

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Association of Neurological Surgeons Political Action Committee (Neuro-
surgeryPA

ADDRESS (number and street) 725 Fifteenth St., NW Suite 800
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00413955
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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 Dr. James R Bean

Signature of Treasurer Electronically Filed by Dr. James R Bean Date 10 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Association of Neurological Surgeons Political Action Committee (Neurosurgery)PA

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		47690.21
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	138965.42									
(c) Total Receipts (from Line 19)	66565.00	205265.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	205530.42	252955.21								
7. Total Disbursements (from Line 31)	20433.96	67858.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	185096.46	185096.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	64615.00	201215.00
(i) Itemized (use Schedule A)	1950.00	4050.00
(ii) Unitemized	66565.00	205265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	66565.00	205265.00
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 Transfer (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))	66565.00	205265.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66565.00	205265.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	14433.96	16858.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14433.96	16858.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	51000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	20433.96	67858.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20433.96	67858.75

DETAILED SUMMARY PAGE
of Disbursements

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)	66565.00	205265.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66565.00	205265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14433.96	16858.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14433.96	16858.75

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial) Rick Abbott		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address Children's Hospital at Montefiore 3316 Rochambeau Ave.		Transaction ID: SA11A1.4724	
City State Zip Code Bronx NY 10467		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Childrens Hosp. at Montefiore Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) M. Samy Abdou		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 7790 Doug Hill Ct.		Transaction ID: SA11A1.4726	
City State Zip Code San Diego CA 92127		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser Permanente Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Tim E. Adamson		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address Carolina Neurosurgery & Spine 225 Baldwin Ave.		Transaction ID: SA11A1.4793	
City State Zip Code Charlotte NC 28204		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Neurosurg. & Spine Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial)
John C. Amann

Mailing Address Neurology & Neurosurgery Assoc. PA
50 2nd St. S.E.

City Winter Haven State FL Zip Code 33880

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

Name of Employer Neurology & Neurosurgery Assoc Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11A1.4728

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ronald I. Apfelbaum

Mailing Address Dept. of Neurosurgery
30 N. 1900 E. Ste. 3B-409

City Salt Lake City State UT Zip Code 84132

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

Name of Employer University of Utah Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11A1.4809

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Carlos A. Arce

Mailing Address Univ. of Florida-Jacksonville
580 W. 8th St. Tower 1 8th Fl.

City Jacksonville State FL Zip Code 32209

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

Name of Employer Univ. of Florida-Jacksonville Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11A1.4811

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial) Roy A.E. Bakay		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address University Neurosurgery 1725 W. Harrison St. Ste. 970		Transaction ID: SA11A1.4813
City Chicago State IL Zip Code 60612	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University Neurosurgery	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Mitchel S. Berger		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address UCSF/Dept. of Neurosurgery 505 Parnassus Ave. M-786		Transaction ID: SA11A1.4693
City San Francisco State CA Zip Code 94143	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UCSF/Dept. of Neurosurgery	Occupation neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Robert H. Bradley		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Ste. 204 2065 E. South Blvd.		Transaction ID: SA11A1.4815
City Montgomery State AL Zip Code 36116	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Neurosurgery Assoc. Central AL	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<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 (Neuro-surgeryPA)

Full Name (Last, First, Middle Initial) A. Cliff L. Cannon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address Neurological Inst. of Savannah 4 Jackson Blvd.		Transaction ID: SA11A1.4734	
City State Zip Code Savannah GA 31405		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Neurological Inst. of Savannah		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. Louis P. Caragine, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address Ohio State Med. Ctr./Neurosurgery 410 W. 10 Ave. N-1011 Doan Hall		Transaction ID: SA11A1.4736	
City State Zip Code Columbus OH 43210		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State Med. Center		Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Benjamin S. Carson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address Johns Hopkins Univ. Hosp. 600 N. Wolfe St. Harvey 811		Transaction ID: SA11A1.4817	
City State Zip Code Baltimore MD 21287		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins Univ. Hosp.		Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2365.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<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 (NeurosurgeryPA)

Full Name (Last, First, Middle Initial) A. Michael R. Chicoine		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address Washington Univ./Neurosurgery 660 S. Euclid Ave. Box 8057		Transaction ID: SA11A1.4722
City State Zip Code St. Louis MO 63110	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Washington University	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. Gary P. Colon		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address Spine & Neurosurgery Center 730 Goodlette Rd. N. #100B		Transaction ID: SA11A1.4695
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Spine & Neurosurgery Center	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) C. Paul D. Croissant		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address Neuro Surgical Consultants 799 Denison Ct. #2		Transaction ID: SA11A1.4703
City State Zip Code Bloomfield Hills MI 48302	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Neuro Surgical Consultants	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<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 (NeurosurgerypA

A. Full Name (Last, First, Middle Initial) Larry S. Davidson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address Carolina Neurosurg. & Spine Assoc. 200 Medical Park Dr.		Transaction ID: SA11A1.4797
City Concord State NC Zip Code 28025	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Neurosurg. & Spine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) Dr. Michael Dorsen		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 501 N. Graham Ste. 315		Transaction ID: SA11A1.4705
City Portland State OR Zip Code 97227	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Legacy Neurosurgery Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) E. H. Dyer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address Carolina Neurosurg. & Spine Assoc. 225 Baldwin Ave.		Transaction ID: SA11A1.4799
City Charlotte State NC Zip Code 28204	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Neurosurg. & Spine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 1250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 37
	(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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) George D. England		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address Bronson Hosp./Neurological Service 601 John St. M124		Transaction ID: SA11A1.4717	
City State Zip Code Kalamazoo MI 49007		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bronson Hospital		Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Nancy Epstein		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address Long Island Neurosurgical Assoc. 410 Lakeville Rd. Ste. 204		Transaction ID: SA11A1.4697	
City State Zip Code New Hyde Park NY 11042		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Long Island Neuro. Associates		Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Dr. Bruce A. Everett		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 8404 La Sierra		Transaction ID: SA11A1.4714	
City State Zip Code Whittier CA 90605		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 37
	<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 (NeurosurgerypA

Full Name (Last, First, Middle Initial) A. Joel L. Falik		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2006	
Mailing Address 7257-B Hanover Pkwy.		Transaction ID: SA11A1.4742	
City State Zip Code Greenbelt MD 20770	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Drs. Falik & Karim	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. Larry Fishman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address Ste. 110 427 S. Parsons Ave.		Transaction ID: SA11A1.4823	
City State Zip Code Brandon FL 33511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) C. Robert M. Friedlander		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2006	
Mailing Address Brigham & Women's Hospital 75 Francis St./Neurosurgery		Transaction ID: SA11A1.4746	
City State Zip Code Boston MA 02115	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brigham & Women's Hospital	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 37
	<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 (Neuro-surgeryPA)

Full Name (Last, First, Middle Initial) A. George F. Gade		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006
Mailing Address 430 Morton Plant St. #400		Transaction ID: SA11A1.4748
City State Zip Code Clearwater FL 33756	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Morton Plant Hospital	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Abdi S. Ghodsi		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address ste. 300 1212 Garfield Ave.		Transaction ID: SA11A1.4825
City State Zip Code Parkersburg WV 26101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pars Neurosurgical Assoc.	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) C. Murali Guthikonda		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address Ste. 930 4160 John R. Rd.		Transaction ID: SA11A1.4827
City State Zip Code Detroit MI 48201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University Neurological Surg.	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 37
	<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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial) Hal L. Haskinson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address New Mexico Neurosurgery PC 522 Lomas Blvd. N.E.		Transaction ID: SA11A1.4752
City Albuquerque State NM Zip Code 87102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Mexico Neurosurgery PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Samuel J. Hassenbusch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address Neurosurgery #442 PO Box 301402		Transaction ID: SA11A1.4754
City Houston State TX Zip Code 77230	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer M. D. Anderson Cancer Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Michael D. Heafner		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 225 Baldwin Ave.		Transaction ID: SA11A1.4801
City Charlotte State NC Zip Code 28204	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Neurosurgery & Spine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial)
Dr. L. N. Hopkins, III

Mailing Address 3 Gates Cir/Neurosurgery

City State Zip Code
Buffalo NY 14209

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

Name of Employer Univ at Buffalo 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
09 / 15 / 2006

Transaction ID: SA11A1.4830

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas R. Hurley

Mailing Address Southwest Suburban Neuro. Surgery
1300 Copperfield Ave. Ste. 4030

City State Zip Code
Joliet IL 60432

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

Name of Employer Southwest Suburban Neuro. Surg 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
08 / 30 / 2006

Transaction ID: SA11A1.4759

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John A. Jane, Jr.

Mailing Address University of Virginia Health Syst
Box 800212/Neurosurgery

City State Zip Code
Charlottesville VA 22908

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

Name of Employer University of Virginia Health 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 / 14 / 2006

Transaction ID: SA11A1.4761

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 37
	<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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) David B. Kee Mailing Address 8170 Rourk St. City Myrtle Beach State SC Zip Code 29572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006 Transaction ID: SA11A1.4763 Amount of Each Receipt this Period 500.00
Name of Employer Strand Regional Spec. Ass-ociat Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) David G. Kennedy Mailing Address Ste. 269C 3009 N. Ballas Rd. City St. Louis State MO Zip Code 63131 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 Transaction ID: SA11A1.4835 Amount of Each Receipt this Period 1000.00
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		

C. Full Name (Last, First, Middle Initial) David S. Knierim Mailing Address GED 4 9300 Valley Children's Pl. City Madera State CA Zip Code 93638 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: SA11A1.4837 Amount of Each Receipt this Period 250.00
Name of Employer Children's Hops. Central Calif Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Neurological Surgeons Political Action Committee (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) Keith R. Kuhlengel		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address Lancaster Neuro-Association 1671 Crooked Oak Dr.		Transaction ID: SA11A1.4708	
City State Zip Code Lancaster PA 17601		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lancaster Neuro-Association Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) John A. Kusske		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address University of California-Irvine 101 City Drive S. Bldg. 3 Rm. 313		Transaction ID: SA11A1.4765	
City State Zip Code Orange CA 92868		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation University of California-Irvine Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Robert Lacin		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address Raleigh Ctr. for Neurosurgery 4414 Lake Boon Trl. Ste. 402		Transaction ID: SA11A1.4839	
City State Zip Code Raleigh NC 27607		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Raleigh Ctr. for Neurosurgery Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 / 37
<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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) Dr. Barry J. Landau		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 2940 Squaticum Parkway Ste 201		Transaction ID: SA11A1.4841
City Bellingham State WA Zip Code 98225	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Martin L. Lazar		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address Neurosurgical Consultants PA 7777 Forest Ln. B-420		Transaction ID: SA11A1.4842
City Dallas State TX Zip Code 75230	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Neurosurgical Consultants PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Douglas J. Long		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address Midwest Neurosurgery PC 8005 Farnam St. Ste. 305		Transaction ID: SA11A1.4682
City Omaha State NE Zip Code 68114	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Neurosurgery PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation neurosurgeon Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<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 (NeurosurgerypA

A. Full Name (Last, First, Middle Initial) Laverne R. Lovell		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 1649 Central Ave.		Transaction ID: SA11A1.4710	
City State Zip Code Memphis TN 38104		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
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. Full Name (Last, First, Middle Initial) Darren S. Lovick		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address Forest Park Bldg. Ste. 105 1010 4th St. S.W.		Transaction ID: SA11A1.4699	
City State Zip Code Mason City IA 50401		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Neurosurgery of North Iowa Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Michael D. Lusk		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 670 Goodlette Rd. N.		Transaction ID: SA11A1.4720	
City State Zip Code Naples FL 34102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Neuroscience Spine Assoc. Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 37
	<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 (Neurosur-geryPA

Full Name (Last, First, Middle Initial) A. Dennis J. Maiman		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address Dept. of Neurosurgery 9200 W. Wisconsin Ave.		Transaction ID: SA11A1.4844	
City State Zip Code Milwaukee WI 53226	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Wisconsin	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. Clinton E. Massey		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 625 Country Day Rd.		Transaction ID: SA11A1.4684	
City State Zip Code Goldsboro NC 27530	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Goldsboro Neurological Surgery	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) C. Dr. Patrick P. Mastroianni		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 340 Capital		Transaction ID: SA11A1.4767	
City State Zip Code Bridgeport CT 06606	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial) Jay K. Morgan		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address Sierra Neurosurgery Group 85 Kirman Ave. Ste. 202		Transaction ID: SA11A1.4846
City Reno State NV Zip Code 89502	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sierra Neurosurgery Group	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Victoria Neave		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address PO Box 2568		Transaction ID: SA11A1.4686
City High Point State NC Zip Code 27261	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
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	

C. Full Name (Last, First, Middle Initial) Michael G. Nosko		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address Robert Wood Johnson Med. School 125 Patterson St. Ste. 2100		Transaction ID: SA11A1.4770
City New Brunswick State NJ Zip Code 08901	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Robert Wood Johnson Med. Sch.	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 37
	<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 (NeurosurgeryPA)

Full Name (Last, First, Middle Initial) A. Stephen L. Ondra		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address Ste. 2210 676 N. St. Clair St.		Transaction ID: SA11A1.4772	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern Med. Faculty Four	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. Vikram C. Prabhu		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address Loyola Univ. Med. Ctr./Neurosurg. 2160 S. 1st Ave. Bldg 105 Rm. 1900		Transaction ID: SA11A1.4701	
City State Zip Code Maywood IL 60153	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Loyola Univ. Med. Ctr.	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) C. Joel B. Ragland		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address Neurosurgery & Spine Consultants 9314 Park West Blvd. Ste. 200		Transaction ID: SA11A1.4774	
City State Zip Code Knoxville TN 37923	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Neurosurgery & Spine Consultant	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<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 (NeurosurgerypA

A. Full Name (Last, First, Middle Initial)
Rodwan K. Rajjoub

Mailing Address 904 Campbell St. Ste. 104

City State Zip Code
Williamsport PA 17701

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

Name of Employer Lyroming Neurosurg. Assoc. 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
07 / 18 / 2006

Transaction ID: SA11A1.4712

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Roger A. Ray

Mailing Address 426 E. Dr. Hicks Blvd.

City State Zip Code
Florence AL 35630

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
M M / D D / Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.4776

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mark P. Redding

Mailing Address Carolina Neurosurg. & Spine Assoc.
200 Medical Park Dr. Ste. 350

City State Zip Code
Concord NC 28025

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

Name of Employer Carolina Neurosurg. & Spine Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: SA11A1.4802

Amount of Each Receipt this Period
1250.00

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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 37
<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 (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) Steven J. Reiss		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address Ohio Valley NeuroCare 3900 Kresge Way Ste. 46		Transaction ID: SA11A1.4778	
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio Valley NeuroCare	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Robert Richardson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 8426 Buckingham Ct.		Transaction ID: SA11A1.4780	
City State Zip Code Willow Springs IL 60480	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cook County	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

C. Full Name (Last, First, Middle Initial) Andrew J. Ringer		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6	
Mailing Address University of Cincinnati 231 Albert Sabin Way ML0515		Transaction ID: SA11A1.4850	
City State Zip Code Cincinnati OH 45267	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Cincinnati	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 37
	<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 (NeurosurgerypA

A. Full Name (Last, First, Middle Initial) David Rotherbart		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address Spine Team Texas PA 1545 E. South Lake Blvd. #100		Transaction ID: SA11A1.4852	
City Southlake State TX Zip Code 76092	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Spine Team Texas PA	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Christopher S. Rumana		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address Ste. 300 1401 Centerfield Rd.		Transaction ID: SA11A1.4782	
City Tallahassee State FL Zip Code 32308	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Neurological Clin	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Sumeer Sathi		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 285 Sills Rd. Bldg. 9 A		Transaction ID: SA11A1.4854	
City East Patchogue State NY Zip Code 11772	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Long Island Neuro	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 37
	<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 (NeurosurgerypA

Full Name (Last, First, Middle Initial) A. Dr. P. Robert Schwetschenau		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 10550 Montgomery		Transaction ID: SA11A1.4688
City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer River Hills Healthcare	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. Magdy S. Shady		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address Bldg. 18C 2500 Nesconset Hwy.		Transaction ID: SA11A1.4689
City State Zip Code Stony Brook NY 11790	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
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) C. Mitesh V. Shah		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address Indiana Univ. Med. Center 545 Barnhill dr. Emerson 139		Transaction ID: SA11A1.4784
City State Zip Code Indianapolis IN 46202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana University Medical Ctr	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 37
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Neurological Surgeons Political Action Committee (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) Mark D. Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address Ste. 104 175 Amendment Ave. City State Zip Code Rock Hill SC 29732		Transaction ID: SA11A1.4789 Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Neurosurgery & Spine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) Leslie E. Stern		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address Truesdale Clinic, Inc. 1030 President Ave. City State Zip Code Fall River MA 02720		Transaction ID: SA11A1.4856 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Truesdale Clinic, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Shanker S. Sundrani		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address El Paso Neurosurgical Ctr. PA 10400 Vista Del Sol Ste. 104 City State Zip Code El Paso TX 79925		Transaction ID: SA11A1.4858 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer El Paso Neurosurgical Ctr. PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 37
	<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 (Neuro-surgeryPA)

Full Name (Last, First, Middle Initial) A. Dr. Karin R. Swartz		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 800 Rose St. MS108C		Transaction ID: SA11A1.4719	
City Lexington	State KY	Zip Code 40536	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Kentucky	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. Rafael J. Tamargo		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address Johns Hopkins University Hospital 600 N. Wolfe St. Meyer 8-181		Transaction ID: SA11A1.4691	
City Baltimore	State MD	Zip Code 21287	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins University Hosp.	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) C. Vincent C. Traynelis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address University of Iowa Hospitals 200 Hawkins Dr./Neurosurgery		Transaction ID: SA11A1.4862	
City Iowa City	State IA	Zip Code 52242	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Iowa Hospitals	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 37
	<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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial) Craig Andrew Van Der Veer Mailing Address 225 Baldwin Ave. City State Zip Code Charlotte NC 28204 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 Transaction ID: SA11A1.4804 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Carolina Neurosurgery & Spine Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Marc A. Vanefsky Mailing Address Div. of Neurosurgery 441 Lakeview Ave. City State Zip Code Anaheim CA 92807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006 Transaction ID: SA11A1.4791 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation SCPMG Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Eugenio F. Vargas Mailing Address Neurosurgery & Spine Consultants 9314 Park West Blvd. Ste. 200 City State Zip Code Knoxville TN 37923 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006 Transaction ID: SA11A1.4864 Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Neurosurgery & Spine Consult. Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 37
	<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 (Neuro-
surgeryPA

Full Name (Last, First, Middle Initial) A. G. E. Vates		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address Univ. of Rochester MC/Neurosurgery 601 Elmwood Ave. Box 670		Transaction ID: SA11A1.4866
City State Zip Code Rochester NY 14642	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Rochester MC	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. Daniel V White		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006
Mailing Address 4810 Sussex Dr.		Transaction ID: SA11A1.4672
City State Zip Code San Diego CA 92116	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	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) C. Timothy M Wiebe		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006
Mailing Address 1 Lincoln Pkwy Suite 300		Transaction ID: SA11A1.4674
City State Zip Code Hattiesburg MS 39402	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 37
	(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 (NeurosurgeryPA)

A. Full Name (Last, First, Middle Initial)
David A. Yazdan

Mailing Address MCOC-Brick
425 Jack Martin Blvd.

City State Zip Code
Brick NJ 08724

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

Name of Employer Occupation
MCOC-Brick Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.4868

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lloyd Zucker

Mailing Address Neurosurgical Consultants of S. Fl
5130 Linton Blvd. Ste. E3

City State Zip Code
Delray Beach FL 33484

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

Name of Employer Occupation
Neurosurgical Consult. of S. FL Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.4870

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	64615.00

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)

PAGE 33 / 37

<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 (NeurosurgeryPA)

<p>A. Inc. Captel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 300 Fifth St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Teleservices</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.4874</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2750.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Inc. Captel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 300 Fifth St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Teleservices</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.4877</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="281.25"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Inc. Captel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 300 Fifth St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Teleservices</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.4882</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3341.25"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="6372.50"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

PAGE 34 / 37

<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

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 (NeurosurgeryPA

Full Name (Last, First, Middle Initial)

A. Inc. Captel

Mailing Address 300 Fifth St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Teleservices

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4885

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

6975.00

B. American Express

Mailing Address Po Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4875

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

106.88

C. American Express

Mailing Address Po Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4878

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

22.50

SUBTOTAL of Disbursements This Page (optional) ►

7104.38

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)

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<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 (NeurosurgeryPA)

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4888

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

150.76

B. Moneris Solutions

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4876

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

70.73

C. Moneris Solutions

Mailing Address 700 East Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4879

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

395.76

SUBTOTAL of Disbursements This Page (optional) ▶

617.25

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)

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<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 (NeurosurgeryPA)

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4887

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

339.83

SUBTOTAL of Disbursements This Page (optional)

339.83

TOTAL This Period (last page this line number only)

14433.96

**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)

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<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 (NeurosurgeryPA)

Full Name (Last, First, Middle Initial)

A. DR. HUNTER FOR CONGRESS

Mailing Address PO BOX 2119

City OKLAHOMA CITY State OK Zip Code 73101

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2006 Primary General Other (specify) ▼
 State: OK District: 05

Transaction ID: SB23.4880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SANTORUM VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2006 Congressional General Election

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2006 Primary General Other (specify) ▼
 State: District: 00

Transaction ID: SB23.4883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)