REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Neurological Surgery, Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 136

CITY, STATE and ZIP CODE
Washington, DC 20044-0136

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 JAN 31 P 4:10

2. FEC IDENTIFICATION NUMBER
C00327171

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 57,707.71
(b) Cash on Hand at Beginning of Reporting Period	$ 60,390.02	
(c) Total Receipts (from Line 19)	$ 114,325.27	$ 156,661.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 174,715.29	$ 214,368.90
7. Total Disbursements (from Line 30)	$ 52,099.67	$ 91,753.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 122,615.62	$ 122,615.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

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

Signature of Treasurer
Katherine O. Orrico

Date
1/31/00

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

FEC FORM 3X
(revised 9/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: **American Neurological Surgery, Political Action Committee**

REPORT COVERING PERIOD FROM: 07/01/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	105,200.00	144,150.00	11(a)(i)
ii. Unitemized	8,675.00	11,745.00	11(a)(ii)
iii. Total (add i and ii) ➤	113,875.00	155,895.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	113,875.00	155,895.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	450.27	766.19	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	114,325.27	156,661.19	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	114,325.27	156,661.19	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	19,099.67	35,999.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	19,099.67	35,999.50	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	33,000.00	55,753.78	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	52,099.67	91,753.28	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	52,099.67	91,753.28	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	113,875.00	155,895.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	113,875.00	155,895.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	19,099.67	35,999.50	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	19,099.67	35,999.50	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 30

FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank J. Tomecek MD 1919 S. Wheeling, Suite 600 Tulsa, OK 74104-5638	SELF Occupation: Neurosurgeon	07/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard G. Fessler MD PhD Univ. of Florida Box 100265 JHMHC Gainesville, FL 32610-0265	University of Florida Occupation: Neurosurgeon	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Alksne MD UCSD Med. Ctr./Neuro. 200 W. Arbor Dr., #8893 San Diego, CA 92103-8893	UC San Diego Occupation: Neurosurgeon	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark E. Anderson MD Suite 1005 16300 Sand Canyon Ave. Irvine, CA 92618-3704	SELF Occupation: Neurosurgeon	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fremont P. Wirth MD 4 Jackson Blvd. Savannah, GA 31405-5810	SELF Occupation: Neurosurgeon	07/13/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. McLennan MD 1 Randall Sq., #410 Providence, RI 02904-2709	Self Occupation: Neurosurgeon	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory G. Gerras MD 5916 Via Zurita La Jolla, CA 92037	SELF Occupation: Neurosurgeon	07/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 30

FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harold A. Wilkinson MD PhD Fraser Med. Bldg., Suite 280 332 Washington St. Wellesley Hills, MA 02181-6204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 600.00	07/13/99	500.00
B. Full Name, Mailing Address and ZIP Code Behrouz Rassekh MD 201 Ridge St. Suite #310 Council Bluffs, IA 51503-4643 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
C. Full Name, Mailing Address and ZIP Code David P. Sachs MD 1905 Clint Moore Rd. Suite #308 Boca Raton, FL 33496 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
D. Full Name, Mailing Address and ZIP Code Benjamin Carson MD Johns Hopkins Hosp. 600 N. Wolfe St., Harvey 811 Baltimore, MD 21287-8811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Johns Hopkins University Neurosurgeon $ 250.00	07/13/99	250.00
E. Full Name, Mailing Address and ZIP Code Jay D. Law MD 955 S. Downing Denver, CO 80209-4435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
F. Full Name, Mailing Address and ZIP Code Robert C. Leaver MD Cape Cod Med. Ctr. 40 Quinlan Way Hyannis, MA 02601-5232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
G. Full Name, Mailing Address and ZIP Code Troy D. Payner MD 320 St. Joseph St., #1 Indianapolis, IN 46202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indianapolis Neurosurgical Group Neurosurgeon $ 250.00	07/13/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jafar Jawad Jafar MD New York Univ. Med. Ctr. 560 First Ave./Neurosurgery New York, NY 10016-6402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 1,000.00	07/13/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Hans C. Coester MD 1313 Riverside Ave. Fort Collins, CO 80524-4352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel D. Galyon MD Southern New York Neuro. 46 Harrison St. Johnson City, NY 13790-2142 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern NY Neurosurgery Neurosurgeon $ 500.00	07/13/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald D. Horton MD Baptist Med. Plaza, Bldg. D 3366 N.W. Expressway, #500 Oklahoma City, OK 73112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Neuroscience Specialists Neurosurgeon $ 250.00	07/13/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeff P. Nees MD 724 24th Ave., N.W., Suite 220 Norman, OK 73069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 1,000.00	07/13/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Craig A. Van Der Veer MD Carolina Neuros. & Spine Assoc 1010 Edgehill Rd., N. Charlotte, NC 28207-1885 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Charlotte Neurosurgical Associates Neurosurgeon $ 500.00	07/13/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pedro R. Dominguez Jr. MD Tri-State Neurosurgical, Inc. 350 W. Columbia, Suite 350 Evansville, IN 47710-5610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tri State Neurosurgical Neurosurgeon $ 500.00	07/13/99	500.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Gewirtz MD Univ. of Kentucky MC/Neuro. 800 Rose St., Room MS106 Lexington, KY 40536-0084	University of Kentucky	07/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Kissel MD 1610 Calle Crotalo San Luis Obispo, CA 93401-8310	SELF	07/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark G. Belza MD Bend Neurosurgical Group 2275 N.E. Doctors Dr. Bend, OR 97701-6324	SELF	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Michael Scott MD The Children's Hosp. 300 Longwood Ave., Bader 319 Boston, MA 02115-5724	The Children's Hospital	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark S. Schnitzer MD PO Box 2265 La Habra, CA 90632-2265	Center for Neurological Surgery	07/13/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgery Aggregate Year-to-Date: $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David G. Malone MD 2722 E. 72nd St. Tulsa, OK 74136	SELF	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. Heary MD New Jersey Med. Sch. 90 Bergen St., Suite 7300 Newark, NJ 07103	New Jersey Medical School	07/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roland Chalifoux 1400 Dartmouth Dr. Southlake, TX 76092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeffrey L. Rush 116 Topsail Mall Marina del Rey, CA 90292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	07/13/99	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Russ Patton Oppenheimer Wolff & Donnelly 2 Prudential Plaza, 45th Fl. Chicago, IL 60601-6710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oppenheimer, Wolff & Donelly Attorney $ 1,000.00	08/11/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Patrick P. Mastroianni MD 340 Capitol Ave. Bridgeport, CT 06606-5445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 250.00	08/11/99	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James P. Hollowell MD 9200 W. Wisconsin Ave. Milwaukee, WI 53226-3522 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MEDICAL COLLEGE OF WISCONSIN NEUROSURGEON $ 250.00	08/11/99	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
B. Barry Chehrazi MD 6660 Coyle Ave. Suite #340 Carmichael, CA 95608-6335 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 250.00	08/11/99	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Stern MD 8230 Walnut Hill Ln. Suite #220 Dallas, TX 75231-4469 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 250.00	08/11/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

4-00176

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Wilson Jr. MD Wake Forest Sch. of Med. Medical Center Blvd. Winston-Salem, NC 27157-1029	Wake Forest University	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl N. Detwiler MD 6767A S. Yale Tulsa, OK 74136	SELF	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON	Aggregate Year-to-Date > $ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph F. Reeder Jr. MD Sioux City Neurosurgery P.O. Box 3268 Sioux City, IA 51101-3268	SELF	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lacin MD 2400 Wayne Memorial Dr. Suite J Goldsboro, NC 27534-1601	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Isaac Goodrich MD Connecticut Neuro. PC 60 Temple St. New Haven, CT 06510-2716	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth R. Lassiter MD 1718 E. Fourth St. Suite #901 Charlotte, NC 28204-3260	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSUREGEON	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry O. Cole MD Neurosurgical Assoc. 224 S. Woods Mill, Suite 610 Chesterfield, MO 63017-3473	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 500.00	

SUBTOTAL of Receipts This Page (optional) 3,750.00

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

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alfonso Aldama-Luebbert MD 6560 Fannin St. Suite #1200 Houston, TX 77030-2731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	08/11/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bruce L. Klhlstrom MD Durham Clinic, P.A. PO Box 15249 Durham, NC 27704-0249 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 500.00	08/11/99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anthony A. Anigbo MD 218 Shorewood Dr. Valparaiso, IN 46385-8042 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 500.00	08/11/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ravi Yalamanchili MD Suite 6 196 Thomas Johnson Dr. Frederick, MD 21702-4398 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 500.00	08/11/99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andrew D. Parent MD Univ. of Mississippi MC 2500 N. State St. Jackson, MS 39216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Mississippi NEUROSURGEON $ 500.00	08/11/99	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey A. Greenberg MD Suite 203 1020 MacIntosh Circle Dr. Joplin, MO 64804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	08/11/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. Ellen Nichols MD Suite 356 2817 McClelland Blvd. Joplin, MO 64804-1629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	08/11/99	250.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

4-00119

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Sweasey MD 3617 Winding Wood Ln. Lexington, KY 40515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 250.00	08/11/99	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fernando G. Diaz MD PhD Wayne State Univ./Neuro. 4160 John R St., #930 Detroit, MI 48201-2194 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wayne State University Neurosurgeon $ 1,000.00	08/11/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. Kingman MD 4410 Medical Dr., Suite 600 San Antonio, TX 78229-3737 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	08/11/99	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Murali Guthikonda MD Wayne State Univ./Neurosurgery 4160 John R, Suite 930 Detroit, MI 48201-2017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wayne State University Neurosurgeon $ 500.00	08/11/99	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Don F. Rhinehart MD 4140 W. Memorial Rd., #300 Oklahoma City, OK 73120-8300 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 1,000.00	08/11/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Larry D. Tice MD 2530 N. 8th St., Suite 201 Grand Junction, CO 81501-8856 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	08/11/99	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William E. Mayher III MD 2520 E. Doublegate Dr. Albany, GA 31707-9241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	08/11/99	250.00

SUBTOTAL of Receipts This Page (optional) 4,000.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Archimedes Ramirez MD 599 Sir Francis Drake Blvd. Suite #308 Greenbrae, CA 94904	SELF Occupation: Neurosurgeon	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick D. Todd II MD 800 W. Arbrook Blvd., #250 Arlington, TX 76015-4327	SELF Occupation: Neurosurgeon	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas P. Perone MD Suite 10000 7777 Hennessy Blvd. Baton Rouge, LA 70808-4300	The Neuromedical Center Occupation: Neurosurgeon	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Karl Sabshin MD Connecticut Neurosurgery, PC 60 Temple St., #5B New Haven, CT 06510	Connecticut Neurosurgery Occupation: Neurosurgeon	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James I. Ausman MD PhD Univ. of Illinois at Chicago 912 S. Wood St./Neuro., MC799 Chicago, IL 60612-7329	University of Illinois Occupation: Neurosurgeon	08/11/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony F. Feuerman MD Suite 1105 16133 Ventura Blvd. Encino, CA 91436-2403	SELF Occupation: Neurosurgeon	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Dobkin MD 361 Hospital Rd., #521 Newport Beach, CA 92663-3521	SELF Occupation: Neurosurgeon	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a I

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Ray Smith MD 2950 Hearne Ave. Shreveport, LA 71103-3936	Louisiana State University	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Yung K. Wen MD 901 Center St., Suite 305 Elgin, IL 60120	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON Aggregate Year-to-Date: $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Rodenhouse MD 125 Lattimore Rd. Rochester, NY 14620-4155	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON Aggregate Year-to-Date: $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Bradley Jr. MD 2055 E. South Blvd., Suite 202 Montgomery, AL 36116-2003	SELF	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 1,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven E. Gaede MD 1919 S. Wheeling, #600 Tulsa, OK 74104-5635	SELF	08/11/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 300.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Schuhmacher MD East Jefferson Med. Plaza 4228 Houma Blvd., Suite 510 Metairie, LA 70006-2907	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart B. Dunsker MD Mayfield Clinic & Spine Inst. 2123 Auburn Ave., Suite #441 Cincinnati, OH 45219-2970	Mayfield Clinic	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a I

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren R. Selman MD Hanna House 5042/Neurosurgery 11100 Euclid Ave. Cleveland, OH 44106	University Hospitals of Cleveland	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 1,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Roth MD 3 Woodland Rd., #412 Stoneham, MA 02180-1702	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 250.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin M. Henegar MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark P. Redding MD Carolina Neurosurgery & Spine 200 Medical Park Dr., #350 Concord, NC 28025	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Scott McLenahan MD Carolina Neuros. & Spine Assoc 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick E. Finger III MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim E. Adamson MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a I

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Loren Rhoton MD Mountain Neuro. Ctr. 7 McDowell St. Asheville, NC 28801-4103	Mountain Neurological Center	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry M. Petty MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Douglas Jones MD 2325 Stantonsburg Rd. Greenville, NC 27834-7534	EAST CAROLINA NEURO ASSOC	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON	Aggregate Year-to-Date > $ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel B. Michael MD PhD 20904 Parkcrest Harper Woods, MI 48225-1708	WAYNE STATE UNIV.	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Calvin C. Kam MD 2228 Liliha St. Suite #402 Honolulu, HI 96817-1650	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Antonio DiSciafani II MD 1105 S.W. First Ave. Ocala, FL 34474-4218	SELF	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 1,750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond M. Taniguchi MD 1380 Lusitana St. Suite #415 Honolulu, HI 96813-2449	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date > $ 500.00	

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Allen D. Efron MD Long Island Neuro. Assoc. 410 Lakeville Rd., Suite 204 New Hyde Park, NY 11042-1103	SELF Neurosurgeon $ 250.00	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. Ronald Rich MD 1260 15th St., Suite 913 Santa Monica, CA 90404-1135	SELF Neurosurgeon $ 500.00	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark N. Hadley MD Univ. of Alabama/Neurosurgery 1813 6th Ave., S., MEB 504 Birmingham, AL 35294-3295	University of Alabama Neurosurgeon $ 1,000.00	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard N. Wohns MD 1802 S. Yakima Suite #306 Tacoma, WA 98405-4499	SELF NEUROSURGEON $ 250.00	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David F. Jimenez MD Univ. of Missouri Hosp. & Clin One Hospital Dr., N521 Columbia, MO 65212-0001	UNIV. OF MISSOURI NEUROSURGEON $ 1,000.00	08/11/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jordan C. Grabel MD 1411 N. Flagler Dr. Suite #5900 West Palm Beach, FL 33401-3404	SELF Neurosurgeon $ 250.00	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J. Johans MD 1075 N. Curtis Rd., #200 Boise, ID 83706-1309	SELF Neurosurgeon $ 500.00	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Engles MD Suite 204 711 Stanton Young Blvd. Oklahoma City, OK 73104	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Naren Kansal MD 725 Orchard Park Rd. West Seneca, NY 14224-3220	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON Aggregate Year-to-Date: $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Otto R. Medinilla MD 1716 Wawaset St. Wilmington, DE 19806-2148	SELF	08/11/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NEUROSURGEON Aggregate Year-to-Date: $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Edward Rodts Jr. MD Emory Clinic/Neurosurgery 478 Peachtree St., N.E., #607A Atlanta, GA 30308	Emory University	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
E. Hunter Dyer MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Haafner MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	08/11/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Prolo MD 203 Di Salvo Ave. San Jose, CA 95128-1628	SELF	09/24/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 350.00		

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Blue MD 801 Broadway Suite #617 Seattle, WA 98122-4328	SELF	09/24/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Tew Jr. MD Mayfield Clinic 506 Oak St. Cincinnati, OH 45219	University of Cincinatti	09/24/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Yan MD 3939 J St., #380 Sacramento, CA 95819-3631	SELF	09/24/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond M. Taniguchi MD 1360 Lusitana St. Suite #415 Honolulu, HI 96813-2449	SELF	09/24/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 1,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen D. Efron MD Long Island Neuro. Assoc. 410 Lakeville Rd., Suite 204 New Hyde Park, NY 11042-1103	SELF	09/24/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredric L. Edelman MD 6815 Noble Ave. Van Nuys, CA 91405-3794	SELF	09/24/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 1,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George A. Hurt MD 2138 Langhorne Rd. Lynchburg, VA 24501-1424	SELF	09/24/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Harrington MD Barrow Neurological Inst. 2910 N. 3rd Ave. Phoenix, AZ 85013-4434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Barrow Neurological Inst. Neurosurgeon $ 500.00	09/24/99	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christopher M. Duma MD 1 Hoag Dr., Bldg. 41 Newport Beach, CA 92663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	10/04/99	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Philip C. Deaton MD 200 E. Northwood St. Suite #504 Greensboro, NC 27401-1224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	10/04/99	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul D. Croissant MD North Oakland Neurosurgical 888 Woodward Ave., Suite 406 Pontiac, MI 48341-2475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	10/04/99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mitchel S. Berger MD UCSF/Neurosurgery 505 Parnassus, Room M-787 San Francisco, CA 94143-0112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of California - San Francisco Neurosurgeon $ 250.00	10/04/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas R. Koontz MD Neurological Surgery PC 411 Laurel St., Suite A350 Des Moines, IA 50314-3005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	10/04/99	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roger W. Countee MD 1111 Park Ave. Plainfield, NJ 07060-3006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	10/04/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard C. Dewey MD 601 W. Spruce Missoula, MT 59802-4047	SELF	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter Osborne Holliday III MD 420 Charter Blvd., Suite 402 Macon, GA 31210-4854	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles E. Nussbaum MD Virginia Mason Clinic 1100 Ninth Ave./Neurosurgery Seattle, WA 98111-2756	Virginia Mason Medical Center	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Scott M. Schlesinger MD 5 St. Vincent Clr., Suite 401 Little Rock, AR 72205-5413	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Maurice Collada Jr. MD 1344 Liberty St., S.E. Salem, OR 97302-4246	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carl R. Hampf MD 2410 Patterson St., Suite #500 Nashville, TN 37203	SELF	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
L. Philip Carter MD Suite 300 1980 W. Hospital Dr. Tucson, AZ 85704-7802	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		

SUBTOTAL of Receipts This Page (optional) 2,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Adelake Badejo MD 11 W. 31st St. Kearney, NE 68847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 250.00	10/04/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Benjamin B. Le Compte III MD Suite 325 1575 N. Barrington Rd. Hoffman Estates, IL 60194-1057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 1,000.00	10/04/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary K. Steinberg MD PhD Stanford Univ. Med. Ctr. Dept. of Neurosurgery/R-109 Stanford, CA 94305-5327 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stanford University Medical Center Neurosurgeon Aggregate Year-to-Date $ 500.00	10/04/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Warren F. McPherson MD 301 N. University St. Suite #101 Murfreesboro, TN 37130-3900 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 250.00	10/04/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan D. Chilton MD 6420 Prospect, Suite T411 Kansas City, MO 64132-1180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 250.00	10/04/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Albert J. Camma MD 855 Bethesda Dr. Zanesville, OH 43701-1694 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 250.00	10/04/99	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Warren Neely MD 4410 Medical Dr., #600 San Antonio, TX 78229-3755 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 1,000.00	10/04/99	1,000.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Volker K. H. Sonntag MD Barrow Neurological Inst. 2910 N. Third Ave. Phoenix, AZ 85013	Barrow Neurological Institute	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nettleton S. Payne MD 993 F. Johnson Ferry Rd. Suite #100 Atlanta, GA 30342	SELF	10/04/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry R. Liss MD FACS 29 Ridge Rd. Summit, NJ 07901-2916	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward J. Zampella MD 10 Parrott Mill Rd. PO Box 806 Chatham, NJ 07928-2744	SELF	10/04/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles G. Kalko MD 1833 Oak Tree Rd. Edison, NJ 08820-2738	SELF	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George F. Gade MD 186 Emerald Bay Laguna Beach, CA 92651-1209	SELF	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Copeland MD 10666 N. Torrey Pines Rd. La Jolla, CA 92037-1027	SELF	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon Aggregate Year-to-Date: $ 500.00		

SUBTOTAL of Receipts This Page (optional) 3,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin M. Henegar MD Carolina Neurosurgery & Spine 1010 Edgehill Rd., N. Charlotte, NC 28207-1885	SELF	10/04/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 600.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas E. O'Hara Jr. MD Northwest Ohio Neuro., Inc. 116 W. Third St. Perrysburg, OH 43551-1411	Northwest Ohio Neurosurgeons	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas E. Carter MD 1555 Scott Rd., Apt. 227 Burbank, CA 91504-1404	SELF	10/04/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 750.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Philip J. A. Willman MD 3006 S. Alameda St. Corpus Christi, TX 78404-2601	SELF	10/04/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 750.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel L. Barrow MD 1365-B Clifton Rd., N.E. Suite #2200 Atlanta, GA 30322	Emory University	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John R. Clifford MD Suite 10000 7777 Hennessy Blvd. Baton Rouge, LA 70808-4300	Neuro Medical Center	10/04/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John H. Neal MD 1000 N. Oak Ave. Marshfield, WI 54449-5703	Marshfield Clinic	10/04/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Neurosurgeon	Aggregate Year-to-Date: $ 250.00	

SUBTOTAL of Receipts This Page (optional) 3,100.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William R. Dobkin MD 361 Hospital Rd., #521 Newport Beach, CA 92663-3521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00	10/04/99	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James C. Metcalf Jr. MD 4470 Normandy Ave. Memphis, TN 38117-2424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Semmes Murphey Clinic Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00	10/04/99	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lansing S. Cowles MD Suite 190 6420 Dutchmans Pkwy. Louisville, KY 40205-3372 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Occupation: Neurosurgeon Aggregate Year-to-Date > $ 250.00	10/04/99	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kim J. Burchiel MD Oregon HS Univ./Neuros., L-472 3181 S.W. Sam Jackson Park Rd. Portland, OR 97201-3098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon Health Sciences University Occupation: Neurosurgeon Aggregate Year-to-Date > $ 500.00	10/04/99	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ron Pickard 1800 Pymarid Pl. Memphis, TN 38132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sofamor Danek Group Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	10/04/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Compton 1800 Pyramid Place Memphis, TN 38132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medtronic Neurological Technologies Occupation: President Aggregate Year-to-Date > $ 1,000.00	10/04/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rush Simonson 12495 Telecom Dr. Tampa, FL 33637 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Surgical Corporation Occupation: Executive/Sales Aggregate Year-to-Date > $ 1,000.00	11/24/99	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rees Freeman MD PMB 357 - 1224 NE Walnut Roseburg, OR 97470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	11/24/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Russell H. Amundson MD Johnson Neurological Clinic 606 N. Elm St. High Point, NC 27262-4387 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 1,000.00	12/01/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William F. Ganz MD West River Neuro. & Spine Ctr. 2905 Fifth St., Suite 200 Rapid City, SD 57701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Paul Ramsay Neurosurgeon $ 500.00	12/01/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregory E. Walker MD 1515 W. Truman Rd., Suite 501 Independence, MO 64050-3450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northeast Neurological Associates Neurosurgeon $ 500.00	12/01/99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John C. Hawkins III MD 2119 Oak St. Jacksonville, FL 32204-4743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lyerly Neurosurgical Group Neurosurgeon $ 300.00	12/01/99	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Rodenhouse MD 125 Lattimore Rd. Rochester, NY 14620-4155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF NEUROSURGEON $ 750.00	12/01/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Curtis A. Dickman MD Neurosurgical Assoc., Ltd. 2910 N. Third Ave. Phoenix, AZ 85013-4434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 1,000.00	12/01/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 4,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda L. Sternau MD Mt. Sinai Prof. Bldg. 4302 Alton Rd., Suite 760 Miami Beach, FL 33140-2893	SELF Occupation: Neurosurgeon	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joel I. Franck MD Suite 303 99 Campus Ave. Lewiston, ME 04240-6045	SELF Occupation: Neurosurgeon	12/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ulrich Batzdorf MD UCLA Med. Ctr./Neuro. Box 956901 Los Angeles, CA 90095-6901	University of California Medical Center Occupation: Neurosurgeon	12/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William F. Hoffman MD 11155 Dunn Rd., Suite 211-N St. Louis, MO 63136-5150	SELF Occupation: Neurosurgeon	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul L. Gorsuch Jr. MD 400 15th Ave., S., Suite 204 Great Falls, MT 59405-4375	SELF Occupation: Neurosurgeon	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alex MacKay MD 1309 S. Ferris Ct. Spokane, WA 99202-1170	SELF Occupation: Neurosurgeon	12/01/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lee V. Ansell MD Suite 610 7777 Southwest Frwy. Houston, TX 77074-1811	SELF Occupation: Neurosurgeon	12/01/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 4,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Albert L. Rhoton Jr. MD Univ. of Florida/Neuro. Box 100265 JHMHC Gainesville, FL 32610	University of Florida Neurosurgeon $ 500.00	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Geoffrey M. Thomas MD Reichert Health Bldg., Box 994 533 McAuley, Suite R-3112 Ann Arbor, MI 48106-0994	SELF Neurosurgeon $ 500.00	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dean C. Lohse MD 4063 Salisbury Rd. Suite #107 Jacksonville, FL 32216-8030	SELF Neurosurgeon $ 400.00	12/01/99	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley O. Skarli MD 2809 N.E. Coronado Blvd. Lawton, OK 73507-3320	SELF Neurosurgeon $ 250.00	12/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Henry R. Liss MD FACS 29 Ridge Rd. Summit, NJ 07901-2916	SELF Neurosurgeon $ 350.00	12/01/99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Scott R. Gibbs MD Brain & Neurospine Clinic 60 Doctor's Park Cape Girardeau, MO 63703	SELF Neurosurgeon $ 500.00	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald I. Apfelbaum MD Dept. of Neurosurgery 50 N. Medical Dr. Salt Lake City, UT 84132	University of Utah Neurosurgeon $ 250.00	12/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey A. Greenberg MD Suite 203 1020 Macintosh Circle Dr. Joplin, MO 64804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon / $ 1,000.00	12/01/99	500.00
B. Michael G. Sugarman MD 4745 Stanton-Ogletown Rd. Suite #117 Newark, DE 19713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon / $ 250.00	12/01/99	250.00
C. John D. Ebelling MD 634 S.W. Mulvane, Suite 202 Topeka, KS 66606-1678 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon / $ 500.00	12/01/99	500.00
D. Timothy P. Schoettle MD 2410 Patterson St. Suite #500 Nashville, TN 37203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon / $ 500.00	12/01/99	500.00
E. Edie E. Zusman MD 5701 LaSalle Ave. Oakland, CA 94611-3248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Permanente / Neurosurgeon / $ 250.00	12/01/99	250.00
F. Patrick W. McCormick MD 2409 Cherry St., MOB10 Toledo, OH 43608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon / $ 500.00	12/01/99	500.00
G. Neil A. Martin MD UCLA Med. Ctr. Box 957039 Los Angeles, CA 90095-7039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UCLA Medical Center / Neurosurgeon / $ 1,000.00	12/01/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Hoyt MD Neurological Surgery 321 W. Acequia, A Visalia, CA 93291-6200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	12/01/99	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James R. Bean MD Neurosurgical Assoc. 1401 Harrodsburg Rd., #B485 Lexington, KY 40504-3700 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 1,000.00	12/01/99	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeffrey W. Cozzens MD Div. of Neurosurgery 2650 Ridge Ave. Evanston, IL 60201-1718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Evanston Medical Specialists Foundation Neurosurgeon $ 1,000.00	12/01/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Charles S. Chang MD 701 Rim Rd. El Paso, TX 79902-2737 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	12/01/99	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Phudhiphorn Thienprasit MD Millennium Neurosurgery 1650 Beam Ave. Maplewood, MN 55109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 250.00	12/01/99	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles L. Branch Jr. MD WFU Baptist Med. Ctr. Medical Center Blvd. Winston-Salem, NC 27157-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	12/01/99	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ivan Ciric MD Div. of Neurosurgery 2650 Ridge Ave., #4222 Evanston, IL 60201-1718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon $ 500.00	12/01/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Russell L. Travis MD Neurosurgical Assoc. 1401 Harrodsburg Rd., B-485 Lexington, KY 40504-3700 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 250.00	12/01/99	250.00
B. Stephen D. Burstein MD 88 S. Bergen Pl. Freeport, NY 11520-3510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00
C. Stephen J. Haines MD MUSC/Dept. of Neurosurgery 171 Ashley Ave. Charleston, SC 29425-2272 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of South Carolina Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
D. Donlin M. Long MD PhD Johns Hopkins Univ. Med. Sch. 600 N. Wolfe St., Meyer 7-109 Baltimore, MD 21287-7709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Johns Hopkins Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
E. Frederick A. Boop MD 9601 Lile Dr., Suite 750 Little Rock, AR 72205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Arkansas Neurosurgeon Aggregate Year-to-Date $ 250.00	12/01/99	250.00
F. Bruce E. Northrup MD Dept. of Neurosurgery 1015 Chestnut St., 14th Fl. Philadelphia, PA 19107-4301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thomas Jefferson University Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
G. Charles J. Lancelotta Jr. MD FACS 3421 Benson Ave. Suite #350 Baltimore, MD 21227-1056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Neurosurgeon Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John C. Oakley MD Neurosurgical Assoc., Inc. 10330 Meridian Ave., N., #300 Seattle, WA 98133-9463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ignacio A. Magana MD 3370 Burns Rd. Suite #200 Palm Beach Gardens, FL 33410-4327 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Luis A. Mignucci MD 7777 Forest Ln. Bldg. C, Suite #106 Dallas, TX 75230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon Aggregate Year-to-Date $ 750.00	12/01/99	750.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcus Paul Schmitz MD 8333 N. Davis Hwy. Pensacola, FL 32514-6048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Geoffrey Leigh Blatt MD 6420 Prospect Ave., Suite T411 Kansas City, MO 64132-1180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF / Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David George Piepgras MD Mayo Clinic 200 First St., S.W. Rochester, MN 55905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mayo Clinic / Neurosurgeon Aggregate Year-to-Date $ 500.00	12/01/99	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph M. Zabramski MD Barrow Neuro. Inst. 2910 N. Third Ave. Phoenix, AZ 85013-4434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Barrow Neurological Institute / Neurosurgeon Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 5,250.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth L. Rankens MD Indianapolis Neuro. Group 1801 N. Senate Blvd., Ste.535 Indianapolis, IN 46202-1253	SELF Neurosurgeon	12/01/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jay More MD New Jersey Neuroscience Inst. JFK Med. Ctr., 65 James St. Edison, NJ 08818	JFK Medical Center Neurosurgeon	12/21/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marie L. Long MD Two Memorial Dr., Suite 207 Decatur, IL 62526-3950	SELF Neurosurgeon	12/21/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Lalpzig MD 1801 N. Senate Blvd. Suite #535 Indianapolis, IN 46202-1228	Indianapolis Neurosurgical Group Neurosurgeon	12/21/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David A. Pootrakul MD 13660 N. 94th Dr., Suite C-1 Peoria, AZ 85381-4836	SELF Neurosurgeon	12/21/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sylvain Palmar MD Suite 561 26732 Crown Valley Pkwy. Mission Viejo, CA 92691-6306	SELF Neurosurgeon	12/21/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W. Ben Blackett MD Neurosurgery Consulting LLC P.O. Box 6903 Tacoma, WA 98407-0903	SELF Neurosurgeon	12/21/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 4,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur L. Day MD **100 S. Newell Dr.** **Bldg. 59, Room L-2-100** **Gainesville, FL 33612**	**University of Florida**	**12/21/99**	**1,000.00**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Neurosurgeon**	Aggregate Year-to-Date $ **1,000.00**	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Morantz MD **6420 Prospect, Suite T-411** **Kansas City, MO 64132-1180**	**SELF**	**12/21/99**	**500.00**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Neurosurgeon**	Aggregate Year-to-Date $ **500.00**	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Hacker MD **1426 Oak St.** **Eugene, OR 97401-4043**	**Oregon Neurosurgery**	**12/21/99**	**250.00**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Neurosurgeon**	Aggregate Year-to-Date $ **250.00**	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Joseph Camarata MD **Neurosurgical PC/Neurology** **4440 Broadway** **Kansas City, MO 64111-3373**	**SELF**	**12/21/99**	**1,000.00**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Neurosurgeon**	Aggregate Year-to-Date $ **1,000.00**	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Orrico **4 Bentley Drive** **Sterling, VA 20165**	**AANS**	**12/21/99**	**250.00**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Attorney**	Aggregate Year-to-Date $ **250.00**	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	**3,000.00**
TOTAL This Period (last page this line number only)	**105,200.00**

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 365.57	Date (month, day, year) 07/31/99	Amount of Each Receipt this Period 49.65
B. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 429.85	Date (month, day, year) 08/31/99	Amount of Each Receipt this Period 64.28
C. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 500.22	Date (month, day, year) 09/30/99	Amount of Each Receipt this Period 70.37
D. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 564.77	Date (month, day, year) 10/29/99	Amount of Each Receipt this Period 64.55
E. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 668.32	Date (month, day, year) 11/30/99	Amount of Each Receipt this Period 83.55
F. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Interest Paid Aggregate Year-to-Date > $ 766.19	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 97.87
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	450.27
TOTAL This Period (last page this line number only)	450.27

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 21B

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bell Atlantic PO Box 646 Baltimore MD 21265-0001	Phone Bill		07/13/99	29.04
B. Federal Express Washington, DC	Air Mail		07/13/99	87.50
C. Federal Express Washington, DC	Air Mail		07/13/99	15.00
D. Lori Shoaf 3201 Landover St. #722 Alexandria, VA 22305	Contract Fee		07/13/99	680.00
E. Lori Shoaf 3201 Landover St. #722 Alexandria, VA 22305	Postage		07/13/99	66.00
F. FAXCESS 573 Washington St. South Easton, MA 02375	Fax Service		07/13/99	291.87
G. Federal Express Washington, DC	Air Mail		07/13/99	24.75
H. Randy Smith 7920 Frost St. Suite 400 San Diego, CA 92123	Meeting Expense: Prize		07/13/99	462.72
I. Crestar Bank Washington, DC	Bank Fees		07/31/99	485.81

SUBTOTAL of Disbursements This Page (optional) 2,162.69

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Lori Shoaf 3201 Landover St. #722 Alexandria, VA 22305	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/04/99	211.20
B. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/99	174.93
C. Full Name, Mailing Address and ZIP Code Katherine Orrico 4 Bentley Drive Sterling, VA 20165	Professional Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/99	1,350.00
D. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/99	229.95
E. Full Name, Mailing Address and ZIP Code New Orleans Hilton LA	Meeting Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/99	267.75
F. Full Name, Mailing Address and ZIP Code Bell Atlantic PO Box 646 Baltimore MD 21265-0001	Phone Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/99	167.16
G. Full Name, Mailing Address and ZIP Code AANS 22 S. Washington Street Park Ridge IL 60068	Booth Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/99	1,207.82
H. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/29/99	125.25
I. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/99	10.00

SUBTOTAL of Disbursements This Page (optional) 3,744.08

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 21B

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. AANS 22 S. Washington Street Park Ridge IL 60068	Booth Rental Primary / General / Other (specify)	12/20/99	2,195.00
B. Oppenheimer, Wolff & Donnelly 180 N. Stetson Ave. 45th floor Chicago, IL 60601-6710	Legal Expenses Primary / General / Other (specify)	12/20/99	212.50
C. Bell Atlantic PO Box 646 Baltimore MD 21265-0001	Phone Service Primary / General / Other (specify)	12/20/99	69.96
D. Heymann, Smith & Sulsea, PC One Church Street Suite 600 Rockville, MD 20850	Accounting Services Primary / General / Other (specify)	12/20/99	2,890.75
E. Federal Express Washington, DC	Express Mail Primary / General / Other (specify)	12/20/99	17.75
F. AANS 22 S. Washington Street Park Ridge IL 60068	Meeting Expenses Primary / General / Other (specify)	12/20/99	823.36
G. Katherine Orrico 4 Bentley Drive Sterling, VA 20165	Contract Fee Primary / General / Other (specify)	12/20/99	1,525.00
H. Randy Smith 7920 Frost St. Suite 400 San Diego, CA 92123	Meeting Expense: Prize Primary / General / Other (specify)	12/20/99	538.75
I. Vocus Software MD	Software Primary / General / Other (specify)	12/20/99	2,500.00

SUBTOTAL of Disbursements This Page (optional) 10,773.07

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 4
	FOR LINE NUMBER 21B

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Shoaf 3201 Landover St. #722 Alexandria, VA 22305	Contract Fee Disbursement for: Primary General Other (specify)	12/21/99	1,810.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Crestar Bank Washington, DC	Bank Fees Disbursement for: Primary General Other (specify)	12/31/99	406.91
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,216.91
TOTAL This Period (last page this line number only)	18,896.75

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Fitzgerald for Senate 50 N Broadway Suite 4-5 Palatine, IL 60067	Peter Fitzgerald, U.S. SENATE IL [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF DUKE CUNNINGHAM PO BOX 40227 SAN DIEGO, CA 92164	Randy "Duke" Cunningham, U.S. [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
C. Full Name, Mailing Address and ZIP Code People for Greg Ganske Committee 4010 Franconia Rd. Alexandria, VA 22310-2136	Greg Ganske, U.S. HOUSE 4th IA [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	5,000.00
D. Full Name, Mailing Address and ZIP Code COOKSEY FOR CONGRESS COMMITTEE 1310 NORTH 19TH STREET MONROE, LA 71201	John Cooksey, U.S. HOUSE 5th LA [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	2,000.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA FOR CONGRESS 2228 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515	Constance A. Morella, U.S. HOUSE 8th MD [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
F. Full Name, Mailing Address and ZIP Code PALLONE FOR CONGRESS 1187 OCEAN AVE LONG BRANCH, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
G. Full Name, Mailing Address and ZIP Code HASTERT 25 E. Wilson PO Box 625 Batavia, IL 60510	Dennis J. Hastert, U.S. HOUSE 14th IL [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
H. Full Name, Mailing Address and ZIP Code ROTH PO Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
I. Full Name, Mailing Address and ZIP Code KERRY 301 4th St, NE Suite 201 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	2,000.00

SUBTOTAL of Disbursements This Page (optional) 15,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Comm. To Re-Elect Vito Fossella 15 Grandview Ter Staten Island, NY 10308	Vito J. Fossella, U.S. HOUSE 13th NY [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
B. SHAW PO Box 2188 Ft. Lauderdale, FL 33301	E. Clay Shaw, U.S. HOUSE 22nd FL [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
C. Pete King For Congress Comm. 1442 Roth Rd Seaford, NY 11783	Peter T. King, U.S. HOUSE 3rd NY [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	500.00
D. Bill McCollum For Congress 600 Thistlewood Ct Longwood, FL 32779	Bill McCollum, U.S. HOUSE 8th FL [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
E. Comm. To Re-Elect Congresswoman Ma 249 Greenway Rd Ridgewood, NJ 07450	Marge Roukema, U.S. HOUSE 5th NJ [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
F. Friends Of Sherwood Boehlert Comm. 20 Stone Bridge Rd New Hartford, NY 13413	Sherwood L. Boehlert, U.S. HOUSE 23rd NY [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
G. Friends Of Mark Foley For Congress 3507 Village Blvd # 5-304 West Palm Beach, FL 33409	Mark Foley, U.S. HOUSE 16th FL [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	500.00
H. Citizens Comm. For Gilman For Cong 16 Orchard St Middletown, NY 10940	Benjamin A. Gilman, U.S. HOUSE 20th NY [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
I. LEACH PO Box 1010 Bettendorf, IA 52722	James A. Leach, U.S. HOUSE 1st IA [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
		SUBTOTAL of Disbursements This Page (optional)	8,000.00
		TOTAL This Period (last page this line number only)	

4-00178

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
SAXTON PO Box 795 Mount Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray For Congress 1307 9th St Imperial Beach, CA 91932	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	500.00
C. Full Name, Mailing Address and ZIP Code FRANKS 219 South St. Ste 203 New Providence, NJ 07974	Purpose of Disbursement Bob Franks, U.S. HOUSE 7th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Horn For Congress Committee 3944 Pine Ave Long Beach, CA 90807	Purpose of Disbursement Steve Horn, U.S. HOUSE 38th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Lobiondo For Congress 1754 Wynnewood Dr Vineland, NJ 08361	Purpose of Disbursement Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Comm. To Re-Elect Congressman Chri 217 Hancock Ave Bridgewater, NJ 08807	Purpose of Disbursement Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Cook 98 Reelection Committee 36 S State St Ste 1800 Salt Lake City, UT 84111	Purpose of Disbursement Merrill Cook, U.S. HOUSE 2nd UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Frelinghuysen For Congress 1711 Us Highway 46 Parsippany, NJ 07054	Purpose of Disbursement Rodney P. Frelinghuysen, U.S. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	500.00
I. Full Name, Mailing Address and ZIP Code Crane For Congress Committee 213 Wathington Dr Wauconda, IL 60084	Purpose of Disbursement Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/21/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code John Shadegg For Congress Po Box 45444 Phoenix, AZ 85064	Purpose of Disbursement John B. Shadegg, U.S. HOUSE 4th AZ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/21/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Bachus For Congress Po Box 59444 Birmingham, AL 35259	Purpose of Disbursement Spencer Bachus, U.S. HOUSE 6th AL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/21/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	33,000.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1-31-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SH — PREPARER

1-31-00 — DATE PREPARED

(4/98)