

**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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 136

Check if different than previously reported. (ACC)

WASHINGTON

DC

20044

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00327171

3. IS THIS REPORT

NEW (N) OR

X

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

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

10

01

2004

through

10

13

2004

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

Ms. Katherine O., Orrico

Signature of Treasurer

Electronically Filed by Ms. Katherine O., Orrico

Date

01

30

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.

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>10 <sup>D</sup>13 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004		114677.62
(b) Cash on Hand at Beginning of Reporting Period .....	354540.99	
(c) Total Receipts (from Line 19) .....	32800.00	728210.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	367340.99	842888.03
<hr/>		
7. Total Disbursements (from Line 31) .....	74420.00	529967.04
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	312920.99	312920.99
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>10 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>10 <sup>-</sup>13 <sup>-</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	32500.00	720050.00
(ii) Unitemized .....	300.00	7975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	32800.00	728025.00
(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) .....	32800.00	728025.00
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	185.41
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)) .....	32800.00	728210.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32800.00	728210.41

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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.....	420.00	75984.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	420.00	75984.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74000.00	125000.00
24. Independent Expenditure (use Schedule E).....	0.00	323982.90
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	5000.00
(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	5000.00
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 ActMty (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))..	74420.00	529967.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	74420.00	529967.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32800.00	728025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32800.00	723025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	420.00	75984.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	420.00	75984.14

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

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

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

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

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**

Full Name (Last, First, Middle Initial) <b>A. John Flint Ferguson, MD</b>		Date of Receipt M / D / Y <b>10 / 05 / 2004</b>
Mailing Address <b>1185 S. Post Oak Ct.</b>		Transaction ID: <b>20303516</b>
City <b>Springfield</b>	State <b>MO</b>	Zip Code <b>65808-0000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Springfield Neurological Inst. LLC</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donald G. Quest, MD</b>		Date of Receipt M / D / Y <b>10 / 05 / 2004</b>
Mailing Address <b>14 Stratford Ln.</b>		Transaction ID: <b>20303519</b>
City <b>Ho-Ho-Kus</b>	State <b>NJ</b>	Zip Code <b>07423</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>New York Neurological Institute</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Narayan Sundaresan, MD</b>		Date of Receipt M / D / Y <b>10 / 05 / 2004</b>
Mailing Address <b>114B 5th Ave. 1148 5th Ave.</b>		Transaction ID: <b>20303520</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10128-0807</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2500.00</b>
Name of Employer <b>Self</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>2500.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 23

(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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Gregory J. Bennett, MD</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 8 Falconview Ct.		Transaction ID: 20303521
City Orchard Park	State NY	Zip Code 14127-3755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 2200.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alex B. Valucka, MD</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address Dept. of Neurosurgery Dept. of Neurosurgery		Transaction ID: 20303518
City Houston	State TX	Zip Code 77030-2706
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Baylor College of Medicine	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jacques N. Farkas, MD</b>		Date of Receipt M / D / Y 10 / 06 / 2004
Mailing Address 701 Seaview Dr.		Transaction ID: 20303862
City Juno Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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FOR LINE NUMBER:        PAGE 8 / 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rajiv D. Desai, MD</p> <p>Mailing Address 98 Rogers Rd.</p> <hr/> <p>City State Zip Code Yarmouth ME 04096-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 10 / 06 / 2004</p> <p>Transaction ID: 20303960</p> <hr/> <p>Amount of Each Receipt this Period <b>5000.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer Maine Neurosurgery</p> </td> <td style="width:70%;"> <p>Occupation Neurosurgeons</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ <b>5000.00</b></p> </td> </tr> </table>	<p>Name of Employer Maine Neurosurgery</p>	<p>Occupation Neurosurgeons</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>5000.00</b></p>	
<p>Name of Employer Maine Neurosurgery</p>	<p>Occupation Neurosurgeons</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>5000.00</b></p>				

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey J. Traumann, MD</p> <p>Mailing Address 8519 Strawberry Ln.</p> <hr/> <p>City State Zip Code Niwot CO 80503-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 10 / 06 / 2004</p> <p>Transaction ID: 20303961</p> <hr/> <p>Amount of Each Receipt this Period <b>1000.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer Self</p> </td> <td style="width:70%;"> <p>Occupation Neurosurgeons</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ <b>1000.00</b></p> </td> </tr> </table>	<p>Name of Employer Self</p>	<p>Occupation Neurosurgeons</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>1000.00</b></p>	
<p>Name of Employer Self</p>	<p>Occupation Neurosurgeons</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>1000.00</b></p>				

<p><b>C.</b> Full Name (Last, First, Middle Initial) John R. Tompkins, MD</p> <p>Mailing Address 4001 W. 15th. St 4001 W. 15th. St</p> <hr/> <p>City State Zip Code Plano TX 75063-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 10 / 06 / 2004</p> <p>Transaction ID: 20455571</p> <hr/> <p>Amount of Each Receipt this Period <b>2000.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer Self</p> </td> <td style="width:70%;"> <p>Occupation Neurosurgeons</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ <b>2000.00</b></p> </td> </tr> </table>	<p>Name of Employer Self</p>	<p>Occupation Neurosurgeons</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>2000.00</b></p>	
<p>Name of Employer Self</p>	<p>Occupation Neurosurgeons</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>2000.00</b></p>				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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 9 / 23

(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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. John Paul Slater, MD</b>		Date of Receipt M / D / Y 10 / 06 / 2004
Mailing Address 8167 N. Fresno St. Ste. 101 6167 N. Fresno St. Ste. 101		Transaction ID: 20303965
City <b>Fresno</b>	State <b>CA</b>	Zip Code <b>93710-5207</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Fresno Neurosurgical Medi- cal Group</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>550.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Craig Andrew Van Der Veer, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 4135 Moorland Dr.		Transaction ID: 20312087
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28226-0000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1250.00</b>
Name of Employer <b>Carolina Neurosurgery &amp; Spine Assoc.</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>1250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anthony L. Aaher, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 2200 Queens Rd. E.		Transaction ID: 20312078
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28207-0000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1250.00</b>
Name of Employer <b>Carolina Neurosurgery &amp; Spine Assoc.</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>1250.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Martin M. Heneger, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 8727 Aronomink Dr.		Transaction ID: 20312082
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28210</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1250.00</b>
Name of Employer <b>Carolina Neurosurgery &amp; Spine Assoc.</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>2000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven P. Kiefer, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 2108 Leafland Pl.		Transaction ID: 20328662
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40515</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Neurosurgical Associates PSC</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark P. Redding, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 950 Aberdeen Ct.		Transaction ID: 20312071
City <b>Concord</b>	State <b>NC</b>	Zip Code <b>28027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1250.00</b>
Name of Employer <b>Carolina Neurosurgery &amp; Spine Assoc.</b>	Occupation <b>Neurosurgeons</b>	Aggregate Year-to-Date ▼ <b>2250.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER: PAGE 11 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Damagj Coric, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 970 Queens Rd.		Transaction ID: 20312080
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Carolina Neurosurgery & Spine Associat	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Damagj Coric, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 970 Queens Rd.		Transaction ID: 20312081
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Carolina Neurosurgery & Spine Associat	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joe D. Barnard, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 1010 Egdehill Rd. N. 1010 Egdehill Rd. N.		Transaction ID: 20312084
City	State	Zip Code
Charlotte	NC	28207-1885
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Carolina Neurosurgery & Spine Associat	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
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 / 23

(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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Michael A. Cowan, MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 10418 Avondale Ave.		Transaction ID: 20312074
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28210-7843</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1250.00</b>
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ <b>1250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Frederick E. Finger, III MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 1010 Edgehill Rd. N. 1010 Edgehill Rd. N.		Transaction ID: 20312075
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28207-1885</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>750.00</b>
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ <b>750.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Frederick E. Finger, III MD</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 1010 Edgehill Rd. N. 1010 Edgehill Rd. N.		Transaction ID: 20312088
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28207-1885</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ <b>1250.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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 13 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mark D. Smith, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 8700 N Baltusrol Ln		Transaction ID: 20312073
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Vinay Deshmukh, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 1010 Edgehill Rd. N. 1010 Edgehill Rd. N.		Transaction ID: 20312077
City	State	Zip Code
Charlotte	NC	28207-0000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Neurosurgery and Spine	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. G. Scott McLanahan, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 682 Colville Rd.		Transaction ID: 20312079
City	State	Zip Code
Charlotte	NC	28207-0000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2750.00</b>
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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Michael D. Heafner, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 283B Sharon Rd.		Transaction ID: 20312085
City	State	Zip Code
Charlotte	NC	28211-0000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Tim E. Adamson, MD</b>		Date of Receipt M / D / Y Y Y Y 10 / 07 / 2004
Mailing Address 3502 Evermore Ct.		Transaction ID: 20312085
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00
Name of Employer Carolina Neurosurgery & Spine Assoc.	Occupation Neurosurgeons	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	32500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cynthia Spriggs

Mailing Address 725 15th Street, N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

002  
Category/  
Type

Transaction ID: 20384247

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

420.00

Travel Expense

SUBTOTAL of Disbursements This Page (optional) ▶

420.00

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

420.00

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. FRIENDS OF SHERROD BROWN

Mailing Address 2528 E ERIE

City LORAIN State OH Zip Code 44052

Purpose of Disbursement

Candidate Name  
Sherrrod Brown

Office Sought:  House  
Senate  
President  
State: OH District 13

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20383618  
Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
B. The Richard Burr Committee

Mailing Address Post Office Box 5828

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name  
Rep. Richard Burr

Office Sought:  House  
Senate  
President  
State: NC District 5

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20383625  
Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
C. Coburn For Senate Committee

Mailing Address 3300 W Okmulgee  
PO Box 977

City Muskogee State OK Zip Code 74401

Purpose of Disbursement

Candidate Name  
Mr. Thomas Coburn

Office Sought: House  
 Senate  
President  
State: OK District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20383621  
Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Vitter For Us Senate

Mailing Address PO Box 8175

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name David Vitter

Office Sought: House  Senate  President   
State: LA District 2

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20383618  
Date of Disbursement  
10 / 07 / 2004

Amount of Each Disbursement this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Melissa Brown for Congress

Mailing Address 1127 Red Rose Lane

City Villanova State PA Zip Code 29085

Purpose of Disbursement

Candidate Name Melissa Brown

Office Sought: House  Senate  President   
State: District

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384406  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
John D Dingell For Congress Comm.

Mailing Address 2328 Rayburn House Office Building

City Washington State DC Zip Code 20515

Purpose of Disbursement

Candidate Name John D. Dingell

Office Sought: House  Senate  President   
State: MI District 16

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384964  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **9500.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. Friends Of Mark Foley For Congress

Mailing Address 3507 Village Blvd # 5-304

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Mark Foley

Office Sought:  House  
Senate  
President  
State: FL District 16

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384258  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)  
B. Gingrey for Congress

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
campaign contribution

Candidate Name  
Phil Gingrey Gingrey

Office Sought:  House  
Senate  
President  
State: GA District

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384289  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

3000.00

campaign contribution

Full Name (Last, First, Middle Initial)  
C. Grassley Committee

Mailing Address PO Box 8193

City Alexandria State VA Zip Code 22308

Purpose of Disbursement

Candidate Name  
Charles E. Grassley

Office Sought: House  
 Senate  
President  
State: IA District 1

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384359  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)  
Hall For Congress Comm. (Ralph Hal

Mailing Address 1500 Sunset Hill

City State Zip Code  
Rockwall TX 75087

Purpose of Disbursement

Candidate Name  
Ralph M. Hall

Office Sought:  House  
Senate  
President  
State: TX District 4

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384419  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)  
NORWOOD FOR CONGRESS

Mailing Address PO BOX 489

City State Zip Code  
EVANS GA 30808

Purpose of Disbursement

Candidate Name  
Charlie Norwood

Office Sought:  House  
Senate  
President  
State: GA District 10

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384403  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)  
Pickering for Congress

Mailing Address PO Box 6440

City State Zip Code  
Laurel MS 39441

Purpose of Disbursement

Candidate Name  
Charles Pickering

Office Sought:  House  
Senate  
President  
State: MS District 3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384365  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. John Shadegg For Congress</b>		Transaction ID: 20384249 Date of Disbursement 10 / 13 / 2004	
Mailing Address Po Box 45444		Amount of Each Disbursement this Period 2500.00	
City Phoenix	State AZ	Zip Code 85004	011 Category/ Type
Purpose of Disbursement Campaign Contribution			
Candidate Name John B. Shadegg			Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AZ      District: 4			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE WELDON</b>		Transaction ID: 20384423 Date of Disbursement 10 / 13 / 2004	
Mailing Address 1602 WILLARD ROAD NW		Amount of Each Disbursement this Period 5000.00	
City PALM BAY	State FL	Zip Code 32907	011 Category/ Type
Purpose of Disbursement			
Candidate Name Dave Weldon			Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 15			

Full Name (Last, First, Middle Initial) <b>C. Texas Freedom Fund</b>		Transaction ID: 20384977 Date of Disbursement 10 / 13 / 2004	
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 2000.00	
City Alexandria	State VA	Zip Code 22301	011 Category/ Type
Purpose of Disbursement			
Candidate Name			Campaign Contribution
Office Sought:   House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:   General <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State:           District			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **9500.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. MIKE BILIRAKIS FOR CONGRESS

Mailing Address 304 DRIFTWOOD DR W

City PALM HARBOR State FL Zip Code 34683

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Michael Bilirakis

Office Sought:  House  
Senate  
President  
State: FL District 9

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384258  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

3000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)  
B. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name  
Rep. Michael Burgess

Office Sought:  House  
Senate  
President  
State: TX District 26

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384378  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name  
Sen. Judd Gregg

Office Sought: House  
 Senate  
President  
State: NH District 1

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384374  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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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 NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Friends Of Roy Blunt**

Mailing Address PO Box 50100  
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name Rep. Roy Blunt

Office Sought:  House  Senate  President  
State: MO District 7

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384371  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. KOMPAC**

Mailing Address P.O. Box 20208

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For:  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384325  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Missourians For Kit Bond**

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement

Candidate Name Sen. Christopher Bond

Office Sought:  House  Senate  President  
State: MO District 1

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384368  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
2500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **10000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name  
Rep. Deborah Pryce

Office Sought:  House  
Senate  
President  
State: OH District 15

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384375

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name  
Rep. Eric Cantor

Office Sought:  House  
Senate  
President  
State: VA District 7

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384383

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name  
Rep. Bart Gordon

Office Sought:  House  
Senate  
President  
State: TN District 6

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20384415

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

74000.00