11b		11c	12	2		
		13		14		15	16	6	17	

City State Zip Code NC 28204 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City State Zip Code NC 28204 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cocupation (for Individual) Date of Receipt Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125 Amount of Each Receipt this Policy State Zip Code Transaction ID : SA11AL4125	
A. Lesher, John, , Dr., Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 225 Baldwin Avenue City Charlotte Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Coccupation (for Individual) Date of Receipt Memo Item Contribution Date of Receipt this Poly Transaction ID: SA11AI.4125 Amount of Each Receipt this Poly Transaction ID: SA11AI.4125 Amount of Each Receipt this Poly Memo Item	
City	YY
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Date of Receipt Memo Item Contribution Memo Item Contribution Memo Item Contribution Memo Item Contribution Date of Receipt Memo Item Memo Item Memo Item	17
Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA11AL4125 Amount of Each Receipt this Polymore (for Individual) Memo Item Memo Item	eriod
Carolina Neurosurgery & Spine Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.4125 Amount of Each Receipt this Political committee. Memo Item	300.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Charlotte Cha	
Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City State Zip Code Charlotte NC 28204 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item	
B. McLanahan, C, Scott, Dr, Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Date of Receipt Transaction ID: SA11AI.4125 Amount of Each Receipt this Political committee. Memo Item	
City Charlotte State NC Zip Code NC Z8204 Transaction ID : SA11AL4125 Amount of Each Receipt this Political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item	
Charlotte NC 28204 Amount of Each Receipt this Potential political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item	17
Charlotte NC 28204 Amount of Each Receipt this Political committee. NC 28204 Amount of Each Receipt this Political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item	
federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item	
reality of Employer (for individual)	300.00
Carolina Neurosurgery & Spine Physician Contribution	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Otis, Scott, , Dr, Date of Receipt	
Mailing Address 225 Baldwin Avenue Mailing Address 225 Baldwin Avenue Mailing Address 225 Baldwin Avenue	
CityStateZip CodeTransaction ID : SA11AI.4127CharlotteNC28204Amount of Each Receipt this Policy	
FEC ID number of contributing federal political committee.	300.00
Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician Contribution	
Receipt For: Primary Other (specify) Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)	900.00

FOR LINE NUMBER:				PAGE	 10	OF	12		
(0	che	ck only	or	ne)					
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or for commercial purposes, other than using	g the name and address of any political committee							
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGE	RY AND SPINE ASSOCIATES P	A PAC						
Smith, Mark, , Dr,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Mark, , Dr,							
Mailing Address 225 Baldwin Ave	Mailing Address 225 Baldwin Ave							
City	State Zip Code	Transaction ID : SA11AI.4129						
Charlotte	NC 28204	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Carolina Neurosurgery & Spine	Physician	Contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General		1						
Other (specify) ▼	300.00							
Full Name of Individual (Last, First, Middl Sumich, Andrew, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sumich, Andrew, , Dr.,							
Mailing Address 225 Baldwin Avenue		06 30 2017						
City	State Zip Code	Transaction ID : SA11AI.4131						
Charlotte	NC 28204	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle Vanderveer, Craig, , Dr,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 225 Baldwin Avenue								
City	State Zip Code	Transaction ID : SA11AI.4133						
Charlotte	NC 28204	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer (for Individual)	Memo Item							
Carolina Neurosurgery & Spine	Contribution	Contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	55 5	1						
Other (specify)	300.00							
SUBTOTAL of Receipts This Page (optional	ıl)	900.00						
TOTAL This Period (last page this line num	nber only)							

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

FOR LINE NUMBER:				PAGE		11	OF		12				
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		13		14		15		16			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 usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.				
/ CAROLINA NEUROSURGE	RY AND SPINE ASSOCIATES P A	PAC				
Full Name of Individual (Last, First, Midd Vemuri, Sameer, , Dr,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 225 Baldwin Avenue		06 30 / 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.4135				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolina Neurosurgery & Spine	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Day 11				
Wait, Scott, , Dr,	Date of Receipt					
Mailing Address 225 Baldwin Avenue		06 30 2017				
City	State Zip Code					
Charlotte	NC 28204	Transaction ID : SA11AI.4137 Amount of Each Receipt this Period				
	- 20201	Amount of Each neceipt this Fellou				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Carolina Neurosurgery & Spine	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name					
:_ Welshofer, John, , Dr,		Date of Receipt				
Mailing Address 225 Baldwin Avenue	06 30 2017					
City	State Zip Code	Transaction ID : SA11AI.4139				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolina Neurosurgery & Spine	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify)	300.00					
SUBTOTAL of Receipts This Page (optional	al)	900.00				
TOTAL This Period (last page this line nun	nher only)					

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or for commercial purposes, other than us	ing the name and address of any political committee					
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURG	ERY AND SPINE ASSOCIATES P A	PAC				
Full Name of Individual (Last, First, Mic Wiercisiewski, David, , Dr, Mailing Address 225 Baldwin Avenue	Date of Receipt					
City	State Zip Code	06 30 2017 Transaction ID : SA11AI.4141				
Charlotte	NC 28204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolina Neurosurgery & Spine	Physician	Contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	300.00					
3	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name					
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Amount of Each Necept this Period				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Mic	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address	M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optio	nal)	300.00				
TOTAL This Period (last page this line no	umber only)	5700.00				