

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE
(NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. Russell H. Amundson

Mailing Address 5401 Old York Rd.

City

Philadelphia

State

PA

Zip Code

19141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johnson Neurological Clinic

Occupation

Neurosurgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2011

Transaction ID : SA11AI.5774

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marc S. Arginteanu

Mailing Address 309 Engle St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Neurosurgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2011

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period

550.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dr. Anthony L. Asher

Mailing Address 225 Baldwin Ave.

City

Charlotte

State

NC

Zip Code

28204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Neurosurgery & Spine

Occupation

Neurosurgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2011

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period

500.00

Contribution

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

1550.00