

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 (NeurosurgergyPA

ADDRESS (number and street) 725 Fifteenth St., NW Suite 500 Washington DC 20005 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 2008

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 Paul C. McCormick Signature of Treasurer Electronically Filed by Paul C. McCormick Date 06 15 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		143470.42
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	178180.45									
(c) Total Receipts (from Line 19) .....	111975.00	188500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	290155.45	331970.42								
7. Total Disbursements (from Line 31) .....	70643.19	112458.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	219512.26	219512.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	111050.00	184550.00
(i) Itemized (use Schedule A) .....	925.00	3950.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	111975.00	188500.00
(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) .....	111975.00	188500.00
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)) .....	111975.00	188500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	111975.00	188500.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	10643.19	11458.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10643.19	11458.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	101000.00
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))..	70643.19	112458.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70643.19	112458.16

**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 .....	111975.00	188500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111975.00	188500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10643.19	11458.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10643.19	11458.16

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bizhan Aarabi	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 22 S. Greene St. Ste. S12D	<b>Transaction ID:</b> SA11AI.5963
	City State Zip Code Baltimore MD 21201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Univ. of Maryland Med. Ct-r. Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John M. Abrahams	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 244 Westchester Ave. Ste. 310	<b>Transaction ID:</b> SA11AI.6167
	City State Zip Code White Plains NY 10604-2900	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Neurosurgeons of New York Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Russell H. Amundson	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 5401 Old York Rd./Neurosurgery Klein Prof. Bldg. Ste. 501	<b>Transaction ID:</b> SA11AI.6086
	City State Zip Code Philadelphia PA 19141	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Montgomery Hospital Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lisa Sharon Apfel		Date of Receipt
	Mailing Address 1030 S. Jefferson St. Ste. 106		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Roanoke	VA	24016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6012
Name of Employer Carilion Clinic		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Nesher G. Asner		Date of Receipt
	Mailing Address Neurological Clinic of Rockford SC 2825 Glenwood Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Rockford	IL	61101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6014
Name of Employer Neurological Clinic Rockford		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven C. Bailey		Date of Receipt
	Mailing Address 1992 Winesap Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Villa Hills	KY	41017
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6087
Name of Employer Mayfield Clinic		Occupation neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark G. Belza	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 2200 N.E. Neff Rd. Ste. 200	<b>Transaction ID:</b> SA11AI.5988
	City State Zip Code Bend OR 97701-4281	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Bend Neurosurgical Group Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Benjamin G. Benner	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address Neurosurgery Specialists 6767-A S. Yale	<b>Transaction ID:</b> SA11AI.6170
	City State Zip Code Tulsa OK 74136-3302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Neurosurgery Specialists neusurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gregory J. Bennett	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 8 Falconview Ct.	<b>Transaction ID:</b> SA11AI.6016
	City State Zip Code Orchard Park NY 14127-3755	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Self Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mitchel S. Berger	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address UCSF/Dept. of Neurosurgery 505 Parnassus Ave. M-786	<b>Transaction ID:</b> SA11AI.6010
	City State Zip Code San Francisco CA 94143	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	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 ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rajesh K Bindal	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 20403 University Blvd Ste 800	<b>Transaction ID:</b> SA11AI.6189
	City State Zip Code Sugar Land TX 77478	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William E. Bingaman, Jr.	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 9500 Euclid Ave. S80 Cleveland Clinic Foundation	<b>Transaction ID:</b> SA11AI.6018
	City State Zip Code Cleveland OH 44195-0001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Cleveland Clinic Foundati-on Occupation neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. W. Ben Blackett	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address PO Box 6903	<b>Transaction ID:</b> SA11AI.6019
	City State Zip Code Tacoma WA 98406	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Neurosurgery Consulting LLC Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Palmer Bondurant	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address Broadway Medical Plaza 2 1605 E. Broadway Ste. 100	<b>Transaction ID:</b> SA11AI.5977
	City State Zip Code Columbia MO 65201-8023	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Broadway Medical Plaza Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles L. Branch, Jr.	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address Medical Center Blvd./Neurosurgery	<b>Transaction ID:</b> SA11AI.6020
	City State Zip Code Winston Salem NC 27157	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Wake Forest Univ Baptist Med Ct Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Cavanaugh	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address Spine Institute of Louisiana 1500 Line Ave.	<b>Transaction ID:</b> SA11AI.5993
	City State Zip Code Shreveport LA 71101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer self Occupation self Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard V. Chua	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 5860 N. La Cholla Blvd.	<b>Transaction ID:</b> SA11AI.6171
	City State Zip Code Tucson AZ 85741	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer NorthWest Neuro Specialis- is Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Luke A. Corsten	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 5805 Harelson Dr.	<b>Transaction ID:</b> SA11AI.6023
	City State Zip Code St. Gabriel LA 70776	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Neuromedical Center Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Cozzens		Date of Receipt
	Mailing Address 2650 Ridge Ave Ste 4215		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City State Zip Code Evanston IL 60201		Transaction ID: SA11AI.6025
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Evanston NW Healthcare Me-d.Grp Neurosurgeon		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey L. Crecelius		Date of Receipt
	Mailing Address 2182 Tecumseh Park Ln.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
	City State Zip Code West Lafayette IN 47906		Transaction ID: SA11AI.6199
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Arnett Health System Neurosurgeon		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Arthur R. Cushman		Date of Receipt
	Mailing Address Tennessee Brain & Spine 2021 Church St. Ste 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 7 / 2 0 0 8
	City State Zip Code Nashville TN 37203		Transaction ID: SA11AI.6172
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Occupation Tennessee Brain & Spine Neurosurgeon		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Arthur Steven Daus		Date of Receipt
	Mailing Address 1111 McIntosh Cir. Ste. 305		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Joplin	State MO	Zip Code 64804
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5964
	Name of Employer Freeman Hospital		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Arthur L. Day		Date of Receipt
	Mailing Address 75 Francis St./Neurosurgery		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Boston	State MA	Zip Code 02115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6088
	Name of Employer Brigham & Womens Hospital		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) John D. Day		Date of Receipt
	Mailing Address 7703 Floyd Curl Dr. MC 7843 Neurosurgery		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City San Antonio	State TX	Zip Code 78229-3900
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6090
	Name of Employer Univ of TX Hlth Sci Ctr San An		Occupation neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
			Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Fernando Delasotta		Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 598 New Rd. PO Box 385		Transaction ID: SA11AI.6000
	City Linwood	State NJ	Zip Code 08221
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Neurosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Karl N. Detwiler		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 6767-A S. Yale Ave. Neurosurgery Socialists, Inc.		Transaction ID: SA11AI.5979
	City Tulsa	State OK	Zip Code 74136
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Neurosurgery Specialists, Inc.	Occupation neurosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Fernando G. Diaz		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 29275 Northwestern Hwy Ste. 100		Transaction ID: SA11AI.6026
	City Southfield	State MI	Zip Code 48034
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer University Neurosurgical Assoc	Occupation Neurosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Patrick F. Doherty	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 50 Faire Harbour	<b>Transaction ID:</b> SA11AI.6027
	City State Zip Code New London CT 06320	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Sound Medical Neurosurgical	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jill W. Donaldson	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address Arnett Neurosurgery 2600 Ferry St.	<b>Transaction ID:</b> SA11AI.5990
	City State Zip Code Lafayette IN 47905	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Arenett Neurosurgery	Occupation neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel J. Donovan	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 2228 Lilha St. Ste 208	<b>Transaction ID:</b> SA11AI.6091
	City State Zip Code Honolulu HI 96817	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Queen's Health Care Centers	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 60  
(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
							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)  
Dr. Kent R. Duffy

Mailing Address Neurosurgeons of New York  
244 Westchester Ave. Ste. 310

City State Zip Code  
White Plains NY 10604

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

Name of Employer Occupation  
Neurosurgeons of New York Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.6029

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Bruce L. Ehni

Mailing Address 2532 Bluebonnet Blvd.

City State Zip Code  
Houston TX 77030

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

Name of Employer Occupation  
Debakay Center Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Daniel P. Elskens

Mailing Address 22201 Moross Rd. Ste. 352

City State Zip Code  
Detroit MI 48236

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

Name of Employer Occupation  
Eastside Neurosurgery P.C. Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.6031

Amount of Each Receipt this Period  
1000.00

Contribution

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) George D. England	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address Bronson Hosp./Neurological Service 601 John St. M124	Transaction ID: SA11AI.6190
	City Kalamazoo	State MI
	Zip Code 49007	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
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 ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joel L. Falik	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 7257-B Hanover Pkwy.	Transaction ID: SA11AI.6174
	City Greenbelt	State MD
	Zip Code 20770	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacques N. Farkas	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 701 Seaview Dr.	Transaction ID: SA11AI.6032
	City Juno Beach	State FL
	Zip Code 33408	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 60
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Richard G. Fessler		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 1314 Trapp Lane		<b>Transaction ID:</b> SA11AI.6175
	City Winnetka	State IL	Zip Code 60093
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Northwestern University		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas B Flynn		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 10101 Park Rowe Ave. Ste. 200		<b>Transaction ID:</b> SA11AI.5967
	City Baton Rouge	State LA	Zip Code 70810
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer The NeuroMedical Center		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas L. Francavilla		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address Brain & Spine Center PC 224 1st St. Ste 200		<b>Transaction ID:</b> SA11AI.6033
	City Alabaster	State AL	Zip Code 35007
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Brain and Spine Center PC		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen R. Freidberg		Date of Receipt
	Mailing Address 41 Mall Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2008
	City	State	Zip Code
	Burlington	MA	01805
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6176
Name of Employer Lahey Clinic		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan a. Friedman		Date of Receipt
	Mailing Address 3201 University Dr. E. Ste. 410		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2008
	City	State	Zip Code
	Bryan	TX	77802
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6177
Name of Employer St. Joseph Health System		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Abdi S. Ghodsi		Date of Receipt
	Mailing Address ste. 300 1212 Garfield Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Parkersburg	WV	26101
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6202
Name of Employer Pars Neurosurgical Assoc.		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<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)  
Ziya L. Gokaslan

Mailing Address 600 N. Wolfe St. Meyer 7-109

City Baltimore State MD Zip Code 21287

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

Name of Employer Johns Hopkins University Hosp.  
Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 27 / 2008

Transaction ID: SA11AI.6092

Amount of Each Receipt this Period 2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jordan C. Grabel

Mailing Address 1411 N. Flagler Dr. Ste. 5900

City West Palm Beach State FL Zip Code 33401-3404

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

Name of Employer Good Samaritan Med. Center  
Occupation neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2008

Transaction ID: SA11AI.6178

Amount of Each Receipt this Period 1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jon F. Graham

Mailing Address Queens Physician Office Bldg. 1  
1380 Lusitana St. Ste. 407

City Honolulu State HI Zip Code 96813-2429

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

Name of Employer Self  
Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2008

Transaction ID: SA11AI.5980

Amount of Each Receipt this Period 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Hal L. Hankinson	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address New Mexico Neurosurgery PC 522 Lomas Blvd. NE	Transaction ID: SA11AI.5970
	City State Zip Code Albuquerque NM 87102-2454	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer New Mexico Neurosurgery PC Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert F. Heary	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 90 Bergen St. Ste. 8100	Transaction ID: SA11AI.6035
	City State Zip Code Newark NJ 07103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Univ. of Medicine & Dent. NJ Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl B. Heilman	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 750 Washington St. Box 178 Tufts-New England Med. Ctr.	Transaction ID: SA11AI.6036
	City State Zip Code Boston MA 02111-1526	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Tufts-New England Med. Ctr. Occupation neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 / 60
<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

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Martin M. Henegar		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 225 Baldwin Ave.		Transaction ID: SA11AI.6187
	City Charlotte	State NC	Zip Code 28204-3109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
	Name of Employer Carolina Neurosurgery & Spine		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) David A. Herz		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 2122 Health Dr. SW Ste. 140		Transaction ID: SA11AI.6093
	City Wyoming	State MI	Zip Code 49519
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) DR. Jonathan E. Hodes		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 3900 Kresge Way Ste. 41		Transaction ID: SA11AI.5994
	City Louisville	State KY	Zip Code 40207-4605
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hodes Neurosurgery		Occupation Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 / 60
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Judy Huang		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 600 N. Wolfe St. Meyer-8-181C		Transaction ID: SA11AI.6192
	City Baltimore	State MD	Zip Code 21287
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Johns Hopkins Hospital	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas R. Hurley		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address Southwest Suburban Neuro. Surgery 1300 Copperfield Ave. Ste. 4030		Transaction ID: SA11AI.6037
	City Joliet	State IL	Zip Code 60432
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Southwest Suburban Neuro. Surg	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mark R. Iantosca		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address Penn State Hershey Med Center 30 Hope Dr. EC110/Neurosurgery		Transaction ID: SA11AI.6038
	City Hershey	State PA	Zip Code 17033-0850
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Penn State Hershey Medical Ctr	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 60
	<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)  
R. Patrick Jacob

Mailing Address Box 100265

City Gainesville State FL Zip Code 32610

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

Name of Employer Univ. Florida Gainesville Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2008

Transaction ID: SA11AI.6040

Amount of Each Receipt this Period: 1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David F. Jimenez

Mailing Address University of Texas/Neurosurgery  
7703 Floyd Curl Dr. Box 7843

City San Antonio State TX Zip Code 78229-3900

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

Name of Employer University of Texas Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2008

Transaction ID: SA11AI.6041

Amount of Each Receipt this Period: 1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Stephen H. Johnson

Mailing Address Southshore Neurospine Group LLC  
780 Main St. #12A

City South Weymouth State MA Zip Code 02190-1612

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

Name of Employer Self Occupation neuosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2008

Transaction ID: SA11AI.5982

Amount of Each Receipt this Period: 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60  
(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)  
Ezriel Edward Kornel

Mailing Address 244 Westchester Ave. Ste. 310

City State Zip Code  
White Plains NY 10604

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

Name of Employer Occupation  
Neurosurgeons of New York Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.6179

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph M. Koziol

Mailing Address 101 Old Short Hills Rd. Ste. 409

City State Zip Code  
West Orange NJ 07052-1000

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

Name of Employer Occupation  
Saint Barnabas Hlth Care Sys Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.6043

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mark J. Krinock

Mailing Address 1541 Gull Rd. Ste. 200  
Neurosurgery of Kalamazoo PC

City State Zip Code  
Kalamazoo MI 49048

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

Name of Employer Occupation  
Neurosurgery of Kalamazoo PC neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.6180

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Barry J. Landau	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 710 Birchwood Ave. Ste 101	<b>Transaction ID:</b> SA11AI.6181
	City Bellingham State WA Zip Code 98225	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Fourth Corner Neuro Assoc Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. H. Paul Lewis	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 10550 Montgomery Rd. Ste. 33	<b>Transaction ID:</b> SA11AI.6045
	City Cincinnati State OH Zip Code 45242-4422	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Riverhills Healthcare Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark E. Linskey	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 101 The City Dr. S. Bldg. 56	<b>Transaction ID:</b> SA11AI.6047
	City Orange State CA Zip Code 92868	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Univ. of Calif. Irvine Med Ctr Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Darlene A. Lobel	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 1478 Riverplace Blvd. #1505	<b>Transaction ID:</b> SA11AI.6048
	City State Zip Code Jacksonville FL 32207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Univ of Florida Shands Jacksonson Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laverne R. Lovell	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 1649 Central Ave.	<b>Transaction ID:</b> SA11AI.5983
	City State Zip Code Memphis TN 38104	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation self Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chriss A. Mack	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 554 W. Broadway Ste. 1	<b>Transaction ID:</b> SA11AI.6193
	City State Zip Code Missoula MT 59802	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Neurological Associates Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William H. McAllister, IV		Date of Receipt
	Mailing Address 730 Thimble Shoals Blvd. Ste. 110		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport News	VA	23606
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6094
Name of Employer Riverside Physician Assoc		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
		<input type="text" value="1500.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael W. McDermott		Date of Receipt
	Mailing Address 400 Parnassus Ave. Rm. A808		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94143-0350
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6050
Name of Employer Univ California San Franc- isco		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) John M. McGregor		Date of Receipt
	Mailing Address Ohio State Univ. Hospital N1027 Doan Hall /410 W. 10th Ave.		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43210-1252
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6052
Name of Employer Ohio State University		Occupation neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David M. McKalip	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 1201 5th Ave. N. Ste. 210	<b>Transaction ID:</b> SA11AI.6053
	City State Zip Code St. Petersburg FL 33705	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer self Occupation neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark R. McLaughlin	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 713 Executive Dr.	<b>Transaction ID:</b> SA11AI.5996
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Princeton Brain Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Miguel Angel Melgar	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 1430 Tulane Ave. Neurosurgery SL47	<b>Transaction ID:</b> SA11AI.6182
	City State Zip Code New Orleans LA 70112	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Tulane Sch. of Medicine Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel B. Michael		Date of Receipt
	Mailing Address 65 Crestwood Dr.		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Grosse Pointe	MI	48236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wayne State University		Occupation Neurosurgeon	Transaction ID: SA11AI.5971
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Abraham Mintz		Date of Receipt
	Mailing Address 5520 Park Ave. Ste. 210		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Trumbull	CT	06611
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Neurosurgeon	Transaction ID: SA11AI.5997
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Horace Lee Mitchell		Date of Receipt
	Mailing Address 10101 Park Rowe Ave. Ste. 200		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Baton Rouge	LA	70810
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Neuro Medical Center		Occupation Neurosurgeon	Transaction ID: SA11AI.6054
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
Contribution			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) James A. Moody	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 221 W. Colorado Blvd. Ste. 155 Clinical Neuro. Assoc. of Dallas	<b>Transaction ID:</b> SA11AI.6183
	City Dallas State TX Zip Code 75208	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Clinical Neuro. Assoc. Dallas Occupation neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anil Nanda	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 1501 Kings Hwy. LSUHSC/Dept. of Neurosurgery	<b>Transaction ID:</b> SA11AI.6184
	City Shreveport State LA Zip Code 71103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Louisiana State University Occupation neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Raj K. Narayan	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 231 Albert Sabin Way Neurosurgery	<b>Transaction ID:</b> SA11AI.5972
	City Cincinnati State OH Zip Code 45267-0515	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) M. Ellen Nichols	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address Neuroscience & Rehabilitation Inst 1905 W. 32nd St. Ste. 403	<b>Transaction ID:</b> SA11AI.6213
	City State Zip Code Joplin MO 64804-1529	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Neuroscience & Rehab. Inst. Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Frances O'Shea	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address Spine Inst. of South Jersey 538 Lippincotte Dr.	<b>Transaction ID:</b> SA11AI.6011
	City State Zip Code Marlton NJ 08053	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer self Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Katie Orrico, Esq.	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 725 15th St. NW Ste800	<b>Transaction ID:</b> SA11AI.6055
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Amer. Assoc. of Neurosurgeons Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Glen Jeffrey Poffenbarger	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 11901 Sawhill Blvd.	<b>Transaction ID:</b> SA11AI.6056
	City State Zip Code Spotsylvania VT 22553	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer U.S. Army	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A. John Popp	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 47 New Scotland Ave./MC 10	<b>Transaction ID:</b> SA11AI.6003
	City State Zip Code Albany NY 12208	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Albany Medical College	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. J. Adair Prall	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 7750 S. Broadway Ste 150	<b>Transaction ID:</b> SA11AI.6095
	City State Zip Code Denver CO 80122	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer South Denver Neurosurgery	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Donald O. Quest		Date of Receipt
	Mailing Address 710 W. 168th St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2008
	City	State	Zip Code
	New York	NY	10032
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6004
Name of Employer New York Neurological Ins- titut		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig H. Rabb		Date of Receipt
	Mailing Address 777 Bannock MC-0206		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 17 / 2008
	City	State	Zip Code
	Denver	CO	80204
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6185
Name of Employer Denver Health Medical Cen- ter		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) George H. Raque, Jr.		Date of Receipt
	Mailing Address Kosiar Children's Hospital 210 E. Gray St. Ste. 1102		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 06 / 2008
	City	State	Zip Code
	Louisville	KY	40202-3907
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6059
Name of Employer self		Occupation neusurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter A. Rasmussen	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9500 Euclid Ave. S80	<b>Transaction ID:</b> SA11AI.6203
	City Cleveland State OH Zip Code 44195	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Cleveland Clinic Foundati-on Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Richardson	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 8426 Buckingham Ct.	<b>Transaction ID:</b> SA11AI.6214
	City Willow Springs State IL Zip Code 60480	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas W. Rigsby	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 3354 Bannhead Ave.	<b>Transaction ID:</b> SA11AI.6060
	City Montgomery State AL Zip Code 36106	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Montgomery Neurosurgical Assoc Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew J. Ringer	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address Mayfield Clinic 222 Piedmont Ave. #3100	<b>Transaction ID:</b> SA11AI.5975
	City State Zip Code Cincinnati OH 45219	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation University of Cincinnati Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James A. Rodgers	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address NeuroSpine 6565 S. Yale Ave. Ste 709	<b>Transaction ID:</b> SA11AI.6204
	City State Zip Code Tulsa OK 74136	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation NeuroSpine Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Luis Alberto Rodriguez	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 1150 N. 35th Ave. Ste. 300	<b>Transaction ID:</b> SA11AI.6062
	City State Zip Code Hollywood FL 33021-5424	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Memorial Healthcare Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald E. Rodts, Jr.	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 59 Executive Park S. Ste. 3000 Emory Spine Ctr.	<b>Transaction ID:</b> SA11AI.5976
	City Atlanta State GA Zip Code 30329	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Emory Spine Ctr. Occupation neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Norbert Roosen	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 30836 Embassy Dr.	<b>Transaction ID:</b> SA11AI.6198
	City Beverly Hills State MI Zip Code 48025	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jacob Rosenstein	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 800 W. Arbrook Blvd. Ste. 150	<b>Transaction ID:</b> SA11AI.5991
	City Arlington State TX Zip Code 76015-4327	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mari Rutka	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 149 Mussgrove Trail	<b>Transaction ID:</b> SA11AI.6064
	City State Zip Code Toronto, Canada ZZ	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Toronto School Board Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc S. Schwartz	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address House Clinic/Neurosurgery 2100 W. Third St.	<b>Transaction ID:</b> SA11AI.6194
	City State Zip Code Los Angeles CA 90057	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation House Clinic Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. P. Robert Schwetschenau	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 10550 Montgomery	<b>Transaction ID:</b> SA11AI.6065
	City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation River Hills Healthcare Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 60  
(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)  
Dr. Mark E. Shaffrey

Mailing Address 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 Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2008

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ellen G. Shaver

Mailing Address 820 Saint Sebastian Way Suite 8A

City State Zip Code  
Augusta GA 30901

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

Name of Employer Neurological Associates of GA Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.6066

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Henry M. Shuey

Mailing Address 1001 Pine Heights Ave., Ste. 304

City State Zip Code  
Baltimore MD 21229

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

Name of Employer Neurosurgical Opinions Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.6067

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Robert Simonds		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 6411 Fairway Forest Dr.		<b>Transaction ID:</b> SA11AI.6068
	City Roanoke	State VA	Zip Code 24018-7445
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Carilion Clinic	Occupation neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew E. Sloan		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 11100 Euclid Ave. #5042		<b>Transaction ID:</b> SA11AI.6216
	City Cleveland	State OH	Zip Code 44106
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer University Hospitals	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Douglas E. Smith		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 222 N. 2nd St. Ste. 307		<b>Transaction ID:</b> SA11AI.6069
	City Boise	State ID	Zip Code 83702
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Neurosurgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 60  
(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)  
Dr. Randall w. Smith

Mailing Address 1678 Cloverdale Rd.

City Escondido State CA Zip Code 92027

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

Name of Employer self Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6071  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael I. Stanley

Mailing Address Crozer Chester Med Ctr Ste. 428

City Chester State PA Zip Code 19013

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

Name of Employer Neurosurgical Practice Assoc Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6072  
Amount of Each Receipt this Period: 2500.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Philip A. Starr

Mailing Address 533 Parnassus Ave. Box 0445

City San Francisco State CA Zip Code 94143

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

Name of Employer Univ of California San Fran Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6074  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 60  
(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)  
Michael Patrick Steinmetz

Mailing Address Spine Institute  
9500 Euclid Ave. S-80

City Cleveland State OH Zip Code 44195

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

Name of Employer Spine Institute Occupation neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2008

Transaction ID: SA11AI.6195

Amount of Each Receipt this Period 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John E. Stevenson

Mailing Address Great Lakes Neurosurgical Assoc.  
414 Plymouth NE

City Grand Rapids State MI Zip Code 49505-6041

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

Name of Employer self Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2008

Transaction ID: SA11AI.6005

Amount of Each Receipt this Period 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Asher H. Taban

Mailing Address 18350 Roscoe Blvd. Ste. 304

City Northridge State CA Zip Code 91325-4109

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

Name of Employer Self Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2008

Transaction ID: SA11AI.5984

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 / 60
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jean-Claude M. Tabet		Date of Receipt
	Mailing Address 2600 Tuscarawas St. W.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canton	OH	44708
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6163
Name of Employer Ohio Spec. Physicians Cor-p.		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Jean-Claude M. Tabet		Date of Receipt
	Mailing Address 2600 Tuscarawas St. W.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canton	OH	44708
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6164
Name of Employer Ohio Spec. Physicians Cor-p.		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="1000.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Philip W. Tally		Date of Receipt
	Mailing Address 6015 Pointe W. Blvd Ste 202		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bradenton	FL	34209
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6077
Name of Employer Neuro/Spine Associates PA		Occupation Neurosurgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. B. Gregory Thompson, Jr.		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 2112 Wallingford Road		Transaction ID: SA11AI.6165
	City Ann Arbor	State MI	Zip Code 48104
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer University of Michigan	Occupation Neurosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Frank J. Tomecek		Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address Oklahoma Spine & Brain 6802 S. Olympia Ave. Ste. 300		Transaction ID: SA11AI.6006
	City Tulsa	State OK	Zip Code 74132
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
	Name of Employer Oklahoma Spine & Brain	Occupation Neurosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) John R. Tompkins		Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 4708 Alliance Blvd. Ste. 475		Transaction ID: SA11AI.6166
	City Plano	State TX	Zip Code 75093
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
	Name of Employer Self	Occupation neuosurgeon	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00
---	-------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Russell L. Travis		Date of Receipt
	Mailing Address 2032 Von List Way		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lexington	KY	40502-2704
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6196
Name of Employer self		Occupation	Amount of Each Receipt this Period
		neurosurgeon	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jamie S. Ullman		Date of Receipt
	Mailing Address 79-01 Broadway		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elmhurst	NY	11373
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6186
Name of Employer Elmhurst Hospital Center		Occupation	Amount of Each Receipt this Period
		Neurosurgeon	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Alex B. Valadka		Date of Receipt
	Mailing Address 6410 Fannin St. Ste 1020		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Houston	TX	77030
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6078
Name of Employer Univ. of Texas Medical School		Occupation	Amount of Each Receipt this Period
		Neurosurgeon	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 60
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Andrew Van Der Veer	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 225 Baldwin Ave.	<b>Transaction ID:</b> SA11AI.6079
	City State Zip Code Charlotte NC 28204	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Carolina Neurosurgery & Spine	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Edward Von der Schmidt, III	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 419 North Harrison St Suite 204	<b>Transaction ID:</b> SA11AI.6080
	City State Zip Code Princeton NJ 08540-3521	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew E. Wakefield	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 85 Seymour St. Ste. 707	<b>Transaction ID:</b> SA11AI.6197
	City State Zip Code Hartford CT 06106	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Conn. Neurosurgery & Spine	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Dr. Mark A. Weiner

Mailing Address 2600 Tuscarawas St. W. Ste. 520

City State Zip Code  
Canton OH 44708-4644

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

Name of Employer Occupation  
Aultman Hospital Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6081  
Amount of Each Receipt this Period: 250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Philip J.A. Willman

Mailing Address 5325 Greenbriar Dr.

City State Zip Code  
Corpus Christi TX 78413

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

Name of Employer Occupation  
Neurosurgery PA Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6083  
Amount of Each Receipt this Period: 1000.00  
Contribution

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

Mailing Address Medical Center Dr./Neurosurgery

City State Zip Code  
Winston Salem NC 27157

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

Name of Employer Occupation  
Wake Forest University Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2008  
Transaction ID: SA11AI.6084  
Amount of Each Receipt this Period: 1000.00  
Contribution

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 60  
(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)  
Timothy C. Wirt

Mailing Address 1313 Riverside Ave.  
Front Range Ctr. for Brain & Spine

City Fort Collins State CO Zip Code 80524-4352

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

Name of Employer Front Range Ctr for Brain & Sp  
Occupation neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11AI.6206  
Amount of Each Receipt this Period 3000.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey H. Wisoff

Mailing Address 317 E. 34th St.  
Ste. 1002

City New York State NY Zip Code 10016

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

Name of Employer New York Univ. School of Med.  
Occupation neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2008  
Transaction ID: SA11AI.6085  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.**

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

Mailing Address 141 Thomas Johnson Dr.  
Ste. 200

City Frederick State MD Zip Code 21702

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

Name of Employer Self  
Occupation Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2008  
Transaction ID: SA11AI.5986  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

**TOTAL** This Period (last page this line number only) ..... ► 111050.00



**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 49 / 60

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Inc. Captel <hr/> Mailing Address 300 Fifth St., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6161 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 3915.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Inc. Captel <hr/> Mailing Address 300 Fifth St., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6160 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 4500.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Po Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6210 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 83.88
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8498.88

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6211 Date of Disbursement
	Mailing Address Po Box 53852	<input type="text" value="05"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="291.86"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6212 Date of Disbursement
	Mailing Address Po Box 53852	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="107.42"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moneris Solutions	Transaction ID: SB21B.6207 Date of Disbursement
	Mailing Address 700 East Lake Cook Road	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Buffalo Grove State IL Zip Code 60089	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="867.66"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1266.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Moneris Solutions Mailing Address 700 East Lake Cook Road City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6208 Date of Disbursement 05 / 30 / 2008
	Amount of Each Disbursement this Period 311.13 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Moneris Solutions Mailing Address 700 East Lake Cook Road City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6209 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 566.24 Category/Type: 001

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

877.37

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

10643.19

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (Neurosur-  
geryPA

**A.** Full Name (Last, First, Middle Initial)  
**ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**ALLYSON Y SCHWARTZ**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

**Transaction ID:** SB23.6097

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**BIG TENT PAC**

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**BIG TENT PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB23.6158

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE**

Mailing Address 98 East Avenue Rear Building  
98 East Avenue Rear Building

City State Zip Code  
Norwalk CT 06851

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**CHRISTOPHER SHAYS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

**Transaction ID:** SB23.6100

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN <hr/> Mailing Address P O BOX 811 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6103 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD SUITE A <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement contribution Candidate Name NORM COLEMAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE <hr/> Mailing Address P.O. Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Contribution Candidate Name BART GORDON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6134 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ELIOT ENGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6135 <b>Date of Disbursement:</b> 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH</p> <p>Mailing Address 228 S WASHINGTON STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name GORDON HAROLD SMITH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6136 <b>Date of Disbursement:</b> 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period: 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JOSEPH R PITTS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6154 <b>Date of Disbursement:</b> 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period: 2500.00</p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROY BLUNT</b></p> <p>Mailing Address PO Box 50100 PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name <b>ROY BLUNT</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 07</p>	<p><b>Transaction ID:</b> SB23.6137 <b>Date of Disbursement</b> 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>GENE GREEN CONGRESSIONAL CAMPAIGN</b></p> <p>Mailing Address PO BOX 16128</p> <p>City HOUSTON State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name <b>RAYMOND E. 'GENE' GREEN</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29</p>	<p><b>Transaction ID:</b> SB23.6138 <b>Date of Disbursement</b> 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b></p> <p>Mailing Address PO BOX 2619</p> <p>City HUNTSVILLE State AL Zip Code 35804</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name <b>R PARKER GRIFFITH</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05</p>	<p><b>Transaction ID:</b> SB23.6139 <b>Date of Disbursement</b> 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA

A.	Full Name (Last, First, Middle Initial) <b>KIRK FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6140
	Mailing Address P.O. Box 8	Date of Disbursement 05 / 15 / 2008
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name <b>MARK STEVEN KIRK</b>	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>MATHESON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6141
	Mailing Address PO Box 521048 Suite A	Date of Disbursement 05 / 09 / 2008
	City Salt Lake City State UT Zip Code 84152	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name <b>JAMES MATHESON</b>	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>MCCONNELL SENATE COMMITTEE '08</b>	<b>Transaction ID:</b> SB23.6142
	Mailing Address PO BOX 1496	Date of Disbursement 05 / 29 / 2008
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name <b>MITCH MCCONNELL</b>	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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



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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MILLER-FLORIDA VICTORY COMMITTEE</b>	<b>Transaction ID:</b> SB23.6143 Date of Disbursement 04 / 22 / 2008	
	Mailing Address 610 SOUTH BLVD		
	City TAMPA State FL Zip Code 33606	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution	011	Category/Type
	Candidate Name JEFFERSON B. MILLER		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: FL District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>	<b>Transaction ID:</b> SB23.6146 Date of Disbursement 05 / 15 / 2008	
	Mailing Address PO BOX 3662		
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011	Category/Type
	Candidate Name PATTY MURRAY		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: WA District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PETE SESSIONS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6147 Date of Disbursement 04 / 11 / 2008	
	Mailing Address PO Box 38585		
	City Dallas State TX Zip Code 75238	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution	011	Category/Type
	Candidate Name PETE SESSIONS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: TX District: 32	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>REED COMMITTEE</b>	<b>Transaction ID:</b> SB23.6148
	Mailing Address <b>PO BOX 8628</b>	Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2008</b>
	City <b>CRANSTON</b> State <b>RI</b> Zip Code <b>02920</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>JACK REED</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>RI</b> District: <b>00</b> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>TEXAS FREEDOM FUND</b>	<b>Transaction ID:</b> SB23.6149
	Mailing Address <b>104 East Hume Avenue</b>	Date of Disbursement MM / DD / YYYY <b>05 / 29 / 2008</b>
	City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22301</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>JOE LINUS BARTON</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>06</b> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>TIM MURPHY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6144
	Mailing Address <b>PO Box 24551</b>	Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2008</b>
	City <b>Pttsburgh</b> State <b>PA</b> Zip Code <b>15234</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>TIM MURPHY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>18</b> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/Type

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

**7500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Neurological Surgeons Political Action Committee (NeurosurgeryPA

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TOM FEENEY FOR CONGRESS</b> <hr/> Mailing Address P. O. Box 622345 <hr/> City Oviedo State FL Zip Code 32762 <hr/> Purpose of Disbursement Contribution Candidate Name <b>TOM FEENEY</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6150 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TUESDAY GROUP POLITICAL ACTION COMMITTEE</b> <hr/> Mailing Address PO BOX 40385 <hr/> City WASHINGTON State DC Zip Code 20016 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>UDALL FOR COLORADO</b> <hr/> Mailing Address PO BOX 40158 <hr/> City DENVER State CO Zip Code 80204 <hr/> Purpose of Disbursement Contribution Candidate Name <b>MARK E UDALL</b> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

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

**7500.00**

**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 60 / 60

<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 (Neuros-  
urgeryPA

A.

Full Name (Last, First, Middle Initial)  
VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.6152

Date of Disbursement

Mailing Address P.O. Box 5458  
PO BOX 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

City Springfield State IL Zip Code 62705

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
JOHN M SHIMKUS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

60000.00
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