



**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="2011"/>		79487.65
(b) Cash on Hand at Beginning of Reporting Period.....	119040.51	
(c) Total Receipts (from Line 19) .....	96575.00	251075.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	215615.51	330562.65
7. Total Disbursements (from Line 31).....	92636.25	207583.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	122979.26	122979.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

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).....	92850.00	244200.00
(ii) Unitemized .....	3725.00	6875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	96575.00	251075.00
(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) .....	96575.00	251075.00
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))..... ▶	96575.00	251075.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	96575.00	251075.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	22636.25	25583.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22636.25	25583.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	182000.00
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)) ..	92636.25	207583.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92636.25	207583.39

**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) .....	96575.00	251075.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96575.00	251075.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	22636.25	25583.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22636.25	25583.39

**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 65
	<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)  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. Bizhan Aarabi</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 22 S. Greene St. Ste S12D		<b>Transaction ID : SA11AI.5843</b>
City Baltimore	State MD	Zip Code 21201-1595
FEC ID number of contributing federal political committee.	C	
Name of Employer Univ of Maryland Med Ctr	Occupation Neurosurgeon	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Contribution

Full Name (Last, First, Middle Initial) <b>B. Dr. M. Samy Abdou</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 4647 Zion Ave. Kaiser Hospital/Neurosurgery		<b>Transaction ID : SA11AI.5845</b>
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee.	C	
Name of Employer Kaiser Hospital	Occupation Neurosurgeon	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution

Full Name (Last, First, Middle Initial) <b>C. Dr. Saleem I. Abdulrauf</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2011
Mailing Address 7520 Buckingham Dr. Apt. 1E		<b>Transaction ID : SA11AI.5948</b>
City St. Louis	State MO	Zip Code 63105-2850
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Louis University	Occupation Neurosurgeon	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 65
	<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. John M. Abrahams**  
Full Name (Last, First, Middle Initial)

Mailing Address 244 Westchester Ave.  
Ste 310

City White Plains State NY Zip Code 10604

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

Name of Employer Neurosurgeons of New York Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 08 / 2011  
**Transaction ID : SA11AI.5972**

Amount of Each Receipt this Period  
1000.00  
contribution

**B. Dr. Mark E. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 16300 Sand Canyon Ave.  
Ste. 1005

City Irvine State CA Zip Code 92618-3710

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  
07 / 14 / 2011  
**Transaction ID : SA11AI.5854**

Amount of Each Receipt this Period  
500.00  
Contribution

**C. Dr. Lisa Sharon Apfel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Riverside Cir.

City Roanoke State VA Zip Code 24016

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 ▼  
550.00

Date of Receipt  
08 / 09 / 2011  
**Transaction ID : SA11AI.6006**

Amount of Each Receipt this Period  
550.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00

**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 65
<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) <b>A. Dr. Alan J. Appley</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2011
Mailing Address 155 Hospital Dr., Ste. 100		<b>Transaction ID : SA11AI.6061</b>
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Adam S. Arthur</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 6325 Humphreys Blvd. Semmes-Murphey Clinic		<b>Transaction ID : SA11AI.5856</b>
City Memphis	State TN	Zip Code 38120-2300
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Semmes-Murphey Clinic	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) <b>C. Dr. Michael J. Ayad</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address MCN T-4224 Vanderbilt Univ. MC Neurosurgery		<b>Transaction ID : SA11AI.5947</b>
City Nashville	State TN	Zip Code 37232
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Vanderbilt University	Occupation Neurosurgeon	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 65
<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) <b>A. Dr. Adeleke Badejo</b>		Date of Receipt
Mailing Address 3219 Central Ave., Ste. 103 Nebraska Neurosurgery/Spine Clinic		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Kearney	State NE	Zip Code 68847
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5976</b>
Name of Employer Nebraska Neurosurgery/Spine Cl		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation Neurosurgeon		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven Joseph Beer</b>		Date of Receipt
Mailing Address 1950 Bluegrass Circle, Ste. 170		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Cheyenne	State WY	Zip Code 82009
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6008</b>
Name of Employer Wyoming Spine&Neurosurgery Ass		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation Neurosurgeon		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Aldo Francisco Berti</b>		Date of Receipt
Mailing Address 7600 S. Red Rd., Ste. 304 Miami Neurosurgical Center		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City South Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6063</b>
Name of Employer self		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation Neurosurgeon		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 65
	<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. Charles H. Bill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Ramble Wood Dr. Ste 200  
Lansing Neurosurgical Associates

City East Lansing State MI Zip Code 48823-7392

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  
08 / 08 / 2011  
**Transaction ID : SA11AI.5977**

Amount of Each Receipt this Period  
2500.00  
contribution

**B. Dr. Rajesh K. Bindal**  
Full Name (Last, First, Middle Initial)

Mailing Address 16605 South West Frwy. Ste 285

City Sugar Land State TX Zip Code 77479

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

Name of Employer Texas Spine Team Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 28 / 2011  
**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
500.00  
contribution

**C. Dr. W. Ben Blackett**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6903

City Tacoma State WA Zip Code 98406

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  
07 / 14 / 2011  
**Transaction ID : SA11AI.5857**

Amount of Each Receipt this Period  
250.00  
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 11 OF 65
<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) <b>A. Dr. Charles L. Branch Jr.</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address Medical Center Blvd./Neurosurgery WFU Baptist Med Ctr		<b>Transaction ID : SA11AI.6009</b>
City Winston Salem	State NC	Zip Code 27157-1029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 contribution	
Name of Employer Wake Forest Univ Baptist Med	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) <b>B. Dr. Henry Brem</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011
Mailing Address 600 N. Wolfe St., Meyer 7-113 Johns Hopkins Univ. Hospital		<b>Transaction ID : SA11AI.6065</b>
City Baltimore	State MD	Zip Code 21287
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 contribution	
Name of Employer Johns Hopkins Hospital	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) <b>C. Dr. Russell I. Buchanan</b>		Date of Receipt MM / DD / YYYY 10 / 12 / 2011
Mailing Address 227 E. San Marnan DR, Ste. 1		<b>Transaction ID : SA11AI.6076</b>
City Waterloo	State IA	Zip Code 50702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 65
	<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. Matthew J. Budway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3855 W. Chester Pike, Ste. 245  
 City Newtown Square State PA Zip Code 19073  
 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 **10 / 12 / 2011**  
**Transaction ID : SA11AI.6078**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**B. Dr. Robert L. Cach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2375 E. Sunnyside RD, Ste. G  
 City Idaho Falls State ID Zip Code 83404  
 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 **08 / 09 / 2011**  
**Transaction ID : SA11AI.6011**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Dr. Thomas A. Carlstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 Pleasant ST, Ste. 608  
 City Des Moines State IA Zip Code 50309  
 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 **10 / 12 / 2011**  
**Transaction ID : SA11AI.6080**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</b>
<b>TOTAL</b> 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 65
	<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. Michael Joseph Caron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Spalding DR  
 Ste. 207  
 City Naperville State IL Zip Code 60540  
 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 **07 / 14 / 2011**  
**Transaction ID : SA11AI.5860**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**B. Dr. Benjamin S. Carson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N. Wolfe St. Harvey 811  
 City Baltimore State MD Zip Code 21287-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Hopkins University Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2011**  
**Transaction ID : SA11AI.6056**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**C. Dr. Christopher J. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Center St., Ste. 305  
 Elgin Barrington Neurosurgery SC  
 City Elgin State IL Zip Code 60120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elgin Barrington Neurosurgery Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 09 / 2011**  
**Transaction ID : SA11AI.6013**  
 Amount of Each Receipt this Period **250.00**  
 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 14 OF 65
	<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. John Richard Cassidy**  
Full Name (Last, First, Middle Initial)

Mailing Address 842 Sunset Lake Blvd., Ste. 302

City Venice	State FL	Zip Code 34292
----------------	-------------	-------------------

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

Name of Employer Neurosurgical Assoc. Cassidy	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
08		09		2011

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Joseph S. Cheng**  
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Radcliff Dr.

City Nashville	State TN	Zip Code 37221
-------------------	-------------	-------------------

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

Name of Employer Vanderbilt Univ Med Center	Occupation Neurosurgeon
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2011

**Transaction ID : SA11AI.6073**

Amount of Each Receipt this Period  

1000.00
---------

contribution

**C. Chaim B. Colen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19745 Blossom Ln.

City Grosse Pointe Wood	State MI	Zip Code 48236
----------------------------	-------------	-------------------

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

Name of Employer University Health Center	Occupation Neurosurgeon
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		11		2011

**Transaction ID : SA11AI.6104**

Amount of Each Receipt this Period  

500.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 65
	<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. E. Sander Connolly, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 710 W. 168th ST, Rm. 435  
New York Neurological Institute

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011

**Transaction ID : SA11AI.6109**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Dr. Shon W. Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 2412 Palmer Circle

City Norman State OK Zip Code 73069-6301

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 Y Y  
07 / 14 / 2011

**Transaction ID : SA11AI.5863**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Gregory Corradino**  
Full Name (Last, First, Middle Initial)

Mailing Address 999 Executive Park Blvd., Ste. 102

City Kingsport State TN Zip Code 37660

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  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2011

**Transaction ID : SA11AI.5981**

Amount of Each Receipt this Period  
500.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 65
	<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) <b>A. Dr. Jeffrey W. Cozzens</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address PO Box 19680		<b>Transaction ID : SA11AI.6016</b>
City Springfield	State IL	Zip Code 62794
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SIU Surgical Clinic	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) <b>B. Daniel J. Curry</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address 6621 Fannin		<b>Transaction ID : SA11AI.6017</b>
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Texas Childrens Hospital	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) <b>C. Dr. Victor R. Da Silva</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 3000 N. Hwy. A1A Unit 7B		<b>Transaction ID : SA11AI.5869</b>
City Fort Pierce	State FL	Zip Code 34949
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Lawnwood Neurosurgery	Occupation Neurosurgeon	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> 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 65
	<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. Gary A. Dix**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2002 Medical Pkwy. Ste 430

City Annapolis	State MD	Zip Code 21401
-------------------	-------------	-------------------

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

Name of Employer Maryland Brain & Spine LLC	Occupation 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
07	/	28	/	2011

**Transaction ID : SA11AI.5953**

Amount of Each Receipt this Period  

500.00
--------

contribution

**B. Dr. Eugene James Dolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2825 8th Ave., North Billings Clinic

City Billings	State MT	Zip Code 59101
------------------	-------------	-------------------

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

Name of Employer Billings Clinic	Occupation 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
07	/	28	/	2011

**Transaction ID : SA11AI.5956**

Amount of Each Receipt this Period  

500.00
--------

contribution

**C. Dr. Michael Dorsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 N. Graham St. Ste. 330B

City Portland	State OR	Zip Code 97227
------------------	-------------	-------------------

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

Name of Employer Legacy Neurological Surgery CI	Occupation 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
07	/	14	/	2011

**Transaction ID : SA11AI.5872**

Amount of Each Receipt this Period  

500.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 65
<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) <b>A. Dr. Bruce L. Ehni</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 2532 Bluebonnet Blvd.		<b>Transaction ID : SA11AI.5873</b>
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VA		contribution
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) <b>B. Dr. Richard G. Ellenbogen</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 5706 63rd Ave. N.E.		<b>Transaction ID : SA11AI.5874</b>
City Seattle	State WA	Zip Code 98105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self		contribution
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>C. Dr. J. Paul Elliott</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address 499 E. Hampden Ave. Ste 220		<b>Transaction ID : SA11AI.6018</b>
City Englewood	State CO	Zip Code 80113-2792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self		contribution
Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 65
	<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. Thomas Leon Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Medical Center Blvd.  
 Wake Forest Univ./Neurosurgery  
 City Winston Salem State NC Zip Code 27157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest University Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2011**  
**Transaction ID : SA11AI.5958**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Dr. Joel L. Falik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7257-B Hanover Pkwy.  
 City Greenbelt State MD Zip Code 20770-3612  
 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 **07 / 14 / 2011**  
**Transaction ID : SA11AI.5875**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

**C. Dr. Tony F. Feuerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16133 Ventura Blvd. Ste 1105  
 City Encino State CA Zip Code 91436  
 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 **09 / 15 / 2011**  
**Transaction ID : SA11AI.6069**  
 Amount of Each Receipt this Period **500.00**  
 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 20 OF 65
	<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) <b>A. Kenneth A. Follett</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
Mailing Address 982035 Nebraska Medical Center		<b>Transaction ID : SA11AI.5982</b>
City Omaha	State NE	Zip Code 68198
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Univ of Nebraska Med Ctr	Occupation Neurosurgeon	contribution
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) <b>B. Dr. Michael H. Freed</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2011
Mailing Address 800 Washington St. Linden Bldg 1st Floor		<b>Transaction ID : SA11AI.5959</b>
City Norwood	State MA	Zip Code 02062
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Neurosurgical Consultants Inc.	Occupation Neurosurgeon	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Richard E. George</b>		Date of Receipt MM / DD / YYYY 10 / 12 / 2011
Mailing Address 4515 Marsha Sharp Fwy.		<b>Transaction ID : SA11AI.6112</b>
City Lubbock	State TX	Zip Code 79407
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Grace Clinic	Occupation Neurosurgeon	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 65
	<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) <b>A. Dr. Christopher C. Getch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2011
Mailing Address 676 N. St. Clair; Ste 2210 Dept of Neurosurgery		<b>Transaction ID : SA11AI.6081</b>
City Chicago State IL Zip Code 60611	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00 contribution
Name of Employer Self Occupation Neurosurgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Abdi S. Ghodsi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011
Mailing Address ste. 300 1212 Garfield Ave.		<b>Transaction ID : SA11AI.5943</b>
City Parkersburg State WV Zip Code 26101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00 contribution
Name of Employer Self Occupation Neurosurgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Holly S. Gilmer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2011
Mailing Address 29275 Northwestern Hwy. Ste 100		<b>Transaction ID : SA11AI.6020</b>
City Southfield State MI Zip Code 48034	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00 contribution
Name of Employer Beaumont Children's Hospital Occupation Neurosurgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 65
<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) <b>A. Dr. Dean J. Gobo</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
Mailing Address 430 Morton Plant ST, Ste. 401		<b>Transaction ID : SA11AI.5988</b>
City Clearwater	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Center for Neurosurgery&Spine	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) <b>B. Dr. Ziya L. Gokaslan</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2011
Mailing Address 600 N. Wolfe St. Meyer 7-109		<b>Transaction ID : SA11AI.5960</b>
City Baltimore	State MD	Zip Code 21287
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Johns Hopkins Univ Hospital	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) <b>C. Dr. Rammy S. Gold</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 1212 Garfield Ave. #300		<b>Transaction ID : SA11AI.5942</b>
City Parkersburg	State WV	Zip Code 26101-3207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 65
<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. Jordan C. Grabel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 N. Flagler Dr. Ste 5900

City West Palm Beach	State FL	Zip Code 33401
-------------------------	-------------	-------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2011

**Transaction ID : SA11AI.6066**

Amount of Each Receipt this Period  
 750.00  
 contribution

**B. 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011

**Transaction ID : SA11AI.6105**

Amount of Each Receipt this Period  
 1000.00  
 contribution

**C. Carl B. Heilman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Washington St. Box 178  
 Tufts-New England Med. Ctr.

City Boston	State MA	Zip Code 02111-1526
----------------	-------------	------------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2011

**Transaction ID : SA11AI.5882**

Amount of Each Receipt this Period  
 500.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 65
	<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. Susan R. Hemley**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 Wellington St., #3A  
St. Mary's Hospital

City Grand Junction State CO Zip Code 81501

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

Name of Employer Center for Brain&Spine Surgery Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2011  
**Transaction ID : SA11AI.6024**

Amount of Each Receipt this Period 500.00 contribution

**B. Deborah C. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3545

City Newport Beach State CA Zip Code 92659

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

Name of Employer Loma Linda Univ Med Ctr Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2011  
**Transaction ID : SA11AI.6113**

Amount of Each Receipt this Period 250.00 contribution

**C. 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 08 / 08 / 2011  
**Transaction ID : SA11AI.5990**

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 25 OF 65
	<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. Peter O. Holliday III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Charter Blvd. Ste 402  
 City Macon State GA Zip Code 31210  
 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 08 / 08 / 2011  
**Transaction ID : SA11AI.5991**  
 Amount of Each Receipt this Period 1000.00  
 contribution

**B. Dr. Judy Huang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N. Wolfe St. Meyer 8-181C  
 City Baltimore State MD Zip Code 21287  
 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 ▼ 2000.00

Date of Receipt 09 / 26 / 2011  
**Transaction ID : SA11AI.6072**  
 Amount of Each Receipt this Period 1000.00  
 contribution

**C. Dr. David F. Jimenez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Texas/Neurology 7703 Floyd Curl Dr. Box 7843  
 City San Antonio State TX Zip Code 78229-3900  
 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 10 / 12 / 2011  
**Transaction ID : SA11AI.6082**  
 Amount of Each Receipt this Period 1000.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 65
	<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) <b>A. Dr. John M. Jones</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2011
Mailing Address 6431 Fannin ST		<b>Transaction ID : SA11AI.6059</b>
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UT Health	Occupation Neurosurgeon-Asst. Professor	contribution
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) <b>B. Michael G. Kaiser</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address 710 W. 168th St. Rm. 424 New York Neurological Inst.		<b>Transaction ID : SA11AI.6027</b>
City New York	State NY	Zip Code 10032
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Houman H. Khosrovi</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2011
Mailing Address 1212 Garfield Ave. #300		<b>Transaction ID : SA11AI.5941</b>
City Parkersburg	State WV	Zip Code 26101-3207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> 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 65
	<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. Douglas B. Kirkpatrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Harvard Pl.  
 City Medford State OR Zip Code 97504  
 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 **08 / 09 / 2011**  
**Transaction ID : SA11AI.6028**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

**B. Dr. John Joseph Knightly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Madison Ave.  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Neurosurg Specialists Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 11 / 2011**  
**Transaction ID : SA11AI.6107**  
 Amount of Each Receipt this Period **2500.00**  
 contribution

**C. Dr. Barry J. Landau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Birchwood Ave. Ste 101  
 City Bellingham State WA Zip Code 98225  
 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 **07 / 14 / 2011**  
**Transaction ID : SA11AI.5891**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> 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 65
	<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. Jeff Leland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4760 Red Bank RD  
 Ste. 222  
 City Cincinnati State OH Zip Code 45227-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Chip Surgical Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5894**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**B. Dr. Elad I. Levy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Gates Cir.  
 Neurosurgery  
 City Buffalo State NY Zip Code 14209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Buffalo Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 08 / 2011**  
**Transaction ID : SA11AI.5993**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**C. Dr. Darren S. Lovick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Rainbow Blvd. MS3021  
 Univ. of Kansas MC/Neurosurgery  
 City Kansas City State KS Zip Code 66160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kansas Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5900**  
 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 30 OF 65
	<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. James A. Moody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 N. Beckley Ave. Pavillion Ste. 152  
 City Dallas State TX Zip Code 75203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Brain & Spine Inst Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.6118**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Praveen V. Mummaneni**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Parnassus Ave. M-779 Box 0112  
 City San Francisco State CA Zip Code 94143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5901**  
 Amount of Each Receipt this Period **2500.00**  
 contribution

**C. Dr. Rhett Blake Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Governors Dr. 1st Fl.  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine & Neurosurgery Center Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 08 / 2011**  
**Transaction ID : SA11AI.5996**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3750.00</b>
<b>TOTAL</b> 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 65
	<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. Ali Najafi**  
Full Name (Last, First, Middle Initial)

Mailing Address 7130 N. Sharon Ave. Ste 100  
Neurosurgical Assoc Med Group

City Fresno State CA Zip Code 93720

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

Name of Employer Neurological Associates Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
08 / 08 / 2011  
**Transaction ID : SA11AI.6123**

Amount of Each Receipt this Period  
1000.00

Contribution

**B. Dr. Peter Nakaji**  
Full Name (Last, First, Middle Initial)

Mailing Address 2910 N. 3rd Ave.

City Phoenix State AZ Zip Code 85013

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

Name of Employer Barrow Neurological Institute Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
08 / 08 / 2011  
**Transaction ID : SA11AI.5997**

Amount of Each Receipt this Period  
1000.00

contribution

**C. Dr. Kent C. New**  
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Belfort 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 Spine & Brain Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 15 / 2011  
**Transaction ID : SA11AI.5940**

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 33 OF 65
	<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. Jeremy Todd Phelps**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 S. Van Buren  
 City State Zip Code  
 Enid OK 73703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Neurosurgical Associates Neurosurgeon  
 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  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6084**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**B. Dr. Phillip J. Porter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 W. Clairemont Ave., 1st Floor  
 Sacred Heart Hospital/Neurosurgery  
 City State Zip Code  
 Eau Claire WI 54701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self MXC 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  
 08 / 09 / 2011  
**Transaction ID : SA11AI.6039**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**C. Dr. Nicholas E. Poulos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Oak Hill Dr.  
 City State Zip Code  
 Belleville IL 62223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern IL Brain & Spine 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  
 07 / 28 / 2011  
**Transaction ID : SA11AI.5967**  
 Amount of Each Receipt this Period  
 500.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 65
	<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. Craig H. Rabb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 N. Lincoln Ste 400  
 City Oklahoma City State OK Zip Code 73104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Oklahoma Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2011  
**Transaction ID : SA11AI.6001**  
 Amount of Each Receipt this Period 250.00  
 contribution

**B. Dr. Brian T. Ragel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3303 South West Bond Ave. CH8N  
 OHSU/Neurosurgery  
 City Portland State OR Zip Code 97239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Hlth & Science Univ Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 26 / 2011  
**Transaction ID : SA11AI.6074**  
 Amount of Each Receipt this Period 250.00  
 contribution

**C. Dr. Nizam Razack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 Docs Grove Circle  
 Spine & Brain Neurosurgery Center  
 City Orlando State FL Zip Code 32819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine & Brain Neurosurgery Ctr Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 14 / 2011  
**Transaction ID : SA11AI.5908**  
 Amount of Each Receipt this Period 1000.00  
 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 36 OF 65
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Daniel K. Resnick</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>12</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	12	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	12	/	2011								
Mailing Address 600 Highland Ave. K4/834		<b>Transaction ID : SA11AI.6099</b>										
City Madison	State WI	Zip Code 53792										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer University of Wisconsin	Occupation Neurosurgeon	contribution										
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) <b>B. Dr. John R. Robinson</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>14</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	14	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	14	/	2011								
Mailing Address 509 Riverside Dr., Ste. 203 Center for Cranial & Spinal Surger		<b>Transaction ID : SA11AI.5911</b>										
City Stuart	State FL	Zip Code 34994										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Back & Spine Center	Occupation Neurosurgeon	contribution										
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) <b>C. Dr. Juan F. Ronderos</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>12</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	12	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	12	/	2011								
Mailing Address 6701 Airport Blvd., Ste. D146 Ronderos Neurosurgery Center		<b>Transaction ID : SA11AI.6088</b>										
City Mobile	State AL	Zip Code 36608										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
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 ▼ 500.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 37 OF 65
	<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. William S. Rosenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6420 Prospect St. Ste T411  
 City Kansas City State MO Zip Code 64132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Neurosurgery Assoc Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2011  
**Transaction ID : SA11AI.5912**  
 Amount of Each Receipt this Period 500.00  
 contribution

**B. 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 08 / 09 / 2011  
**Transaction ID : SA11AI.6041**  
 Amount of Each Receipt this Period 1000.00  
 contribution

**C. Joshua M. Rosenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 676 N. St. Clair St. Ste 2210  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern University Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2011  
**Transaction ID : SA11AI.6100**  
 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 38 OF 65
	<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 Ruiz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Medical Center DR, Ste. 303

City Gadsden	State AL	Zip Code 35903
-----------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6086**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Mari Rutka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Mossgrove Tr.

City North York	State ZZ	Zip Code
--------------------	-------------	----------

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

Name of Employer Toronto School Board	Occupation Trustee
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.6122**

Amount of Each Receipt this Period  
 1000.00  
 contribution

**C. Dr. Lenard J. Rutkowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 19th AVE  
 Meridian Neurosurgery

City Meridian	State MS	Zip Code 39301
------------------	-------------	-------------------

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

Name of Employer Meridian Neurosurgery	Occupation 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  
 07 / 28 / 2011  
**Transaction ID : SA11AI.5969**

Amount of Each Receipt this Period  
 500.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 39 OF 65
	<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. Ali Sadr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Clarkson Ave., #1189  
 City State Zip Code  
 Brooklyn NY 11203  
 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 M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6090**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Dr. Charles A. Sansur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 S Greene St S-12-D  
 City State Zip Code  
 Baltimore MD 21201-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maryland Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.6068**  
 Amount of Each Receipt this Period  
**1000.00**  
 contribution

**C. Alan M. Scarrow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1965 S. Fremont Ste 130  
 City State Zip Code  
 Springfield MO 65804  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6091**  
 Amount of Each Receipt this Period  
**500.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</b>
<b>TOTAL</b> 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 40 OF 65
	<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) <b>A. Jacob P. Schwarz</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 345 23rd Ave. N. Ste 420		<b>Transaction ID : SA11AI.5917</b>
City Nashville	State TN	Zip Code 37203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David H. Segal</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2011
Mailing Address 600 7th St., SE - 2nd Floor		<b>Transaction ID : SA11AI.6043</b>
City Cedar Rapids	State IA	Zip Code 52401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 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) <b>C. Dr. Warren R. Selman</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 11100 Euclid Ave. #HH5042		<b>Transaction ID : SA11AI.5918</b>
City Cleveland	State OH	Zip Code 44106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 contribution	
Name of Employer Univ Hospitals of Cleveland	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 41 OF 65
	<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. Francisco X. Soldevilla**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19250 S.W. 65th Ave., Ste. 260  
 Northwest Neurosurgical Associates  
 City Tualatin State OR Zip Code 97062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Assoc. Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5921**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**B. Dr. MariaElaina Sumas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 N. Broad St.  
 Apt. 802  
 City Philadelphia State PA Zip Code 19107  
 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 **08 / 09 / 2011**  
**Transaction ID : SA11AI.6049**  
 Amount of Each Receipt this Period **2500.00**  
 contribution

**C. Dr. Jean-Claude M. Tabet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Tuscarawas St. W. Ste 540  
 City Canton State OH Zip Code 44708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Specialty Physicians Corp Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 09 / 2011**  
**Transaction ID : SA11AI.6050**  
 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 42 OF 65
<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. Larry D. Tice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 551 Kokopelli Blvd, Unit I  
 City Fruita State CO Zip Code 81521  
 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 **10 / 11 / 2011**  
**Transaction ID : SA11AI.6111**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

**B. Dr. D. Roxanne Todor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Pelham Pkwy. S. Neurosurgery Office Ste. 3W5  
 City Bronx State NY Zip Code 10461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jacoby Medical Center Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 08 / 2011**  
**Transaction ID : SA11AI.6004**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. John R. Tompkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 Alliance Blvd. Ste. 475  
 City Plano State TX Zip Code 75093  
 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 **3500.00**

Date of Receipt **10 / 12 / 2011**  
**Transaction ID : SA11AI.6092**  
 Amount of Each Receipt this Period **1000.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> 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 43 OF 65
<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. Donald R. Tyler II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3280 Dauphin St.  
 Bldg. A 101  
 City State Zip Code  
 Mobile AL 36606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coastal Neurological Institute Neurosurgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2011  
**Transaction ID : SA11AI.6005**  
 Amount of Each Receipt this Period  
 1000.00  
 contribution

**B. Dr. Jamie S. Ullman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79-01 Broadway  
 City State Zip Code  
 Elmhurst NY 11373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Elmhurst Hospital Center 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  
 07 / 14 / 2011  
**Transaction ID : SA11AI.5922**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Dr. Gus G. Varnavas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 South 40th AVE  
 City State Zip Code  
 Yakima WA 98908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Northwest Spine Neurosurgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2011  
**Transaction ID : SA11AI.5971**  
 Amount of Each Receipt this Period  
 1500.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> 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 44 OF 65
	<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 **750.00**

Date of Receipt **10 / 12 / 2011**  
**Transaction ID : SA11AI.6093**  
 Amount of Each Receipt this Period **750.00**  
 contribution

**B. Dr. Philip Andrew Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Hope Dr. EC110  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn State Hershey Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5923**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**C. Rand M. Voorhies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1139 Third St.  
 City New Orleans State LA Zip Code 70130  
 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 **1500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5924**  
 Amount of Each Receipt this Period **1500.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2750.00</b>
<b>TOTAL</b> 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 45 OF 65
	<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. Michael Y. Wang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1095 NW 14th Terrace  
 University of Miami  
 City Miami State FL Zip Code 33136  
 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  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6102**  
 Amount of Each Receipt this Period  
**500.00**  
 contribution

**B. 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 **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6094**  
 Amount of Each Receipt this Period  
**1000.00**  
 contribution

**C. 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.6095**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> 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 46 OF 65
	<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. Mark A. Weiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2600 Tuscarawas ST., W.  
Ste. 520

City Canton State OH Zip Code 44708

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

Name of Employer Aultman Hospital Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2011

**Transaction ID : SA11AI.5930**

Amount of Each Receipt this Period 500.00 contribution

**B. Dr. Blake G. Welling**  
Full Name (Last, First, Middle Initial)

Mailing Address 4403 Harrison Blvd, Ste 1815

City Ogden State UT Zip Code 84403

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

Name of Employer Utah Spine Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 14 / 2011

**Transaction ID : SA11AI.5933**

Amount of Each Receipt this Period 1000.00 contribution

**C. Dr. John A. Welshofer**  
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 and Spin Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2011

**Transaction ID : SA11AI.6071**

Amount of Each Receipt this Period 1000.00 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 47 OF 65
<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. Daniel Vernon White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4810 Sussex Dr.  
 City San Diego State CA Zip Code 92116  
 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 **08 / 09 / 2011**  
**Transaction ID : SA11AI.6053**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Dr. Donald M. Whiting**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 W. Chestnut St.  
 City Washington State PA Zip Code 15301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegheny General Hospital Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5934**  
 Amount of Each Receipt this Period **500.00**  
 contribution

**C. Dr. Diana E. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 W Terrell Ave., Ste 300  
 City Fort Worth State TX Zip Code 76104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Physicians Group Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 14 / 2011**  
**Transaction ID : SA11AI.5937**  
 Amount of Each Receipt this Period **500.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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 48 OF 65
	<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. John A. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address **Medical Center Dr./Neurology**  
**Wake Forest University**

City **Winston Salem** State **NC** Zip Code **27157**

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  
**10 / 12 / 2011**

**Transaction ID : SA11AI.6103**

Amount of Each Receipt this Period  
**500.00**

contribution

**B. Christopher E. Wolfla**  
Full Name (Last, First, Middle Initial)

Mailing Address **9200 W. Wisconsin Ave.**

City **Milwaukee** State **WI** Zip Code **53226**

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

Name of Employer **Medical College of Wisconsin** Occupation **Neurosurgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**10 / 11 / 2011**

**Transaction ID : SA11AI.6106**

Amount of Each Receipt this Period  
**500.00**

contribution

**C. Dr. Ravi Yalamanchili**  
Full Name (Last, First, Middle Initial)

Mailing Address **141 Thomas Johnson Dr Ste 200**

City **Frederick** State **MD** Zip Code **21702**

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  
**07 / 14 / 2011**

**Transaction ID : SA11AI.5939**

Amount of Each Receipt this Period  
**1000.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<b>TOTAL</b> 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: PAGE 49 OF 65  
(check only one)

<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. David D. Yeh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6961 Glenview Dr.  
City San Jose State CA Zip Code 95120  
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 08 / 09 / 2011  
**Transaction ID : SA11AI.6054**  
Amount of Each Receipt this Period 1000.00 contribution

**B.**  
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) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**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) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	92850.00

**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. Captel**

Mailing Address 300 Fifth St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2011

Transaction ID : SB21B.6168

Amount of Each Disbursement this Period

4533.75

Full Name (Last, First, Middle Initial)

**B. Captel**

Mailing Address 300 Fifth St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2011

Transaction ID : SB21B.6169

Amount of Each Disbursement this Period

7357.50

Full Name (Last, First, Middle Initial)

**C. Captel**

Mailing Address 300 Fifth St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2011

Transaction ID : SB21B.6170

Amount of Each Disbursement this Period

8201.25

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

20092.50

**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 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  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2011

**Transaction ID : SB21B.6178**

Amount of Each Disbursement this Period

221.16

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Po Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID : SB21B.6179**

Amount of Each Disbursement this Period

481.10

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Po Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2011

**Transaction ID : SB21B.6180**

Amount of Each Disbursement this Period

45.60

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

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

747.86

**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  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2011

Transaction ID : SB21B.6181

Amount of Each Disbursement this Period

110.59

Full Name (Last, First, Middle Initial)

**B. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2011

Transaction ID : SB21B.6188

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

**C. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
CC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2011

Transaction ID : SB21B.6189

Amount of Each Disbursement this Period

39.95

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

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

190.49

**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. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.6190

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.6191

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.6192

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 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. Inc PayPal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6193**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Moneris Solutions**

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6194**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Moneris Solutions**

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6182**

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 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 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2011

Transaction ID : SB21B.6183

Amount of Each Disbursement this Period

422.00

Full Name (Last, First, Middle Initial)

**B. Moneris Solutions**

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2011

Transaction ID : SB21B.6184

Amount of Each Disbursement this Period

154.70

Full Name (Last, First, Middle Initial)

**C. Moneris Solutions**

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2011

Transaction ID : SB21B.6185

Amount of Each Disbursement this Period

226.70

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

803.40

**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 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 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

001

Candidate Name

Category/  
Type

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
11		30		2011

Transaction ID : SB21B.6186

Amount of Each Disbursement this Period

31.95
-------

Full Name (Last, First, Middle Initial)

**B. Moneris Solutions**

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
CC Fees

001

Candidate Name

Category/  
Type

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
12		31		2011

Transaction ID : SB21B.6187

Amount of Each Disbursement this Period

62.22
-------

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

94.17
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**TOTAL** This Period (last page this line number only)..... ▶

22636.25
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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) <b>A. BENISHEK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2011	
Mailing Address 802 Pentoga Trail		Transaction ID : <b>SB23.6127</b>  Amount of Each Disbursement this Period 1000.00	
City Crystal Falls	State MI		Zip Code 49920
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>BENISHEK FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 01		

Full Name (Last, First, Middle Initial) <b>B. BILL CASSIDY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2011	
Mailing Address 8550 United Plaza Blvd. Suite 1001		Transaction ID : <b>SB23.6150</b>  Amount of Each Disbursement this Period 5000.00	
City Baton Rouge	State LA		Zip Code 70809
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CLIFF STEARNS</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2011	
Mailing Address PO BOX 308		Transaction ID : <b>SB23.6162</b>  Amount of Each Disbursement this Period 2500.00	
City SILVER SPRINGS	State FL		Zip Code 34489
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	8500.00
<b>TOTAL</b> 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 JEB HENSARLING**

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement Contribution

011

Candidate Name

FRIENDS OF JEB HENSARLING

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB23.6139

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEB HENSARLING**

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement Contribution

011

Candidate Name

FRIENDS OF JEB HENSARLING

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2011

Transaction ID : SB23.6128

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement Contribution

011

Candidate Name

FRIENDS OF SCOTT DESJARLAIS

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2011

Transaction ID : SB23.6131

Amount of Each Disbursement this Period

2000.00

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

7000.00

**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. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

Transaction ID : SB23.6146

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LINCOLN PAC**

Mailing Address 3701 CONNECTICUT AVE #404

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2011

Transaction ID : SB23.6154

Amount of Each Disbursement this Period

1000.00

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  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB23.6141

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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. KEVIN MCCARTHY**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Contributions

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

Transaction ID : SB23.6173

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Murphy For Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

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

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2011

Transaction ID : SB23.6176

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2011

Transaction ID : SB23.6155

Amount of Each Disbursement this Period

10000.00

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

14500.00

**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. ERIK PAULSEN**

Mailing Address POBOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
Contribution

011

Candidate Name

ERIK PAULSEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2011

Transaction ID : SB23.6151

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. ERIK PAULSEN**

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55347

Purpose of Disbursement  
Contribution

011

Candidate Name

ERIK PAULSEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : SB23.6153

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : SB23.6171

Amount of Each Disbursement this Period

15000.00

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

19000.00

**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. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City State Zip Code  
JEFFERSON LA 70183

Purpose of Disbursement  
Contribution

011

Candidate Name

SCALISE FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2011

Transaction ID : SB23.6156

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SCHOCK FOR CONGRESS**

Mailing Address PO Box 10555

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

Transaction ID : SB23.6142

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ALLYSON Y. SCHWARTZ**

Mailing Address P.O. BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2011

Transaction ID : SB23.6159

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	1

Transaction ID : SB23.6161

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. TIM BISHOP FOR CONGRESS**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	1

Transaction ID : SB23.6164

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. TIM BISHOP FOR CONGRESS**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB23.6134

Amount of Each Disbursement this Period

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

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	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. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement  
Contribution

011

Candidate Name  
**TOM REED FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2011

Transaction ID : SB23.6135

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: FL District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2011

Transaction ID : SB23.6165

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. VOICE FOR FREEDOM**

Mailing Address 2814 Spring Road, Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2011

Transaction ID : SB23.6138

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458  
PO BOX 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB23.6145

Amount of Each Disbursement this Period

1000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1000.00

70000.00