Image# 201508039000775883					PAGE 1 / 12
	PORT OF R D DISBURS Other Than An Autho	EMENT	s	Office	
1. NAME OF TYP	E OR PRINT V	Example: If typir	ng, type		Use Only
COMMITTEE (in full)		over the lines.		12FE4M5	
			S P A PAC	;	
ADDRESS (number and street)	25 BALDWIN AVENUE				
Check if different than previously reported. (ACC)	HARLOTTE			NC 2820	04 - , ,
2. FEC IDENTIFICATION NUMB	ER V CITY		S		
C C00544841	3. IS T REP		NEW N) OR	AMENDEE (A))
 4. TYPE OF REPORT (I (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Year Only)
April 15 Quarterly Report (Q1)	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE -Election Report for the:	Primary (12P Convention (General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (Q3)		M M /			in the
January 31 Year-End Report (YE)	Election of	n			State of
X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election of	on/		Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y Y 01 2015	through	M M 06		015
I certify that I have examined this Re	eport and to the best of my	/ knowledge and b	pelief it is true	e, correct and compl	ete.
Type or Print Name of Treasurer D	r Craig A VanDerVeer				
Signature of Treasurer Dr Craig A	VanDerVeer	[Electronically	v Filed] Da	ate 06 3	00 / Y Y Y Y 2015
NOTE: Submission of false, erroneous,	or incomplete information m	nay subject the pers	son signing this	s Report to the penal	Ities of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

08/03/2015 10 : 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

R	Report Covering the Period: From: 04		o: 06 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	5244.24	5244.24
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	5244.24	5244.24
7.	Total Disbursements (from Line 31)	2600.00	2600.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2644.24	2644.24
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

Image#	201	5080	3900	0775885
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Report Covering the Period: From: 04 I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		Calendar Tear-10-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4800.00	4800.00
Ē		
(ii) Unitemized	444.24	444.24
(iii) TOTAL (add	5244.24	5244.24
Lines 11(a)(i) and (ii)▶	JZ44.24	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(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)	5244.24	5244.24
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)) ►	5244.24	5244.24
) Total Eddaral Receipts		
0. Total Federal Receipts (subtract Line 18(c) from Line 19)►	5244.24	5244.24
		5244.24

I

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Op (a)	erating Expenditures: 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		
(c)	Expenditures Total Operating Expenditures	0.00	0.00
Tre	(add 21(a)(i), (a)(ii), and (b))►	0.00	0.00
Со	mmittees ntributions to	0.00	0.00
Fe	deral Candidates/Committees d Other Political Committees	2600.00	2600.00
Inc	lependent Expenditures se Schedule E)	0.00	0.00
Co	ordinated Party Expenditures		
(us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lo	an Repayments Made	0.00	0.00
	ans Made	0.00	0.00
	funds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		0.00
	(such as PACs)	0.00	
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
Otl	her Disbursements	0.00	0.00
Fe (a)	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
(a)	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))►		0.00
	tal Disbursements (add Lines 21(c), 22, , 24, 25, 26, 27, 28(d), 29 and 30(c))	2600.00	0000.00
		2000.00	2600.00
	tal Federal Disbursements Ibtract Line 21(a)(ii) and Line 30(a)(ii)		
	m Line 31)	2600.00	2600.00

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5244.24	5244.24
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	5244.24	5244.24
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

		Detailed Summary Page					11c	12	_			
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any r		13 r the i	urpos		15 soliciting	16 contribu	Itions			
or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full) CAROLINA NEUROSURG	ERY AND SP	INE ASSOCIATES P	A PAC	;								
Full Name (Last, First, Middle Initial) A. Dr Tim E Adamson			Da	ate of	Receij	pt						
Mailing Address 225 Baldwin Avenue				06 30 2015								
City	State	Zip Code	-	Transaction ID : SA11AI.4100								
Charlotte	NC	28204	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			300.00								
Name of Employer	Occupation	1	Co	ntribut	tion							
Carolina Neurosurgery & Spine	Physician											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
Full Name (Last, First, Middle Initial) B. Dr Joe D Bernard		Da	ate of	Receij	pt							
Mailing Address 225 Baldwin Avenue			06 30 Y Y Y Y Y Y									
City								4106				
Charlotte	NC	28204	Ar	mount	of Ead	ch Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	C	300.00										
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician	1	Contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
Full Name (Last, First, Middle Initial) C. Dr Vinay Deshmukh	I		Da	ate of	Recei	pt						
Mailing Address 225 Baldwin Avenue				06 30 2015								
City Charlotte	State NC	Zip Code 28204					SA11AL	4110 is Period				
FEC ID number of contributing federal political committee.	С						,		0.00			
Name of Employer	Occupation	1	Co	ontribu	tion							
Carolina Neurosurgery & Spine	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		300.00]									
SUBTOTAL of Receipts This Page (optic	nal)							900	.00			
TOTAL This Period (last page this line n							,					

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OF

12

••		Detailed Summary Page		< 11a 13		11b 14	11c	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the	purpo	ose of	soliciting	contribu	utions			
	NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGERY					IIIIDu			T COMINI	lee.			
Α.	Full Name (Last, First, Middle Initial) Dr E Hunter Dyer Mailing Address 225 Baldwin Avenue				Date of Receipt								
	City Charlotte	State NC	Zip Code 28204		06302015 Transaction ID : SA11AI.4112 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		300.00									
	Name of Employer Carolina Neurosurgery & Spine Receipt For: Primary General	Occupation Physician Aggregate		Contribu	Ition								
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Martin M Henegar Mailing Address 225 Baldwin AVenue	Date of Receipt 06 30 2015 Transaction ID : SA11AI.4114 Amount of Each Receipt this Period											
	City Charlotte												
	FEC ID number of contributing federal political committee.	Contribution											
	Name of Employer Carolina Neurosurgery & Spine Receipt For:	Occupation Physician											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
C.	Full Name (Last, First, Middle Initial) Dr Taylor S Jarrell Meiling Address				Date of	f Rec	•						
	Mailing Address 225 Baldwin Avenue				06	/	30	/ Y	2015	Y			
	City Charlotte	State NC	Zip Code 28204	-				SA11AI. eceipt th		1			
	FEC ID number of contributing federal political committee.	С				,				0.00			
	Name of Employer	Occupation	l	-	_ Contribution								
	Carolina Neurosurgery & Spine Receipt For:	Physician											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
F	UBTOTAL of Receipts This Page (optional)			<u> </u>				7	900	0.00			
т	OTAL This Period (last page this line number	only)		•									

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PAGE 8 OF

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	y information copied from such Reports and S for commercial purposes, other than using the				for the	purpo	ose of	soliciting	g contribu	itions			
	NAME OF COMMITTEE (In Full) CAROLINA NEUROSURGERY									166.			
A .	Full Name (Last, First, Middle Initial) Dr John M Lesher Mailing Address 225 Baldwin Avenue				Date of Receipt								
	City Charlotte	State NC	Zip Code 28204		06302015 Transaction ID : SA11AI.4118 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				,		300.00					
	Name of Employer Carolina Neurosurgery & Spine Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼		Contribution								
	Primary General Other (specify) ▼		300.00										
в.	Full Name (Last, First, Middle Initial) Dr C Scott McLanahan				Date of	f Rec	eipt						
	Mailing Address 225 Baldwin Avenue		06 30 2015 Transaction ID : SA11AI.4120										
	Charlotte						4120 nis Perioc	1					
	FEC ID number of contributing federal political committee.		300.00										
	Name of Employer Carolina Neurosurgery & Spine	Occupation Physician		C	Contribu								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
с.	Full Name (Last, First, Middle Initial) Dr Dan M Oberer				Date of	f Rec	eipt						
	Mailing Address 225 Baldwin Avenue				м м 06	/	D D 30	/ Y	2015	Y			
	City Charlotte	State NC	Zip Code 28204					SA11AI.	. 4122 his Period	1			
	FEC ID number of contributing federal political committee.	С								0.00			
	Name of Employer	Occupation	1		Contribu	ution							
	Carolina Neurosurgery & Spine	Physician											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
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or for commercial purposes, ot	her than using the name and a	ddress of any political committee													
		INE ASSOCIATES P /	A PAC	С											
Full Name (Last, First, Midd A. Dr Mark D Smith	lle Initial)	D	Date of Receipt												
Mailing Address 225 Baldwi				06 30 2015											
City Charlotte	State NC	Zip Code 28204		Transaction ID : SA11AI.4124											
FEC ID number of contribut		20204	Amount of Each Receipt this Period												
federal political committee.				ontribut	tion	9	300.00								
Name of Employer	Occupation			JIIIIDU	lion										
Carolina Neurosurgery & Spi Receipt For:															
Primary Gen Other (specify) ▼		Year-to-Date ▼ 300.00	1												
Full Name (Last, First, Midd B. Dr Andrew I Sumich	lle Initial)		D	Date of	Rec	ceipt									
	Mailing Address 225 Baldwin Avenue							06 30 / Y Y Y Y Y Y							
City	State NC					SA11AI.									
Charlotte	-	28204	A	mount	of E	Each R	eceipt th	is Period							
FEC ID number of contribut federal political committee.			300.00												
Name of Employer Carolina Neurosurgery & Spi	ne Occupation Physician		Contribution												
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 300.00													
Full Name (Last, First, Midd C. Dr Craig A VanDerV			D	Date of	Rec	ceipt									
Mailing Address 225 Baldwi	n Avenue			м м 06	/	30	/ Y	ү ү 2015	Y						
City Charlotte	State NC	Zip Code 28204					SA11AI.	4128 iis Period	4						
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Name of Employer	Occupation		Co	ontribu	tion										
Carolina Neurosurgery & Spi	ine Physician														
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PAGE 10 OF

			Detailed Summary Page		-		11b	11c	12	<u> </u>				
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			ly not be sold or used by any p ddress of any political committee											
		ND SP	INE ASSOCIATES P /	A PA	С									
Full Name (Last, First, A. Dr Sameer Vemuri	Middle Initial)			[Date of	f Re	ceipt							
Mailing Address 225 Ba		06 30 _ 2015 _												
City		State	Zip Code		Transaction ID : SA11AI.4130									
Charlotte		NC	28204	/	Amount of Each Receipt this Period									
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Carolina Neurosurgery 8	Spine Ph	nysician												
Receipt For:		ggregate	Year-to-Date ▼											
Primary Other (specify) ▼	General	300.00]											
Full Name (Last, First, Dr Scott D Wait	Middle Initial)		Date of	f Re	ceipt									
Mailing Address 225 Ba	ldwin Avenue							06 30 2015						
City							Transaction ID : SA11AI.4132							
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Receipt For:		ggregate	Year-to-Date ▼											
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Full Name (Last, First, Dr John A Welsh					Date of	f Re	ceipt							
Mailing Address 225 Ba					м м 06	/	30	/ Y	2015	Y				
City Charlotte		State NC	Zip Code 28204					SA11AI.						
FEC ID number of cont federal political committ	Ű.	C			Amouni		, each R	eceipt th	iis Period 300	0.00				
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Carolina Neurosurgery &		nysician												
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	General			1										
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FOR LINE NUMBER:

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PAGE 11 OF

12

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	RY AND SP	VINE ASSOCIATES P A	A PAC
Full Name (Last, First, Middle Initial) Dr David R Wiercisiewski Mailing Address 225 Baldwin Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolina Neurosurgery & Spine Receipt For: Primary General Other (specify) ▼	State NC C Occupation Physician Aggregate	Zip Code 28204 Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			300.00 4800.00

SCHEDU	JLE B (FEC Form 3X)		FOR LIN			PA	GE 12	OF 12	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check c	nly one)	y one)				
		Detailed Summary Page	21		X 23 28b	24 28c	25 29	26 30b	
Any informa or for comm	tion copied from such Reports and Stater nercial purposes, other than using the nam	nents may not be sold or us ne and address of any politi	sed by any percent cal committee	erson for the to solicit co	purpose ontribution	of solicitir s from suc	ng contribu ch commit	itions tee.	
	F COMMITTEE (In Full)								
	DLINA NEUROSURGERY AN	ND SPINE ASSOCIA	ATES P A	A PAC					
	e (Last, First, Middle Initial)			Data	f Diabura	omont			
A. RICH	A RICHARD BURR VICTORY COMMITTEE				Date of Disbursement				
Mailing Address PO BOX 97275					05 27 2015				
City RALEIGH		State Zip Code NC 27624		Trans	saction IE) : SB23.4	139		
_	of Disbursement	21021		1.					
Candidate			011	Amour	it of Each	Disburse	ment this	Period	
	ARD BURR VICTORY COM		Category/ Type		,		260	0.00	
Office So	bught: House Disburser X Senate President	nent For: 2016 Primary X General Other (specify) ▼							
	NC District: 00								
Full Nam B.	Full Name (Last, First, Middle Initial)				Date of Disbursement				
u. 					M = M / D = D / Y = Y = Y = Y				
Mailing A	ddress								
City	5	State Zip Code							
Purpose	Purpose of Disbursement				- Amount of Each Disbursement this Period				
Candidate Name			Category/	Category/				renou	
0//			Туре		7				
Office So	bught: House Disburser Senate President	nent For: Primary General Other (specify) ▼							
State:	District:								
Full Nam C.	Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address									
City	City State Zip Code								
Purpose of Disbursement					Amount of Each Disbursement this Period				
Candidate Name Category/ Type				Amour					
Office So	Senate President	nent For: Primary General Other (specify) ▼							
State:	District:								
SUBTOTAL	L of Disbursements This Page (optional)				- 7		2600).00	
TOTAL Thi	s Period (last page this line number only)		••••••				2600	0.00	