Image# 201810229130594762					PAGE 1 / 13
	PORT OF ND DISBUR Other Than An Aut	SEMENT	S	Office	Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typ over the lines.	ing, type	2FE4M5	
			S P A PAC		
ADDRESS (number and street)	25 BALDWIN AVENUE				
Check if different					
than previously reported. (ACC)			[NC 2820	04
2. FEC IDENTIFICATION NUMB	ER V CIT	ſY ▲	STA	ATE 🔺	ZIP CODE
C C00544841		S THIS REPORT	NEW (N) OR	X 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) 	Report Due On: Mar	General (30	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S) Runoff (30R)	Dec 20 (M12) (Non-Election Vear Only)
5. Covering Period		through	belief it is true,	312	ete.
Type or Print Name of Treasurer	/anDerVeer, Craig, , Dr,				
Signature of Treasurer	er, Craig, , Dr,	[Electronical	lly Filed] Date		2 / Y Y Y Y 2018
NOTE: Submission of false, erroneous	, or incomplete information	n may subject the pe	rson signing this	Report to the penal	ties of 52 U.S.C. § 3010
Office Use Only					C FORM 3X Rev. 05/2016

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10/22/2018 14 : 49

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

R	eport Covering the Period: From:		: 12 / D D / Y Y Y Y 12 31 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		40299.18
	(b) Cash on Hand at Beginning of Reporting Period	53574.18	
	(c) Total Receipts (from Line 19)	5975.00	24250.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	59549.18	64549.18
7.	Total Disbursements (from Line 31)	0.00	5000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59549.18	59549.18
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

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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

R	eport Covering the Period: From: 10		To: 12 31 2017
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5975.00	23450.00
	(ii) Unitemized (iii) TOTAL (add	0.00	800.00
	Lines 11(a)(i) and (ii)	5975.00	24250.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	5975.00	24250.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5975.00	24250.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	5975.00	24250.00

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(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
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	5000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 3010	0.00	
 (a) Allocated Federal Election Activity (from Schedule H6) 		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	5000.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	5000.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

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COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 13		11b 14	11c 15	12		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGERY	AND SP	PINE ASSOCIATES P A	PAC						
Α.	Full Name of Individual (Last, First, Middle Initi Adamson, Tim, , Dr,	al) or Full O	Organization Name	Date of	of Red	ceipt				
	Mailing Address 225 Baldwin Avenue			M 12	12 31 Y Y Y Y Y					
	City Charlotte	State NC	Zip Code 28204				SA11AI. eceipt th		iod	
	FEC ID number of contributing federal political committee.	С				y		3(00.00)
	Name of Employer (for Individual) Carolina Neurosurgery & Spine		upation (for Individual) rsician	Contribu	/lemo ution	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00							
в.	Full Name of Individual (Last, First, Middle Initi Asher, Anthony, , Dr, Mailing Address 225 Baldwin Avenue	al) or Full O	Organization Name	Date of		ceipt 31	/ Y	2017		1
	City Charlotte	State NC	Zip Code 28270				SA11AI. eceipt th		iod	
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	Name of Employer (for Individual) Carolina Neurosurgery & Spine		upation (for Individual) vsician	Contribu	/lemo ution	Item				
	Receipt For:	Aggregate	Year-to-Date ▼ 300.00							
с.	Full Name of Individual (Last, First, Middle Initi Bailey, Peter, , Dr,	al) or Full O	Organization Name	Date o	of Red	ceipt				
	Mailing Address 225 Baldwin Avenue	State	Zip Code	12 31 2017 Transaction ID : SA11AI.4256						
	Charlotte	NC	28204				eceipt th		iod	
	FEC ID number of contributing federal political committee.	С				y	, y	1	50.00	
	Name of Employer (for Individual) Carolina Neurosurgery & Spine Receipt For:	Phys	upation (for Individual) sician	Contrib	/lemo ution	Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 7 OF

13

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		Detailed Summary Page						
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	RY AND SP	INE ASSOCIATES P	A PAC					
Full Name of Individual (Last, First, Middle A. Bernard, Joe, , Dr,	e Initial) or Full C	organization Name	Date of Receipt					
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FEC ID number of contributing federal political committee.	С		150.00					
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Full Name of Individual (Last, First, Middle C. Cowan, Michael, , Dr,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cowan. Michael Dr.							
Mailing Address 225 Baldwin Avenue			Date of Receipt					
City Charlotte	State NC	Zip Code 28204	Transaction ID : SA11AI.4259 Amount of Each Receipt this Period					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 8 OF

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SCHEDULE A (FEC Form 3X)

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PAGE 9 OF

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 10 OF

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or for commercial purposes, other than using th														
NAME OF COMMITTEE (In Full)														
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SCHEDULE A (FEC Form 3X) Ľ

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PAGE 11 OF

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	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	e purpose of	f soliciting	g contribu	utions							
	NAME OF COMMITTEE (In Full)														
	CAROLINA NEUROSURGERY	AND SP	INE ASSOCIATES P A	A PAC											
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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<u>А.</u>	Full Name of Individual (Last, First, Middle Initia Vemuri, Sameer, , Dr,	al) or Full C	Date of Receipt														
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FEC Schedule A (Form 3X) Rev. 06/2016

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