

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

ADDRESS (number and street) 725 Fifteenth St., NW Suite 500

Washington DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00413955 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER) []

(b) Monthly Report Due On: Feb 20 (M2) [] Mar 20 (M3) [] Apr 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) []

(c) 12-Day PRE-Election Report for the: Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) [] Election on M M / D D / Y Y Y Y Y Y in the State of []

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

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Robert E. Harbaugh

Signature of Treasurer Dr. Robert E. Harbaugh [Electronically Filed] Date 02 / 04 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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="2012"/>		122979.26
(b) Cash on Hand at Beginning of Reporting Period.....	137324.96	
(c) Total Receipts (from Line 19)	80025.00	163700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	217349.96	286679.26
7. Total Disbursements (from Line 31).....	118220.70	187550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	99129.26	99129.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	79225.00	161675.00
(ii) Unitemized	800.00	2025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80025.00	163700.00
(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)	80025.00	163700.00
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))..... ▶	80025.00	163700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80025.00	163700.00

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	1720.70	3550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1720.70	3550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	116500.00	184000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	118220.70	187550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118220.70	187550.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	80025.00	163700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80025.00	163700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1720.70	3550.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1720.70	3550.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
<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. Dr. Sepideh Amin-Hanjani
 Full Name (Last, First, Middle Initial)
 Mailing Address UIC/Dept. of Neurosurgery/Rm. 451N
 912 S. Wood St./MC799
 City Chicago State IL Zip Code 60612-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Illinois Chicago Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6495
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Dr. Kevin Ammar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 East Jackson Blvd.
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurological Inst of Savannah Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.6589
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Dr. Ronald I. Apfelbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 Tomahawk Dr.
 City Salt Lake City State UT Zip Code 84103-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6557
 Amount of Each Receipt this Period **1000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Anthony L. Asher		Date of Receipt MM / DD / YYYY 04 / 25 / 2012 Transaction ID : SA11AI.6559
Mailing Address 225 Baldwin Ave.		Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Carolina Neurosurgery & Spine	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John L.D. Atkinson		Date of Receipt MM / DD / YYYY 04 / 25 / 2012 Transaction ID : SA11AI.6560
Mailing Address 200 1st St./Neurosurgery S.W. Mayo Clinic		Amount of Each Receipt this Period 250.00
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Mayo Clinic	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. John L.D. Atkinson		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.6590
Mailing Address 200 1st St./Neurosurgery S.W. Mayo Clinic		Amount of Each Receipt this Period 250.00
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Mayo Clinic	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. H. Hunt Batjer		Date of Receipt MM / DD / YYYY 04 / 05 / 2012 Transaction ID : SA11AI.6497
Mailing Address 676 N. St. Clair #2210		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60611-5934
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Northwestern Univ Feinberg Sch	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Janet W. Bay		Date of Receipt MM / DD / YYYY 04 / 05 / 2012 Transaction ID : SA11AI.6498
Mailing Address Neurologic Associates 931 Chatham Ln. Ste. 200		Amount of Each Receipt this Period 500.00
City Columbus	State OH	Zip Code 43221-2417
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Neurologic Associates	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mitchel S. Berger		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 Transaction ID : SA11AI.6577
Mailing Address 505 Parnassus Ave. M-786		Amount of Each Receipt this Period 1000.00
City San Francisco	State CA	Zip Code 94143
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Univ of California San Fran	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Joe D. Bernard Jr.
Full Name (Last, First, Middle Initial)

Mailing Address Carolina Neurosurgery & Spine Asso
225 Baldwin Ave.

City Charlotte State NC Zip Code 28204-3109

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

Name of Employer Carolina Neurosurgery & Spine Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
04 / 05 / 2012
Transaction ID : SA11AI.6502

Amount of Each Receipt this Period
1250.00

Contribution

B. William E. Bingaman Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 9500 Euclid Ave. S80
Cleveland Clinic Foundation

City Kirtland State OH Zip Code 44094

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 16 / 2012
Transaction ID : SA11AI.6534

Amount of Each Receipt this Period
500.00

Contribution

C. Kenneth S. Blumenfeld
Full Name (Last, First, Middle Initial)

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 Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 16 / 2012
Transaction ID : SA11AI.6536

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Stephen E. Boodin		Date of Receipt MM / DD / YYYY 04 / 25 / 2012
Mailing Address 909 W. Maple Ste 104		Transaction ID : SA11AI.6561
City Clawson	State MI	Zip Code 48017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Kevin L. Boyer		Date of Receipt MM / DD / YYYY 04 / 25 / 2012
Mailing Address 7005 Cortez Rd. W.		Transaction ID : SA11AI.6562
City Bradenton	State FL	Zip Code 34210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pinnacle Medical Group	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Kevin L. Boyer		Date of Receipt MM / DD / YYYY 06 / 20 / 2012
Mailing Address 7005 Cortez Rd. W.		Transaction ID : SA11AI.6591
City Bradenton	State FL	Zip Code 34210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pinnacle Medical Group	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Henry Brem
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N. Wolfe St., Meyer 7-113
 Johns Hopkins Univ. Hospital
 City Baltimore State MD Zip Code 21287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 03 / 2012**
Transaction ID : SA11AI.6479
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Michael H. Brisman
 Full Name (Last, First, Middle Initial)
 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 Neurological Surgery Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 03 / 2012**
Transaction ID : SA11AI.6480
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Dr. Winston T. Capel
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Highland Way
 Ste. 100
 City Madison State MS Zip Code 39110-6930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6563
 Amount of Each Receipt this Period **500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Samuel J. Chewning		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 Transaction ID : SA11AI.6578
Mailing Address 170 Medical Park Rd		Amount of Each Receipt this Period 750.00
City Mooresville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Carolina Neurosurgery & Spine	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Shon W. Cook		Date of Receipt MM / DD / YYYY 05 / 29 / 2012 Transaction ID : SA11AI.6584
Mailing Address 11317 S. Western Ave. Bldg. 300		Amount of Each Receipt this Period 500.00
City Oklahoma City	State OK	Zip Code 73170
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Victor R. DaSilva		Date of Receipt MM / DD / YYYY 04 / 25 / 2012 Transaction ID : SA11AI.6564
Mailing Address 300 N. Highland, Ste. 310		Amount of Each Receipt this Period 400.00
City Sherman	State TX	Zip Code 75092
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Laywood Neurosurgery	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Fernando G. Diaz		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>16</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		16		2012
M M	/	D D	/	Y Y Y Y								
04		16		2012								
Mailing Address 29275 Northwestern Hwy Ste. 100		Transaction ID : SA11AI.6537										
City Southfield	State MI	Zip Code 48034										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00										
Name of Employer Self	Occupation Neurosurgeon	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00											

Full Name (Last, First, Middle Initial) B. Dr. John K. Dorman		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		05		2012
M M	/	D D	/	Y Y Y Y								
04		05		2012								
Mailing Address 400 N. Garfield St., Ste. 200		Transaction ID : SA11AI.6505										
City Midland	State TX	Zip Code 79701-5908										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer West Texas Neurosurgery	Occupation Neurosurgeon	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. Kent R. Duffy		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		17		2012
M M	/	D D	/	Y Y Y Y								
04		17		2012								
Mailing Address 244 Westchester Ave. Ste 310		Transaction ID : SA11AI.6551										
City White Plains	State NY	Zip Code 10604										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Neurosurgeons of New York	Occupation Neurosurgeon	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. E. Hunter Dyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Ave.
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 25 / 2012
Transaction ID : SA11AI.6566
 Amount of Each Receipt this Period 1250.00
 Contribution

B. Dr. James M. Ecklund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Gallows Rd.
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Fairfax Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6506
 Amount of Each Receipt this Period 500.00
 Contribution

C. David Estin
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Rt. 36 W. Ste 330
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurosurgical Assoc of NJ Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6507
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Jacques N. Farkas
Full Name (Last, First, Middle Initial)

Mailing Address 1887 Kingsley Ave.
Ste. 1900

City Orange Park State FL Zip Code 32073

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
04 / 17 / 2012
Transaction ID : SA11AI.6552

Amount of Each Receipt this Period
750.00

Contribution

B. Dr. Michael W. Groff
Full Name (Last, First, Middle Initial)

Mailing Address 110 Francis St. Ste 3B

City Boston State MA Zip Code 02215

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

Name of Employer Harvard Medical Faculty Phys Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 05 / 2012
Transaction ID : SA11AI.6508

Amount of Each Receipt this Period
500.00

Contribution

C. Regis W. Haid Jr.
Full Name (Last, First, Middle Initial)

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 Atlanta Brain & Spine Care Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
04 / 25 / 2012
Transaction ID : SA11AI.6569

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. James S. Harrop
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Walnut St. 2nd Fl.
 City Philadelphia State PA Zip Code 19107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Jefferson Univ Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6509
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Dr. Michael D. Heafner
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Ave.
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6510
 Amount of Each Receipt this Period **1250.00**
 Contribution

C. Dr. Kenneth Lloyd Hill Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Witcher St. NE Ste. 4100
 City Marietta State GA Zip Code 30060-1181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6570
 Amount of Each Receipt this Period **250.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Jonathan E. Hodes
Full Name (Last, First, Middle Initial)

Mailing Address 3900 Kresge Way, Ste. 41
Univ. of Louisville/Neurosurgery

City Louisville State KY Zip Code 40207

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

Name of Employer Univ. of Louisville/Neurosurger Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2012

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period
1000.00

Contribution

B. Dr. Donald G. Hope
Full Name (Last, First, Middle Initial)

Mailing Address 3016 Williams Dr.

City Fairfax State VA Zip Code 22031

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

Name of Employer Center for Cranial/Spinal Surg Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2012

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period
500.00

Contribution

C. Dr. Judy Huang
Full Name (Last, First, Middle Initial)

Mailing Address Johns Hopkins Hospital
1800 Orleans Street

City Baltimore State MD Zip Code 21287-0001

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

Name of Employer Johns Hopkins University Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2012

Transaction ID : SA11AI.6511

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. R. Patrick Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 100265
 City Gainesville State FL Zip Code 32610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2012
Transaction ID : SA11AI.6538
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Nigel Ross Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Hawthorne Dr.
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6512
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Michael G. Kaiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 W. 168th St. Rm. 424
 New York Neurological Inst.
 City New York State NY Zip Code 10032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6513
 Amount of Each Receipt this Period 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Steven N. Kalkanis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 W. Grand Blvd.
 Henry Ford/Neurosurgery K11
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford/Neurosurgery Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6514
 Amount of Each Receipt this Period 250.00
 Contribution

B. Mark E. Linskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 The City Dr. S. Bldg. 56
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2012
Transaction ID : SA11AI.6539
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Dr. Jonathan H. Lustgarten
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 State Route 36 Ste. 330
 City West Long Branch State NJ Zip Code 07764-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neuro. Assoc. of New Jersey PC Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11AI.6592
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

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

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

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

Name of Employer Self	Occupation Neurosurgeon
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	25	/	2012

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period
300.00

Contribution

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

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

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

Name of Employer Self	Occupation Neurosurgeon
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.6594

Amount of Each Receipt this Period
250.00

Contribution

C. Dr. Robert F. Mann
Full Name (Last, First, Middle Initial)
Mailing Address 815 W. 20th Ave.

City Oshkosh	State WI	Zip Code 54902-6766
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurosurgeon
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	03	/	2012

Transaction ID : SA11AI.6484

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Patrick P. Mastroianni
Full Name (Last, First, Middle Initial)
Mailing Address 340 Capitol Ave.
City Bridgeport State CT Zip Code 06606
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Neurosurgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 14 / 2012**
Transaction ID : SA11AI.6581
Amount of Each Receipt this Period **500.00**
Contribution

B. Paul C. McCormick
Full Name (Last, First, Middle Initial)
Mailing Address 710 W. 168th St.
City New York State NY Zip Code 10032
FEC ID number of contributing federal political committee. **C**
Name of Employer Neurosurgical Associates Occupation Neurosurgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6515
Amount of Each Receipt this Period **2500.00**
Contribution

C. Dr. Michael W. McDermott
Full Name (Last, First, Middle Initial)
Mailing Address 505 Parnassus Ave. M-780
City San Francisco State CA Zip Code 94143-0112
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Neurosurgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6572
Amount of Each Receipt this Period **500.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. John M. McGregor
 Full Name (Last, First, Middle Initial)
 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 Ohio State University Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : SA11AI.6540
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. C. Scott McLanahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Ave.
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : SA11AI.6541
 Amount of Each Receipt this Period **1250.00**
 Contribution

C. Dr. John H. McVicker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 E. Sainn Vrain St.
 City Colorado Springs State CO Zip Code 80909-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 06 / 2012**
Transaction ID : SA11AI.6532
 Amount of Each Receipt this Period **1000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Kathleen L. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 S. Cowley Ste 210
 City Spokane State WA Zip Code 99202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 14 / 2012**
Transaction ID : SA11AI.6582
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Dr. Daniel Bernard Michael
 Full Name (Last, First, Middle Initial)
 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 Michigan Head & Spine Inst Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : SA11AI.6542
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Dr. Ali K. Murad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 N. Grand Ave., Ste. 508
 City Pueblo State CO Zip Code 81003-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : SA11AI.6543
 Amount of Each Receipt this Period **500.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Karin Muraszko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 E. Medical Center Dr.
 3470 TC
 City Ann Arbor State MI Zip Code 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6516
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Anil Nanda
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6475
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Dr. Eric W. Nottmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address Mayo Clinic Jacksonville
 4205 Belfont Rd. Ste. 1100
 City Jacksonville State FL Zip Code 32216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent's Healthcare Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2012
Transaction ID : SA11AI.6545
 Amount of Each Receipt this Period 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Stephen T. Onesti
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Merrick Rd. Ste. 200W
 City State Zip Code
 Rockville Centre NY 11570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 04 / 16 / 2012
Transaction ID : SA11AI.6547
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Dr. John Kevin Ratliff
 Full Name (Last, First, Middle Initial)
 Mailing Address Stanford Univ./Neurology
 300 Pasteur Dr. Edwards Bldg/R-292
 City State Zip Code
 Stanford CT 94305-2295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stanford University 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 / 16 / 2012
Transaction ID : SA11AI.6548
 Amount of Each Receipt this Period
 500.00
 Contribution

C. Dr. Ali R. Rezei
 Full Name (Last, First, Middle Initial)
 Mailing Address Ohio State Univ./Neurological Surg
 410 W. 10th Ave.
 City State Zip Code
 Columbus OH 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio State University 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 / 05 / 2012
Transaction ID : SA11AI.6517
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Marshal D. Rosario
 Full Name (Last, First, Middle Initial)
 Mailing Address 15899 Los Gatos Almaden Rd.
 Ste. 1
 City Los Gatos State CA Zip Code 95032-3739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6573
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Charles L. Rosen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9183
 City Morgantown State WV Zip Code 26506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6519
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Szymon S. Rosenblatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Biesterfield Rd.
 City Elk Grove Village State IL Zip Code 60007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alexian Brothers Med Center Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 17 / 2012**
Transaction ID : SA11AI.6553
 Amount of Each Receipt this Period **1000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. John Stirling Sarzier		Date of Receipt MM / DD / YYYY 04 / 03 / 2012 Transaction ID : SA11AI.6486
Mailing Address 632 Del Prado Blvd. N.		Amount of Each Receipt this Period 1000.00
City Cape Coral	State FL	Zip Code 33909-2278
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Southwest Florida Neurosurgica	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Mario M. Sertich		Date of Receipt MM / DD / YYYY 04 / 05 / 2012 Transaction ID : SA11AI.6520
Mailing Address 5319 Hoag Dr. Ste. 100		Amount of Each Receipt this Period 250.00
City Sheffield Village	State OH	Zip Code 44035-1492
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Neurospinecare	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Reza Shahim		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 Transaction ID : SA11AI.6549
Mailing Address 5201 North Shore Dr. Ste 100		Amount of Each Receipt this Period 250.00
City Little Rock	State AR	Zip Code 72118
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Neurological Surgery Assoc	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Michael B. Shannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2860 Dresden Rd.
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 03 / 2012
Transaction ID : SA11AI.6488
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Dr. Peter M. Shedden
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2012
Transaction ID : SA11AI.6473
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Lawrence M. Shuer
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Pasteur Dr. R229
 City Stanford State CA Zip Code 94305-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6522
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Konstantin V. Slavin

Full Name (Last, First, Middle Initial)

Mailing Address Univ. of Illinois Chicago/Neurosurg
912 S. Wood St./MC799

City Chicago State IL Zip Code 60612-4300

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

Name of Employer University of IL at Chicago Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2012

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period 1000.00

Contribution

B. Dr. Mark D. Smith

Full Name (Last, First, Middle Initial)

Mailing Address 225 Baldwin Ave.

City Charlotte State NC Zip Code 28204

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

Name of Employer Carolina Neurosurgery & Spine Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012

Transaction ID : SA11AI.6523

Amount of Each Receipt this Period 1000.00

Contribution

C. Dr. Caple A. Spence

Full Name (Last, First, Middle Initial)

Mailing Address 8121 National Ave. Ste. 210

City Midwest City State OK Zip Code 73110-7570

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2012

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period 500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Michael Patrick Steinmetz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 Metrohealth Dr.
 City Cleveland State OH Zip Code 44109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetroHealth Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2012
Transaction ID : SA11AI.6550
 Amount of Each Receipt this Period 250.00
 Contribution

B. Max R. Steuer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 Peachtree Dunwoody Rd. Ste 990
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Neurosurgery PC Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2012
Transaction ID : SA11AI.6554
 Amount of Each Receipt this Period 500.00
 Contribution

C. Dr. Karin R. Swartz
 Full Name (Last, First, Middle Initial)
 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 University of Kentucky Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6525
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Najeeb M. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address Southern Brain & Spine
4228 Houma Blvd. Ste. 510

City Metaire State LA Zip Code 70006

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 17 / 2012
Transaction ID : SA11AI.6555

Amount of Each Receipt this Period
2500.00

Contribution

B. Shelly D. Timmons
Full Name (Last, First, Middle Initial)

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 Geisinger Medical Center Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 03 / 2012
Transaction ID : SA11AI.6492

Amount of Each Receipt this Period
2500.00

Contribution

C. Dr. Troy M. Tippett
Full Name (Last, First, Middle Initial)

Mailing Address 1717 NE St Ste. 422

City Pensacola State FL Zip Code 32501

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

Name of Employer The Neurosurgical Group Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 05 / 2012
Transaction ID : SA11AI.6526

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Frederick D. Todd II
Full Name (Last, First, Middle Initial)

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 Arlington Neurosurg & Spine Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2012

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period
5000.00

Contribution

B. Craig Andrew Van Der Veer
Full Name (Last, First, Middle Initial)

Mailing Address 225 Baldwin Ave.

City Charlotte State NC Zip Code 28204

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period
1250.00

Contribution

C. Dr. Roy W. Vandiver
Full Name (Last, First, Middle Initial)

Mailing Address 5656 Bahia Mar Circle

City Stone Mountain State GA Zip Code 30087-1603

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

Name of Employer Retired Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2012

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. G. E. Vates
 Full Name (Last, First, Middle Initial)
 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 URMC Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : SA11AI.6528
 Amount of Each Receipt this Period **500.00**
 Contribution

B. G. E. Vates
 Full Name (Last, First, Middle Initial)
 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 URMC Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.6576
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Andrew E. Wakefield
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Bloomfield Ave. Ste 209
 City Windsor State CT Zip Code 06095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Neuro & Spine Asso Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 17 / 2012**
Transaction ID : SA11AI.6556
 Amount of Each Receipt this Period **2500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Clarence B. Watridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 6325 Humphreys Blvd
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Semmes Murphey Clinic Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6529
 Amount of Each Receipt this Period 1500.00
 Contribution

B. Monica C. Wehby
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 N. Graham ST, Ste. 315
 Microneurosurgical Consultants PC
 City Portland State OR Zip Code 97227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Emanuel Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.6530
 Amount of Each Receipt this Period 275.00
 Contribution

C. Fremont P. Wirth Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Jackson Blvd.
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurological Inst of Savannah Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2012
Transaction ID : SA11AI.6588
 Amount of Each Receipt this Period 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2275.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Jeffrey H. Wisoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 E. 34th St.
 Ste. 1002
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : SA11AI.6531
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Dr. Seth M. Zeidman
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Red Creek Dr., Ste. 120
 City Rochester State NY Zip Code 14623-4273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2012
Transaction ID : SA11AI.6493
 Amount of Each Receipt this Period
 1000.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	79225.00

**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"/> 24	<input type="checkbox"/> 25	<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

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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
Credit Card Fees

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 / 2012

Transaction ID : SB21B.6622

Amount of Each Disbursement this Period

725.06

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

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 / 2012

Transaction ID : SB21B.6626

Amount of Each Disbursement this Period

0.65

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

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 / 2012

Transaction ID : SB21B.6629

Amount of Each Disbursement this Period

17.11

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

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

742.82

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : SB21B.6624

Amount of Each Disbursement this Period

674.99

Category/
Type

Full Name (Last, First, Middle Initial)

B. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : SB21B.6628

Amount of Each Disbursement this Period

190.31

Category/
Type

Full Name (Last, First, Middle Initial)

C. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2012

Transaction ID : SB21B.6630

Amount of Each Disbursement this Period

32.68

Category/
Type

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

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

897.98

1640.80

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)
A. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement: / /

Mailing Address: PO Box 2059

City: Lexington State: KY Zip Code: 40588

Purpose of Disbursement: Campaign Contribution Category/Type:

Candidate Name: **GARLAND "ANDY" BARR**

Office Sought: House Senate President Disbursement For: 2012 Primary General Other (specify) ▼

State: KY District: 06

Transaction ID : **SB23.6434**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
B. ANDY HARRIS FOR CONGRESS

Date of Disbursement: / /

Mailing Address: PO Box 1527

City: Annapolis State: MD Zip Code: 21404

Purpose of Disbursement: Campaign Contribution Category/Type:

Candidate Name: **ANDREW P HARRIS**

Office Sought: House Senate President Disbursement For: 2012 Primary General Other (specify) ▼

State: MD District: 01

Transaction ID : **SB23.6427**

Amount of Each Disbursement this Period:

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

Date of Disbursement: / /

Mailing Address: 802 Pentoga Trail

City: Crystal Falls State: MI Zip Code: 49920

Purpose of Disbursement: Campaign Contribution Category/Type:

Candidate Name: **DANIEL J BENISHEK**

Office Sought: House Senate President Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 01

Transaction ID : **SB23.6430**

Amount of Each Disbursement this Period:

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

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement
campaign contribution

011

Candidate Name

RICHARD A BERG

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6602

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

WILLIAM CASSIDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6431

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City LINCOLN State NE Zip Code 68501

Purpose of Disbursement
Campaign contribution

011

Candidate Name

JON C BRUNING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6615

Amount of Each Disbursement this Period

2500.00

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

10000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

CHARLES DR. JR. BOUSTANY

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2012

Transaction ID : SB23.6417

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

CHARLES W REP DENT

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6435

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DAVID LEE CAMP

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : SB23.6406

Amount of Each Disbursement this Period

2500.00

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

10000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BILL POSEY

Mailing Address 1824 SOUTH FISKE BOULEVARD

City State Zip Code
ROCKLEDGE FL 32955

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
BILL POSEY

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : SB23.6408

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City State Zip Code
SILVER SPRINGS FL 34489

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
CLIFFORD B. STEARNS

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	2

Transaction ID : SB23.6409

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
ERIK PAULSEN

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	2

Transaction ID : SB23.6416

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
JOE HECK

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SB23.6436

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
JOHN BARRASSO

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SB23.6432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
JOHN BARRASSO

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SB23.6410

Amount of Each Disbursement this Period

4000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

S. BRETT HON. GUTHRIE

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6466

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RICHARD LANE JR HUDSON

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6469

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RICHARD LANE JR HUDSON

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2012

Transaction ID : SB23.6449

Amount of Each Disbursement this Period

2500.00

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

9500.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. JEFF FLAKE FOR US SENATE INC

Mailing Address PO BOX 12512

City TEMPE State AZ Zip Code 85284

Purpose of Disbursement
Campaign contribution

011

Candidate Name

JEFF FLAKE

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SB23.6607

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LINDA LINGLE SENATE COMMITTEE

Mailing Address C/O 46-001 KAMEHAMEHA HWY
SUITE 301

City KANEOHE State HI Zip Code 96744

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

LINDA LINGLE

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SB23.6439

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 7315 WISCONSIN AVENUE
SUITE 310 EAST

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SB23.6442

Amount of Each Disbursement this Period

1500.00

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

9000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

LYNN JENKINS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	2

Transaction ID : SB23.6414

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : SB23.6632

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MARCO RUBIO FOR US SENATE

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	2

Transaction ID : SB23.6433

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

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

6	5	0	0	0	0	0	0	0	0
6	5	0	0	0	0	0	0	0	0

6	5	0	0	0	0	0	0	0	0
6	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. MONTANANS FOR REHBERG

Mailing Address PO BOX 1597

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DENNIS RAY REHBERG

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6462

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Campaign Contribution

012

Candidate Name

THOMAS EDMUNDS PRICE

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6424

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN MAJORITY CAMPAIGN

Mailing Address 13421 MALENA DR

City SANTA ANA State CA Zip Code 92705

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6596

Amount of Each Disbursement this Period

15000.00

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

22500.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. ROGERS FOR CONGRESS

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

MICHAEL J ROGERS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6422

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

STEVEN DAINES

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District: 01

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : SB23.6446

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

STEVE E STIVERS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6425

Amount of Each Disbursement this Period

2000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. TFP-FOJB COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

JOHN A BOEHNER

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2012

Transaction ID : SB23.6598

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

TREY GOWDY

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6459

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

THOMAS A COBURN

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB23.6443

Amount of Each Disbursement this Period

5000.00

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

12000.00

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : **SB23.6426**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. UPTON VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
campaign contribution

011

Candidate Name

FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : **SB23.6600**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. VOICE FOR FREEDOM

Mailing Address 2814 Spring Road, Ste. 103

City State Zip Code
Atlanta GA 30339

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

THOMAS EDMUNDS PRICE

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	2

Transaction ID : **SB23.6458**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458
PO BOX 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

JOHN M SHIMKUS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SB23.6420

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

116500.00