

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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|   |   |
|---|---|
| <b>1. NAME OF COMMITTEE (in full)</b><br>American Neurological Surgery, Political Action Committee                      | <b>2. FEC IDENTIFICATION NUMBER</b><br>C00327171  |
| <b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported<br>P.O. Box 136 | <b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b> |
| <b>CITY, STATE and ZIP CODE</b><br>Washington, DC 20044-0136  |   |

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding General/National  
 (Type of Election)  
 election on 11 17 2000 in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <u>10/01/00</u> through <u>10/18/00</u>                                    |                         |   |
| 6. (a) Cash on Hand January 1, <u>2000</u>  |                         | \$ 122,056.62   |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 108,771.52           |   |
| (c) Total Receipts (from Line 18)   | \$ 28,870.00            | \$ 105,707.86   |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 137,641.52           | \$ 227,764.48   |
| 7. Total Disbursements (from Line 30)   | \$ 92,899.79            | \$ 183,022.75   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 44,741.73            | \$ 44,741.73  |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-694-1100 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00                 |   |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**Katherine O. Orrico, Assistant Treasurer**

Signature of Treasurer:

Date: 10/22/00

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

**FEC FORM 3X**  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

| NAME OF COMMITTEE<br><b>American Neurological Surgery, Political<br/>Action Committee</b> |  | REPORT COVERING PERIOD<br>FROM <b>10/01/00</b> TO: <b>10/18/00</b> |                           |            |
|---|--|--|---------------------------|------------|
|   |  | COLUMN A<br>Total This Period                                      | COLUMN B<br>Calendar Year |            |
| <b>I. Receipts</b>  |  |  |                           |            |
| 11. Contributions (other than loans) From:  |  |  |                           |            |
| a. Individual/Persons Other Than Political Committees                                     |  |  |                           |            |
| i. Itemized (use Schedule A)  |  | 26,200.00  | 96,750.00                 | 11(a)(i)   |
| ii. Unitemized  |  | 2,670.00   | 8,280.00                  | 11(a)(ii)  |
| iii. Total (add i and ii) >   |  | 28,870.00  | 105,030.00                | 11(a)(iii) |
| b. Political Party Committees   |  | 0.00   | 0.00                      | 11(b)      |
| c. Other Political Committees (such as PACs)  |  | 0.00   | 0.00                      | 11(c)      |
| d. Total Contributions (add a.i, b and c) >   |  | 28,870.00  | 105,030.00                | 11(d)      |
| 12. Transfers From Affiliated/Other Party Committees                                      |  | 0.00   | 0.00                      | 12         |
| 13. All Loans Received  |  | 0.00   | 0.00                      | 13         |
| 14. Loan Repayments Received  |  | 0.00   | 0.00                      | 14         |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |  | 0.00   | 0.00                      | 15         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    |  | 0.00   | 677.86                    | 16         |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    |  | 0.00   | 0.00                      | 17         |
| 18. Transfers from Nonfederal Account for Joint Activity                                  |  | 0.00   | 0.00                      | 18         |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            |  | 28,870.00  | 105,707.86                | 19         |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              |  | 28,870.00  | 105,707.86                | 20         |
| <b>II. Disbursements</b>  |  |  |                           |            |
| 21. Operating Expenditures:   |  |  |                           |            |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |  |  |                           |            |
| i. Federal Share  |  | 0.00   | 0.00                      | 21(a)(i)   |
| ii. Non-Federal Share   |  | 0.00   | 0.00                      | 21(a)(ii)  |
| b. Other Federal Operating Expenditures   |  | 2,899.79   | 42,751.35                 | 21(b)      |
| c. Total Operating Expenditures (add a.i, a.ii, and b) >                                  |  | 2,899.79   | 42,751.35                 | 21(c)      |
| d. Total Operating Expenditures   |  | 0.00   | 0.00                      | 21(d)      |
| 22. Transfers to Affiliated/Other Party Committees  |  | 90,000.00  | 140,271.40                | 22         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         |  | 0.00   | 0.00                      | 23         |
| 24. Independent Expenditures (use Schedule E)   |  | 0.00   | 0.00                      | 24         |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) |  | 0.00   | 0.00                      | 25         |
| 26. Loan Repayments Made  |  | 0.00   | 0.00                      | 26         |
| 27. Loans Made  |  | 0.00   | 0.00                      | 27         |
| 28. Refunds of Contributions To:  |  |  |                           |            |
| a. Individual/Persons Other Than Political Committees                                     |  | 0.00   | 0.00                      | 28(a)      |
| b. Political Party Committees   |  | 0.00   | 0.00                      | 28(b)      |
| c. Other Political Committees (such as PACs)  |  | 0.00   | 0.00                      | 28(c)      |
| d. Total Contribution Refunds (add a, b and c) >  |  | 0.00   | 0.00                      | 28(d)      |
| 29. Other Disbursements   |  | 92,899.79  | 183,022.75                | 29         |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  |  | 92,899.79  | 183,022.75                | 30         |
| 31. Total Federal Disbursements (subtract line 21 a.ii from line 30) >                    |  | 92,899.79  | 183,022.75                | 31         |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |  |  |                           |            |
| 32. Total Contributions (other than loans)(from line 11d)                                 |  | 28,870.00  | 105,030.00                | 32         |
| 33. Total Contribution Refunds (from line 28d)  |  | 0.00   | 0.00                      | 33         |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        |  | 28,870.00  | 105,030.00                | 34         |
| 35. Total Federal Operating Expenditures (add 21 a.i and 21 b) >                          |  | 2,899.79   | 42,751.35                 | 35         |
| 36. Offsets to Operating Expenditures (from line 15)                                      |  | 0.00   | 0.00                      | 36         |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               |  | 2,899.79   | 42,751.35                 | 37         |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 8  
FOR LINE NUMBER 11 a 1

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 committees.

**NAME OF COMMITTEE (In Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
|---|----------------------------------|-------------------------|------------------------------------|
| Warren McPherson MD<br>503 E. Bell; Suite 300<br>Murfreesboro, TN 37130-3052  | SELF                             | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 500.00                  |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Albert Rhoton Jr. MD<br>Box 100265<br>University of Florida/Dept. of<br>Gainesville, FL 32610                               | University of Florida            | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 500.00                  |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Clarence Watridge MD<br>930 Madison Ave.; Suite 600<br>Memphis, TN 38103-3421   | Semmes Murphey Clinic            | 10/17/00                | 750.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 750.00                  |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Fremont Wirth MD<br>4 Jackson Blvd.<br>Savannah, GA 31405-5810  | SELF                             | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 1,000.00                |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Frederick Simeons MD<br>909 Walnut St.; 3rd Fl.<br>Philadelphia, PA 19107-5211  | SELF                             | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 1,000.00                |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph Zabramski MD<br>Barrow Neuro. Inst.<br>2910 N. Third Ave.<br>Phoenix, AZ 85013-4434                                  | Barrow Neurological<br>Institute | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 1,000.00                |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert Hennessy MD<br>Suite 304<br>1001 Pine Heights Ave.<br>Baltimore, MD 21228-5208                                       | SELF                             | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon       |                         |                                    |
|   | Aggregate Year-to-Date > \$      | 500.00                  |                                    |

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

4,750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 8  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
|---|----------------------------|-------------------------|------------------------------------|
| Robert Richardson MD<br>8426 Buckingham Ct.<br>Willow Springs, IL 60480-1144  | MOUNT SIANI                | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 6 | 1,000.00                |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Archimedes Ramirez MD<br>Suite 308<br>599 Sir Francis Drake Blvd.<br>Greenbrae, CA 94904-1712                               | SELF                       | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 5 | 500.00                  |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Mark Hadley MD<br>Univ. of Alabama/Neurosurgery<br>1813 6th Ave., S., MEB 504<br>Birmingham, AL 35233-1920                  | University of Alabama      | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 5 | 1,100.00                |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Bruce L. Ehni MD<br>6560 Fannin St.<br>Suite #1200<br>Houston, TX 77030   | SELF                       | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 4 | 500.00                  |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Mark Anderson MD<br>Suite 1005<br>16300 Sand Canyon Ave.<br>Irvine, CA 92618-3711   | SELF                       | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 5 | 500.00                  |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Herbert Oestreich MD<br>New York Med. Coll.<br>Munger Pav.: 3rd Fl.<br>Valhalla, NY 10595                                   | New York Medical College   | 10/17/00                | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 6 | 250.00                  |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer           | Date (month, day, year) | Amount of Each Receipt this Period |
| Moustapha Abou-Samra MD<br>168 N. Brent St., Suite 408<br>Ventura, CA 93003-2817  | SELF                       | 10/17/00                | 100.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon |                         |                                    |
|   | Aggregate Year-to-Date > 9 | 600.00                  |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... 3,850.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 8  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)             | Amount of Each Receipt this Period |
|--|---|-------------------------------------|------------------------------------|
| John L. D. Atkinson MD<br>Dept. of Neurosurgery<br>Mayo Clinic<br>Rochester, MN 55905-0001                               | Mayo Clinic                             | 10/17/00                            | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 6 500.00   |                                    |
| Issam Awad MD<br>UCHSC/Neurosurgery<br>4200 East Ninth Avenue Box C30<br>Denver, CO 80220-3706                           | UCHSC                                   | 10/17/00                            | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 5 500.00   |                                    |
| James Bean MD<br>Neurosurgical Assoc.<br>1401 Harrodsburg Rd., #B485<br>Lexington, KY 40504-3797                         | SELF                                    | 10/17/00                            | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 6 1,000.00 |                                    |
| W. Ben Blackett MD<br>Neurosurgery Consulting LLC<br>PO Box 6903<br>Tacoma, WA 98407-0387                                | SELF                                    | 10/17/00                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 5 250.00   |                                    |
| James Brown MD<br>6810 S. T St.<br>Fort Smith, AR 72903-4008   | SELF                                    | 10/17/00                            | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 5 500.00   |                                    |
| Elizabeth Bullitt MD<br>UNC-CH/Neurosurgery<br>148 Burnett-Womack CB 7060<br>Chapel Hill, NC 27599-7060                  | UNC                                     | 10/17/00                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 5 250.00   |                                    |
| Jeffrey W. Cozzens MD<br>Div. of Neurosurgery<br>2650 Ridge Ave.<br>Evanston, IL 60201-1718                              | Evanston Medical Specialists Foundation | 10/17/00                            | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation<br>Neurosurgeon              | Aggregate Year-to-Date > 6 1,000.00 |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... **3,500.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 8  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code<br>Benedict Joseph Colombi MD<br>Univ. Hosp. of Cleveland<br>11100 Euclid Ave./Neurosurgery<br>Cleveland, OH 44106-1738 | Name of Employer<br>Univ Hosp of Cleveland<br><br>Occupation<br>Neurosurgeon | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
|--|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 250.00   |  |   |  |
| B. Full Name, Mailing Address and ZIP Code<br>Richard Fessler MD PhD<br>Chgo. Institute of Neurosurger<br>2515 N. Clark Street; Ste. 800<br>Chicago, IL 60614-2720 | Name of Employer<br>Chgo. Inst. of Neuro.<br><br>Occupation<br>Neurosurgeon  | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 500.00   |  |   |  |
| C. Full Name, Mailing Address and ZIP Code<br>Richard Fessler MD<br>Dept. of Neurosurgery<br>4160 John R Road<br>Detroit, MI 48201-2020                            | Name of Employer<br>Wayne State<br><br>Occupation<br>Neurosurgeon            | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 1,000.00   |  |   |  |
| D. Full Name, Mailing Address and ZIP Code<br>Claudio Andres Feler MD<br>220 S. Claybrook; Ste.#600<br>Memphis, TN 38104-3582                                      | Name of Employer<br>SELF<br><br>Occupation<br>Neurosurgeon                   | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 250.00   |  |   |  |
| E. Full Name, Mailing Address and ZIP Code<br>John Frazee MD<br>UCLA Med. Ctr./Neurosurgery<br>Box 957039; Room 18-211 NPI<br>Los Angeles, CA 900957039            | Name of Employer<br>UCLA Medical Center<br><br>Occupation<br>Neurosurgeon    | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 250.00   |  |   |  |
| F. Full Name, Mailing Address and ZIP Code<br>Isaac Goodrich MD<br>Connecticut Neuro. PC<br>300 Orchard St. Suite 316<br>New Haven, CT 06511-4412                  | Name of Employer<br>SELF<br><br>Occupation<br>Neurosurgeon                   | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 250.00   |  |   |  |
| G. Full Name, Mailing Address and ZIP Code<br>John Peter Gruen MD<br>LAC-USCMC/Neurosurgery<br>1200 N. State St.; Box 262<br>Los Angeles, CA 90033-1029            | Name of Employer<br>LAC-USCMC<br><br>Occupation<br>Neurosurgeon              | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  |   |  |
| Aggregate Year-to-Date > \$ 250.00   |  |   |  |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **8**  
FOR LINE NUMBER **11 a 1**

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**NAME OF COMMITTEE (in Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| David Jimenez MD<br>Univ. of Missouri Hosp. & Clin<br>One Hospital Dr.; N521<br>Columbia, MO 65201-5276                     | UNIV. OF MISSOURI<br><br>Occupation<br>Program Director                     | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00  |                         |                                    |
| Allen Kantrowitz MD<br>Suite 914<br>333 Aruthor Godfrey Rd.<br>Miami, FL 33140-3608   | SELF<br><br>Occupation<br>Neurosurgeon                                      | 10/17/00                | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00  |                         |                                    |
| Dennis McDonnell MD<br>Gundersen Lutheran Medi. Hosp.<br>1836 South Avenue<br>La Crosse, WI 54601-5429                      | Gundersen Lutheran<br>Medical Hospital<br><br>Occupation<br>Neurosurgeon    | 10/17/00                | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00  |                         |                                    |
| John McVickar MD<br>Rocky Mnt. Neuro. Alliance; PC<br>701 E. Hampden Ave.; Suite 510<br>Englewood, CO 80110-2776            | SELF<br><br>Occupation<br>Neurosurgeon                                      | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00  |                         |                                    |
| Mark Mayer MD<br>1717 Shaffer St.; Suite 124<br>Kalamazoo, MI 49001   | SELF<br><br>Occupation<br>Neurosurgeon                                      | 10/17/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00  |                         |                                    |
| E. Carter Morris III MD<br>Suite 375<br>513 Brookwood Blvd.<br>Birmingham, AL 35209-6862                                    | SELF<br><br>Occupation<br>Neurosurgeon                                      | 10/17/00                | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00  |                         |                                    |
| Haring J. W. Nauta MD PhD<br>Univ. of Texas Med. Branch<br>301 University Blvd.<br>Galveston, TX 77555-5302                 | University of Texas<br>Medical Branch<br><br>Occupation<br>Program Director | 10/17/00                | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00  |                         |                                    |

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

**4,250.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **6** OF **8**  
FOR LINE NUMBER **11 a i**

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**NAME OF COMMITTEE (in Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code<br>Bruce Northrup MD<br>Dept. of Neurosurgery<br>1015 Chestnut St.; 14th Fl.<br>Philadelphia, PA 19107-4301           | Name of Employer<br>Thomas Jefferson University | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>250.00   |
|--|---|--|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 250.00     |  |
| B. Full Name, Mailing Address and ZIP Code<br>Michael Olin MD<br>Park Square Med. Ctr.<br>63 Eddle Dowling Hwy.; Ste. 7<br>North Smithfield, RI 02896-7322       | Name of Employer<br>SELF                        | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>500.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 500.00     |  |
| C. Full Name, Mailing Address and ZIP Code<br>Nelson Oyesiku MD PhD<br>The Emory Clinic/Neurosurgery<br>1365-B Clifton Rd. N.E.; B6400<br>Atlanta, GA 30322-1013 | Name of Employer<br>The Emory Clinic            | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>250.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 250.00     |  |
| D. Full Name, Mailing Address and ZIP Code<br>Stan Pelofsky MD<br>4120 W. Memorial Rd.; #300<br>Oklahoma City, OK 73120-9322                                     | Name of Employer<br>SELF                        | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 1,000.00   |  |
| E. Full Name, Mailing Address and ZIP Code<br>David George Piepgras MD<br>Mayo Clinic<br>200 First St.; S.W.<br>Rochester, MN 55905-0001                         | Name of Employer<br>Mayo Clinic                 | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>500.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Program Director<br>Aggregate Year-to-Date > \$ 500.00 |  |
| F. Full Name, Mailing Address and ZIP Code<br>Harish C. Rawal MD<br>900 E. Michigan<br>Jackson, MI 49201-2490  | Name of Employer<br>SELF                        | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>250.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 250.00     |  |
| G. Full Name, Mailing Address and ZIP Code<br>Jon Robertson MD<br>220 S Claybrook Suite 700<br>Memphis, TN 38104-3527  | Name of Employer<br>SELF                        | Date (month, day, year)<br>10/17/00                                | Amount of Each Receipt this Period<br>500.00   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      |   | Occupation: Neurosurgeon<br>Aggregate Year-to-Date > \$ 500.00     |  |

**SUBTOTAL** of Receipts This Page (optional) ..... **3,250.00**

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 8  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)  
American Neurological Surgery, Political Action Committee

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gerald Rodts Jr. MD<br>Emory Clinic/Neurosurgery<br>478 Peachtree St.; N.E.; Suite<br>Atlanta, GA 30308-3187<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><b>Emory University</b>                                 | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>500.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 500.00   |                                     |  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Warren Selman MD<br>University Hospitals of Cleveland<br>Dept. of Neurosurgery/HH5042<br>Cleveland, OH 44106<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><b>University Hospitals of Cleveland</b>                | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>1,000.00 |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 1,000.00 |                                     |  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Rush Simonson<br>12485 Telecom Dr.<br>Tampa, FL 33637<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><b>General Surgical Corporation</b>                     | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>500.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 500.00   |                                     |  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Randall Smith MD<br>7920 Frost St.; Suite 400<br>San Diego, CA 92123-2735<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                    | Name of Employer<br><b>SELF</b>   | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>100.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 1,100.00 |                                     |  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Raymond Sweet MD<br>300 Billingsley Rd.; Suite 101<br>Charlotte, NC 28211-1084<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | Name of Employer<br><b>SELF</b>   | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 250.00   |                                     |  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Tim Watt MD<br>1500 S. 48th St.; Suite 511<br>Lincoln, NE 68506-1225<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br><b>SELF</b>   | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 250.00   |                                     |  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Monica Wehby MD<br>Legacy Emanuel Hosp.<br>501 N. Graham; Suite 315<br>Portland, OR 97227<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Name of Employer<br><b>Legacy Emanuel Hospital</b>                          | Date (month, day, year)<br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00   |
|  | Occupation<br><b>Neurosurgeon</b><br><br>Aggregate Year-to-Date \$ 250.00   |                                     |  |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,850.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (in Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code<br>Martin Weiss MD<br>USC Med. Ctr.; Box 786<br>1200 N. State St.; Room 5046<br>Los Angeles, CA 90033-1029 | Name of Employer<br>USC Medical<br><br>Occupation<br>Program Director             | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
|---|---|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$ 250.00                               |  |
| B. Full Name, Mailing Address and ZIP Code<br>Francis J. Williams MD<br>275 Victoria St., #1-C<br>Costa Mesa, CA 92627-1906                           | Name of Employer<br>SELF<br><br>Occupation<br>Neurosurgeon                        | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$ 250.00                               |  |
| C. Full Name, Mailing Address and ZIP Code<br>Gene Barnett MD<br>Cleveland Clinic Foundation<br>9500 Euclid Ave.<br>Cleveland, OH 44195-0001          | Name of Employer<br>Cleveland Clinic Foundation<br><br>Occupation<br>Neurosurgeon | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$ 750.00                               |  |
| D. Full Name, Mailing Address and ZIP Code<br>Arturo Camacho<br><br>DC  | Name of Employer<br>SELF<br><br>Occupation<br>Neurosurgeon                        | Date (month, day, year)<br><br>10/17/00 | Amount of Each Receipt this Period<br><br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$ 250.00                               |  |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer<br><br>Occupation  | Date (month, day, year)                 | Amount of Each Receipt this Period               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$                                      |  |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer<br><br>Occupation  | Date (month, day, year)                 | Amount of Each Receipt this Period               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$                                      |  |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer<br><br>Occupation  | Date (month, day, year)                 | Amount of Each Receipt this Period               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           |   |   |  |
| Aggregate Year-to-Date >  |   | \$                                      |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1,500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 26,200.00 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Lori Shoaf<br>3201 Landover St<br>#722<br>Alexandria, VA 22305   | Professional Services<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/12/00                | 1,040.00                                |
| B. Full Name, Mailing Address and ZIP Code<br>Corporate Visions, Inc<br>1000 18th Street, N.W.<br>Washington, DC 20005 | Printing Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/12/00                | 394.45                                  |
| C. Full Name, Mailing Address and ZIP Code<br>E2 Technologies, LLC<br>12905 Spring Lakes Dr<br>Davidsonville, MD 21035 | Web Site<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 10/12/00                | 50.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>Xpedite Systems, Inc<br>Chicago, IL 60008                                | Fax Broadcasting Service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/12/00                | 1,010.01                                |
| E. Full Name, Mailing Address and ZIP Code<br>Cook & Company<br>Washington, DC 20005                                   | Publication Subscription<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/18/00                | 343.69                                  |
| F. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year) | Amount of Each Disbursement This Period |

|   |          |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) .....      | 2,838.15 |
| TOTAL This Period (last page this line number only) ..... | 2,838.15 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code                                     | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Oxley For Congress<br>1228 South Main Street<br>Findlay, OH 45840              | Michael G. Oxley, U.S.<br>HOUSE 4th OH<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 10/12/00                | 1,000.00                                |
| Re-Elect Brian Bilbray For Congress<br>1307 9th St<br>Imperial Beach, CA 91932 | Brian P. Bilbray, U.S.<br>HOUSE 49th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 10/12/00                | 1,000.00                                |
| COMMITTEE TO REELECT ED TOWNS<br>286 HIGHLAND BLVD<br>BKLYN, NY 11207          | Edolphus Towns, U.S.<br>HOUSE 10th NY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 10/12/00                | 2,000.00                                |
| Jeffords For Vermont<br>Po Box 246<br>Montpelier, VT 05601                     | James M. Jeffords, U.S.<br>SENATE VT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/12/00                | 2,000.00                                |
| Upton For All Of Us<br>285 Ridgeway<br>Po Box 900<br>St Joseph, MI 49085       | Fred Upton, U.S.<br>HOUSE 6th MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000          | 10/12/00                | 1,000.00                                |
| COOKSEY FOR CONGRESS COMMITTEE<br>1310 NORTH 19TH STREET<br>MONROE, LA 71201   | John Cooksey, U.S.<br>HOUSE 5th LA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/12/00                | 2,000.00                                |
| SENATOR GENE GREEN<br>CONGRESSIONAL CAMPA<br>PO BOX 16128<br>HOUSTON, TX 77222 | Gene Green, U.S.<br>HOUSE 29th TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 10/12/00                | 2,000.00                                |
| Crane For Congress Committee<br>213 Wethington Dr<br>Wauconda, IL 60084        | Philip M. Crane, U.S.<br>HOUSE 8th IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 10/12/00                | 2,000.00                                |
| Donald A. Manzullo For Congress<br>792 E Lightsville Rd<br>Egan, IL 61047      | Donald A. Manzullo,<br>U.S. HOUSE 18th IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 10/12/00                | 2,000.00                                |

|   |           |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) .....      | 15,000.00 |
| TOTAL This Period (last page this line number only) ..... |           |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 6  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Paul Perry For Congress<br>3144 Valleybrook Ct<br>Newburgh, IN 47630                            | Paul Perry, U.S. HOUSE<br>6th IN<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 10/12/00                | 5,000.00                                |
| Lazio 2000<br>126 S Windsor Avenue<br>Brightwaters, NY 11718                                    | Rick A. Lazio, U.S.<br>HOUSE 2nd NY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/12/00                | 2,000.00                                |
| Congressman Joe Barton Comm.<br>701 Williamsburg<br>Ennis, TX 75119                             | Joe L. Barton, U.S.<br>HOUSE 6th TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/12/00                | 1,000.00                                |
| Stupak For Congress<br>4101 Michigan Shores Drive<br>Menominee, MI 49858                        | Bart Stupak, U.S.<br>HOUSE 1st MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/12/00                | 1,000.00                                |
| Friends Of John Conyers<br>44 Canal Center Plaza Suite 400<br>Alexandria, VA 22314              | John Conyers, U.S.<br>HOUSE 14th MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/12/00                | 2,000.00                                |
| John D Dingell For Congress Comm.<br>2328 Rayburn House Office Building<br>Washington, DC 20515 | John D. Dingell, U.S.<br>HOUSE 16th MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 10/12/00                | 2,000.00                                |
| RANGEL FOR CONGRESS COMMITTEE<br>40 WEST 135TH STREET<br>NEW YORK, NY 10037                     | Charles B. Rangel, U.S.<br>HOUSE 15th NY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 10/12/00                | 3,000.00                                |
| TED STRICKLAND FOR CONGRESS<br>PO BOX 580<br>LUCASVILLE, OH 45648                               | Ted Strickland, U.S.<br>HOUSE 6th OH<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 10/12/00                | 1,000.00                                |
| FRIENDS OF DAVE WELDON<br>1602 WILLARD ROAD NW<br>PALM BAY, FL 32907                            | Dave Weldon, U.S.<br>HOUSE 15th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 10/12/00                | 5,000.00                                |

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

22,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 6  
FOR LINE NUMBER 23

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 Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| <b>FRIENDS OF CONNIE MORELLA FOR CONGRESS</b><br>2228 RAYBURN HOUSE OFFICE BUILDING<br>WASHINGTON, DC 20515 | <b>Constance A. Moralla, U.S. HOUSE 8th MD</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 10/12/00                | 1,000.00                                |
| <b>Friends Of Mark Foley For Congress</b><br>3507 Village Blvd # 5-304<br>West Palm Beach, FL 33409         | <b>Mark Foley, U.S. HOUSE 18th FL</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000          | 10/12/00                | 1,000.00                                |
| <b>NORWOOD FOR CONGRESS</b><br>PO BOX 499<br>EVANS, GA 30809  | <b>Charlie Norwood, U.S. HOUSE 10th GA</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 10/12/00                | 4,000.00                                |
| <b>Jon Kyl For U S Senate</b><br>4442 E Camelback Road #180<br>Phoenix, AZ 85018                            | <b>Jon Kyl, U.S. SENATE AZ</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                 | 10/12/00                | 2,000.00                                |
| <b>Chambliss For Congress</b><br>Po Box 4084<br>Macon, GA 31208   | <b>Saxby Chambliss, U.S. HOUSE 8th GA</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/12/00                | 2,000.00                                |
| <b>Barney Frank For Congress Comm.</b><br>19 Blake Street<br>Newtonville, MA 02460                          | <b>Barney Frank, U.S. HOUSE 4th MA</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 10/12/00                | 500.00                                  |
| <b>Bill McCollum For Congress</b><br>800 Thistlawood Ct<br>Longwood, FL 32779                               | <b>Bill McCollum, U.S. HOUSE 8th FL</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/18/00                | 2,000.00                                |
| <b>Friends of Clay Shaw</b><br>PO Box 2188<br>Ft. Lauderdale, FL 33301                                      | <b>E. Clay Shaw, U.S. HOUSE 22nd FL</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/18/00                | 2,000.00                                |
| <b>VIC SNYDER FOR CONGRESS COMMITTEE</b><br>100 MORGAN KEEGAN DRIVE SUITE 410<br>LITTLE ROCK, AR 72202      | <b>Vic Snyder, U.S. HOUSE 2nd AR</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000           | 10/18/00                | 1,000.00                                |

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

15,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 6  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Mike Thompson<br>DC   | U.S. HOUSE 15th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                      | 10/18/00                | 1,000.00                                |
| ANNA ESHOO FOR CONGRESS<br>40 ISABELLA AVENUE<br>ATHERTON, CA 94027                         | Anna G. Eshoo, U.S.<br>HOUSE 14th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 10/18/00                | 1,000.00                                |
| Bill Thomas Campaign Committee<br>4100 Truxtun Avenue<br>Suite 210<br>Bakersfield, CA 93309 | Bill Thomas, U.S.<br>HOUSE 21st CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 10/18/00                | 3,000.00                                |
| MIKE BILIRAKIS FOR CONGRESS<br>304 DRIFTWOOD DR W<br>PALM HARBOR, FL 34683                  | Michael Bilirakis, U.S.<br>HOUSE 9th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 10/18/00                | 2,000.00                                |
| RE-ELECT NANCY JOHNSON TO CONGRESS COM<br>141 SOUTH MOUNTAIN DRIVE<br>NEW BRITAIN, CT 06052 | Nancy L. Johnson, U.S.<br>HOUSE 6th CT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 10/18/00                | 2,000.00                                |
| COMMITTEE TO ELECT JOHN H LEWIS SR<br>103 SEWANEE AVE N W<br>ATLANTA, GA 30314              | John Lewis, U.S.<br>HOUSE 5th GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/18/00                | 1,000.00                                |
| Bob Barr - Congress<br>631 Concord Road<br>Smyrna, GA 30082                                 | Bob Barr, U.S. HOUSE<br>7th GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000          | 10/18/00                | 2,000.00                                |
| FRIENDS OF DAN MILLER<br>1111 THIRD AVENUE WEST SUITE 200<br>BRADENTON, FL 34205            | Dan Miller, U.S. HOUSE<br>13th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 10/18/00                | 2,000.00                                |
| McCrary for Congress<br>PO Box 4650<br>Shreveport, LA 71134                                 | Jim McCrary, U.S.<br>HOUSE 4th LA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 10/18/00                | 1,000.00                                |

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

15,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 6  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Henry J. Hyde For Congress Comm.<br>465 Dominion<br>Wood Dale, IL 60106                | Henry J. Hyde, U.S.<br>HOUSE 6th IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 10/18/00                | 2,000.00                                |
| Re-Elect Congressman Joe Moakley<br>Comm<br>1812 Columbia Road<br>Boston, MA 02127     | John Joseph Moakley,<br>U.S. HOUSE 9th MA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 10/18/00                | 1,000.00                                |
| Bonior For Congress<br>23 E Dickinson<br>Mt Clemens, MI 48043                          | David E. Bonior, U.S.<br>HOUSE 10th MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 10/18/00                | 2,000.00                                |
| Trent Lott For Mississippi<br>Po Box 22824<br>Jackson, MS 39225                        | Trent Lott, U.S.<br>SENATE MS<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000             | 10/18/00                | 3,000.00                                |
| LEVIN FOR CONGRESS COMMITTEE<br>145 GEORGETOWN SQUARE NORTH<br>ROYAL OAK, MI 48067     | Sander M. Levin, U.S.<br>HOUSE 12th MI<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000    | 10/18/00                | 2,000.00                                |
| Hall For Congress Comm. (Ralph Hall)<br>1500 Sunset Hill<br>Rockwall, TX 75087         | Ralph M. Hall, U.S.<br>HOUSE 4th TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000       | 10/18/00                | 2,000.00                                |
| Hatch Election Committee<br>135 Russell Senate Office Building<br>Washington, DC 20510 | Orrin G. Hatch, U.S.<br>SENATE UT<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000         | 10/18/00                | 5,000.00                                |
| Fletcher For Congress<br>3420 Lyon Dr #3<br>Lexington, KY 40513                        | Ernest L. Fletcher, U.S.<br>HOUSE 6th KY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000  | 10/18/00                | 2,500.00                                |
| Cubin For Congress Inc<br>2241 Belmont Rd<br>Casper, WY 82604                          | Barbara Cubin, U.S.<br>HOUSE AL WY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 10/18/00                | 1,000.00                                |

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

20,500.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **6** OF **8**  
FOR LINE NUMBER **23**

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**NAME OF COMMITTEE (in Full)**  
American Neurological Surgery, Political Action Committee

| A. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| John Shadegg For Congress<br>Po Box 45444<br>Phoenix, AZ 85064 | John B. Shadegg, U.S.<br>HOUSE 4th AZ<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) 2000 | 10/18/00                | 2,000.00                                |
| B. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                     | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2,000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 90,000.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>2/6/01                 |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                     |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| CR  | 2/7/01                               |
| PREPARER  | DATE PREPARED                        |