

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**
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

ADDRESS (number and street) **225 BALDWIN AVENUE**
Check if different than previously reported. (ACC) **CHARLOTTE NC 28204**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544841 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2018 through / / 2018

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 **VanDerVeer, Craig, , Dr,**

Signature of Treasurer **VanDerVeer, Craig, , Dr,** [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

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="2018"/>	<input type="text" value="59549.18"/>	<input type="text" value="59549.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58824.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5775.00"/>	<input type="text" value="11550.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="64599.18"/>	<input type="text" value="71099.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="900.00"/>	<input type="text" value="7400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63699.18"/>	<input type="text" value="63699.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

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).....	5700.00	11100.00
(ii) Unitemized	75.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5775.00	11550.00
(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)	5775.00	11550.00
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)).....▶	5775.00	11550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5775.00	11550.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	900.00	2400.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	900.00	7400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	900.00	7400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5775.00	11550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5775.00	11550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Adamson, Tim, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Bailey, Peter, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
150.00

Memo Item Contribution

C. Bernard, Joe, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Branch, Byron, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 29 / 2018
 Transaction ID : SA11AI.4318
 Amount of Each Receipt this Period 150.00
 Memo Item Contribution

B. Cowan, Michael, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 29 / 2018
 Transaction ID : SA11AI.4319
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Deshmukh, Vinay, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 29 / 2018
 Transaction ID : SA11AI.4320
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Dyer, E, Hunter, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Henegar, Martin, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Holland, Christopher, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Jarrell, S, Taylor, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4324
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Lakhia, Sanjiv, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4325
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Leshner, John, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4326
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Otis, Scott, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Smith, Mark, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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

Mailing Address 225 Baldwin Avenue

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. VanDerVeer, Craig, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Ave
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4330
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Vemuri, Sameer, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4331
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Wait, Scott, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Neurosurgery & Spine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.4332
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 13
<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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Welshofer, John, , Dr,			Date of Receipt
Mailing Address 225 Baldwin Avenue			<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2018"/>
City Charlotte	State NC	Zip Code 28204	Transaction ID : SA11AI.4333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Carolina Neurosurgery & Spine		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wiercisiewski, David, , Dr,			Date of Receipt
Mailing Address 225 Baldwin Avenue			<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2018"/>
City Charlotte	State NC	Zip Code 28204	Transaction ID : SA11AI.4334
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Carolina Neurosurgery & Spine		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5700.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Full Name (Last, First, Middle Initial)

A. Bishop for Senate

Mailing Address PO Box 49429

City
Charlotte

State
NC

Zip Code
28277

Purpose of Disbursement
Contribution for State Senator Campaign

Candidate Name

Bishop for Senate

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Special-General

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

FEC Identification Number

C

Transaction ID : SB29.4338

Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

900.00

900.00