

**FEC  
FORM 3X**

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

Office Use Only

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

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 P.O. Box 136  
 Washington DC 20044-0136

2. **FEC IDENTIFICATION NUMBER** C00327171  
**CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on 10 22 2000 in the State of  
 (b) Monthly Report Due On:  
 (c) 12-Day **PRE**Election Report for the: Primary (12P)  General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 10 01 2000 through 10 18 2000

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 Treasur  
 Signature of Treasurer Electronically Filed by Katherine O. Orrico, Assistant Treasur Date 08 09 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

American Neurological Surgery, Political Action Committee

Report Covering the Period: From: <sup>h</sup>10 <sup>D</sup>01 <sup>v</sup>2000 To: <sup>h</sup>10 <sup>D</sup>18 <sup>v</sup>2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2000		122556.62
(b) Cash on Hand at Beginning of Reporting Period .....	109271.52	
(c) Total Receipts (from Line 19) .....	29120.00	105957.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	138391.52	228514.48
7. Total Disbursements (from Line 30) .....	89899.79	180022.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48491.73	48491.73
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Neurological Surgery, Political Action Committee

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>01 <sup>Y</sup>2000 To: <sup>W</sup>10 <sup>D</sup>18 <sup>Y</sup>2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	26450.00	
(ii) Unitemized .....	2670.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29120.00	105280.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	29120.00	105280.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	677.86
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	29120.00	105957.86
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	29120.00	105957.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2899.79	42751.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2899.79	42751.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87000.00	137271.40
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	89899.79	180022.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	89899.79	180022.75
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	29120.00	105280.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	29120.00	105280.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2899.79	42751.35
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2899.79	42751.35

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)  
**A. Warren McPherson, MD**

Mailing Address  
Mid State Neurosurgery 503 E. Bell St. Ste. 300  
City State Zip Code  
Murfreesboro TN 37130-3052

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000266600002

Full Name (Last, First, Middle Initial)  
**B. Albert Rhaban, Jr. MD**

Mailing Address  
University of Florida - Gaines Box 100265  
City State Zip Code  
Gainesville FL 32610

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Florida Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000266600003

Full Name (Last, First, Middle Initial)  
**C. Clarence Watridge, MD**

Mailing Address  
Semmes Murphey Clinic 6325 Humphreys Blvd.  
City State Zip Code  
Memphis TN 38120-2300

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Semmes Murphey Clinic Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 750.00

Transaction ID: 10000000267000004

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 6 / 39

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

A. Fremont Wirth, MD

Mailing Address

Neurological Institute of Sava 4 Jackson Blvd.

City State Zip Code

Savannah GA 31405-5810

Date of Receipt

N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000267100005

Full Name (Last, First, Middle Initial)

B. Frederick Simeone, MD

Mailing Address

Thomas Jefferson University Ho 908 Walnut St. 3rd Fl.

City State Zip Code

Philadelphia PA 19107-5211

Date of Receipt

N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000267300008

Full Name (Last, First, Middle Initial)

C. Joseph Zbramek, MD

Mailing Address

Barrow Neurological Institute 2910 N. 3rd Ave.

City State Zip Code

Phoenix AZ 85015-4434

Date of Receipt

N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
Barrow Neurological Institute Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000267500007

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Robert Hennessy, MD**

Mailing Address  
Ste. 304 1001 Pine Heights Ave.  
City State Zip Code  
Baltimore MD 21229-5208

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000267600008

Full Name (Last, First, Middle Initial)  
**B. Robert Richardson, MD**

Mailing Address  
8426 Buckingham Ct.  
City State Zip Code  
Willow Springs IL 60480-1144

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MOUNT SIANI Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000267700009

Full Name (Last, First, Middle Initial)  
**C. Archimedes Ramirez, MD**

Mailing Address  
Ste. 308 599 Sir Francis Drake Blvd.  
City State Zip Code  
Greenbrae CA 94904-1712

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000267800010

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Bruce Elni, MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Baylor College of Medicine 656D Fannin St. Ste. 1200  
 City State Zip Code  
 Houston TX 77030

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 17 2000

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer Occupation  
 SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00

Transaction ID: 10000000268200011

**B. Mark Anderson, MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Ste. 1005 18300 Sand Canyon Ave.  
 City State Zip Code  
 Irvine CA 92618-3711

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 17 2000

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer Occupation  
 SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00

Transaction ID: 10000000268800012

**C. Herbert Oestreich, MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 New York Medical College Munger Pavillion Rm. 929  
 City State Zip Code  
 Valhalla NY 10595

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 17 2000

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer Occupation  
 New York Medical College Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 250.00

Transaction ID: 10000000268800013

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Moustapha Abou-Samra, MD**

Mailing Address  
Ste. 408 168 N. Brent St.  
City State Zip Code  
Ventura CA 93003

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: 10000000268900014

Full Name (Last, First, Middle Initial)  
**B. John Atkinson, MD**

Mailing Address  
Mayo Clinic 200 1st St./Neurosurgery S.W.  
City State Zip Code  
Rochester MN 55905

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mayo Clinic Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000269000015

Full Name (Last, First, Middle Initial)  
**C. Issam Awad, MD**

Mailing Address  
University of Colorado Health 4200 E. 9th Ave. Box C307  
City State Zip Code  
Denver CO 80220-3708

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UCHSC Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000269200016

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1100.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

American Neurological Surgery, Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** James Bean, MD

Mailing Address

Neurosurgical Associates PSC 1401 Harrodsburg Rd. Ste. B-48

City State Zip Code

Lexington KY 40504-3797

Date of Receipt

10 / 17 / 2000

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
SELF

Occupation  
Neurosurgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 10000000269400017

Full Name (Last, First, Middle Initial)

**B.** W. Ben Blackall, MD

Mailing Address

Neurosurgery Consulting LLC PO Box 6903

City State Zip Code

Tacoma WA 98407-0987

Date of Receipt

10 / 17 / 2000

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
SELF

Occupation  
Neurosurgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000269500018

Full Name (Last, First, Middle Initial)

**C.** James Brown, MD

Mailing Address

6810 S.T Street 6810 S. T St.

City State Zip Code

Fort Smith AR 72903-4008

Date of Receipt

10 / 17 / 2000

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
SELF

Occupation  
Neurosurgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000269600019

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

**1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Elizabeth Bulfit, MD**

Mailing Address  
University of North Carolina 148 Burnett-Womack CB 7080  
Chapel Hill NC 27599-7060

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
UNC

Occupation  
Neurosurgeon

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 10000000269800020

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Cozzens, MD**

Mailing Address  
Evanston Northwestern Healthcare 285D Ridge Ave. Ste. 4215  
Evanston IL 60201-1718

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Evanston Medical Specialists Foundatio

Occupation  
Neurosurgeon

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Transaction ID: 10000000269900021

Full Name (Last, First, Middle Initial)  
**C. Benedict Colombi, MD**

Mailing Address  
University Hospitals of Clevel 11100 Euclid Ave./Neurosurgery  
Cleveland OH 44106-1738

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Univ Hosp of Cleveland

Occupation  
Neurosurgeon

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 10000000270000022

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 39

11a  11b  11c  12  
13 14 15 16 17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Fessler, MD PhD

Mailing Address  
CINN Specialty Care Pavilion 455D N. Winchester Ave. 3rd Fl  
City State Zip Code  
Chicago IL 60640-5205

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Chgo. Inst. of Neuro. Occupation Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 1000000270500023

**B.** Full Name (Last, First, Middle Initial)  
Richard Fessler, II MD

Mailing Address  
Wayne State University 416D John R Rd. Ste. 930  
City State Zip Code  
Detroit MI 48201-2017

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Wayne State Occupation Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 1000000270800024

**C.** Full Name (Last, First, Middle Initial)  
Claude Feler, MD

Mailing Address  
Semmes Murphey Clinic 220 S. Claybrook Ave. Ste. 600  
City State Zip Code  
Memphis TN 38104

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer SELF Occupation Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000270700025

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. John Frazer, MD**

Mailing Address  
University of California - Los Angeles Box 957039 Rm. 18-211 NPI  
City State Zip Code  
Los Angeles CA 90095-7039

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UCLA Medical Center Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000270800026

Full Name (Last, First, Middle Initial)  
**B. Isaac Goodrich, MD**

Mailing Address  
Connecticut Neurosurgery PC 300 Orchard St. Ste. 318  
City State Zip Code  
New Haven CT 06511-4412

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000271100027

Full Name (Last, First, Middle Initial)  
**C. John Guen, MD**

Mailing Address  
LAC-USC Medical Center 1200 N. State St. Ste. 5048  
City State Zip Code  
Los Angeles CA 90033-1029

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LAC-USCMC Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000271200028

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. David Jimenez, MD**

Mailing Address  
University of Missouri - Colum      1 Hospital Dr. N-521  
City      State      Zip Code  
Columbia      MO      65201-5276

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
UNIV. OF MISSOURI      Program Director

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      1000.00

Transaction ID: 10000000271500029

Full Name (Last, First, Middle Initial)  
**B. Allen Kanrowitz, MD**

Mailing Address  
Ste. 106      21110 Biscayne Blvd.  
City      State      Zip Code  
Aventura      FL      33180

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
SELF      Neurosurgeon

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      250.00

Transaction ID: 10000000271800030

Full Name (Last, First, Middle Initial)  
**C. Dennis McDonnell, MD**

Mailing Address  
Gundersen Clinic      1836 South Ave.  
City      State      Zip Code  
La Crosse      WI      54601-5429

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
Gundersen Lutheran Medical Hospital      Neurosurgeon

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      500.00

Transaction ID: 10000000271800031

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. John McVicker, MD**

Mailing Address  
Rocky Mountain Neurosurgical A 701 E. Hampden Ste. 51D  
City State Zip Code  
Englewood CO 80110-2776

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 10000000272000032

Full Name (Last, First, Middle Initial)  
**B. Mark Meyer, MD**

Mailing Address  
Ste. 124 1717 Shaffer St  
City State Zip Code  
Kalamazoo MI 49001

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 10000000272100033

Full Name (Last, First, Middle Initial)  
**C. Enoch Monts, III MD**

Mailing Address  
Ste. 375 513 Brookwood Blvd.  
City State Zip Code  
Birmingham AL 35209-6862

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000272300034

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Haring Nauris, MD PhD**

Mailing Address  
University of Texas Medical Br 301 University Blvd.  
City State Zip Code  
Galveston TX 77555-5302

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Texas Medical Branch Program Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000272500035

Full Name (Last, First, Middle Initial)  
**B. Bruce Northrup, MD**

Mailing Address  
Thomas Jefferson University Ho 1015 Chestnut St. Ste. 1400  
City State Zip Code  
Philadelphia PA 19107-4316

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Thomas Jefferson University Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000272800038

Full Name (Last, First, Middle Initial)  
**C. Michael Din, MD**

Mailing Address  
Park Square Medical Center 63 Eddie Dowling Hwy. Ste. 7  
City State Zip Code  
North Smithfield RI 02896-7322

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000272700037

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Nelson Dyesiku, MD PhD**

Mailing Address  
Emory Clinic 1365-B Clifton Rd. N.E. #6400  
City State Zip Code  
Atlanta GA 30322-1013

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
The Emory Clinic

Occupation  
Neurosurgeon

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 10000000272800038

Full Name (Last, First, Middle Initial)  
**B. Stan Pelofsky, MD**

Mailing Address  
Neuroscience Specialists 4120 W. Memorial Rd. Ste. 300  
City State Zip Code  
Oklahoma City OK 73120-9322

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
SELF

Occupation  
Neurosurgeon

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Transaction ID: 10000000272900039

Full Name (Last, First, Middle Initial)  
**C. David Plepgrass, MD**

Mailing Address  
Mayo Clinic 200 1st St./Neurosurgery S.W.  
City State Zip Code  
Rochester MN 55905-0001

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Mayo Clinic

Occupation  
Program Director

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Transaction ID: 10000000273000040

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

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

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(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
American Neurological Surgery, Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Harish Rawal, MD

Mailing Address  
Ste. 109 900 E. Michigan  
City State Zip Code  
Jackson MI 49201

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000273200041

**B.** Full Name (Last, First, Middle Initial)  
Jon Robertson, MD

Mailing Address  
Semmes Murphey Clinic 220 S. Claybrook Ave. Ste. 700  
City State Zip Code  
Memphis TN 38104-3527

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000273300042

**C.** Full Name (Last, First, Middle Initial)  
Gerald Roots, Jr. MD

Mailing Address  
Emory Clinic 550 Peachtree St. N.E. Ste. 80  
City State Zip Code  
Atlanta GA 30308-2247

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Emory University Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000273400043

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Warren Selman, MD**

Mailing Address  
University Hospitals of Clevel      11100 Euclid Ave. #HH5042  
City      State      Zip Code  
Cleveland      OH      44106

Date of Receipt  
M M / D D / Y Y Y Y  
10      17      2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
University Hospitals of Cleveland      Neurosurgeon

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      1000.00

Transaction ID: 10000000273700044

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

Mailing Address  
12485 Telecom Dr.  
City      State      Zip Code  
Tampa      FL      33637

Date of Receipt  
M M / D D / Y Y Y Y  
10      17      2000

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
General Surgical Corporation      Neurosurgeon

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      500.00

Transaction ID: 10000000273800045

Full Name (Last, First, Middle Initial)  
**C. Randall Smith, MD**

Mailing Address  
Ste. 400      7920 Frost St.  
City      State      Zip Code  
San Diego      CA      92123-2735

Date of Receipt  
M M / D D / Y Y Y Y  
10      17      2000

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer      Occupation  
SELF      Neurosurgeon

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      1100.00

Transaction ID: 10000000273800046

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 39	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Raymond Sweet, MD**

Mailing Address  
Ste. 101 300 Billingsley Rd.  
City State Zip Code  
Charlotte NC 28211-1084

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 1000000027400047

Full Name (Last, First, Middle Initial)  
**B. Tim West, MD**

Mailing Address  
Neurological & Spinal Surgery 1500 S. 48th St. Ste. 511  
City State Zip Code  
Lincoln NE 68506-1225

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000274100048

Full Name (Last, First, Middle Initial)  
**C. Monica Wahby, MD**

Mailing Address  
6010 S.W. Orchid Drive 6010 S.W. Orchid Dr.  
City State Zip Code  
Portland OR 97219

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Legacy Emanuel Hospital Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000274200049

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Martin Weiss, MD

Mailing Address  
LAC-USC Medical Center 120D N. State St. Ste. 5046  
City State Zip Code  
Los Angeles CA 90033-1029

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
USC Medical Program Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000274300050

**B.** Full Name (Last, First, Middle Initial)  
Francis Williams, MD

Mailing Address  
Ste. 1-C 275 Victoria St.  
City State Zip Code  
Costa Mesa CA 92627-1906

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000274400051

**C.** Full Name (Last, First, Middle Initial)  
Gene Barnett, MD

Mailing Address  
Cleveland Clinic Foundation 9500 Euclid Ave.  
City State Zip Code  
Cleveland OH 44195-0001

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cleveland Clinic Foundation Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 10000000274800052

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

**A.** Full Name (Last, First, Middle Initial)  
Arturo Carnecho

Mailing Address  
300 Lady Slipper Lane

City State Zip Code  
Vadnais Heights MN 55127-6160

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000280800053

**B.** Full Name (Last, First, Middle Initial)  
Mark Hadley, MD

Mailing Address  
University of Alabama - Birmin 1813 6th Ave. S. MEBS16

City State Zip Code  
Birmingham AL 35294-3295

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Alabama Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1100.00

Transaction ID: 10000000340700054

**C.** Full Name (Last, First, Middle Initial)  
John Davis, IV MD

Mailing Address  
105 Summit Grove 105 Summit Grove

City State Zip Code  
Brandon MS 39047-7384

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2000

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000342400055

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

**TOTAL** This Period (last page this line number only) ..... ▶ **26450.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lori Shoaf</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 3201 Landover St #722 City State Zip Code Alexandria VA 22305		Amount of Each Disbursement this Period 1040.00	
Purpose of Disbursement Professional Services		Category/ Type	
Candidate Name		Transaction ID: 10000000283300002	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Corporate Visions, Inc</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 1000 18th Street, N.W. City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 384.45	
Purpose of Disbursement Printing Expense		Category/ Type	
Candidate Name		Transaction ID: 10000000283400003	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. E2 Technologies, LLC</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 12905 Spring Lakes Dr City State Zip Code Davidsonville MD 21035		Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Web Site		Category/ Type	
Candidate Name		Transaction ID: 10000000283500004	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1484.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Xpedite Systems, Inc</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address One Industrial Way West Building D City State Zip Code Eatontown NJ 07724		Amount of Each Disbursement this Period 1010.01	
Purpose of Disbursement Fax Broadcasting Service		Category/ Type	
Candidate Name		Transaction ID: 10000000283700006	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Cook &amp; Company</b>		Date of Disbursement 10 / 18 / 2000	
Mailing Address 1501 M. Street, N.W. Suite 300 City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 343.89	
Purpose of Disbursement Publication Subscription		Category/ Type	
Candidate Name		Transaction ID: 10000000283800006	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1353.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2838.15</b>



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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Oxley For Congress</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 1228 South Main Street City Findlay State OH Zip Code 45840		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Michael G. Oxley, U.S. HOUS	Candidate Name Michael G. Oxley	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000280900007
State: OH District: 4		

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Brian Bilbray For Congress</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 1307 9th St City Imperial Beach State CA Zip Code 91932		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Brian P. Bilbray, U.S. HOUS	Candidate Name Brian P. Bilbray	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281000008
State: CA District: 49		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO REELECT ED TOWNS</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 286 HIGHLAND BLVD City BKLYN State NY Zip Code 11207		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Edolphus Towns, U.S. HOUSE	Candidate Name Edolphus Towns	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281100009
State: NY District: 10		

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

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Jeffords For Vermont</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address Po Box 246 City Montpelier State VT Zip Code 05601		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 James M. Jeffords, U.S. SEN		24K Category/ Type
Candidate Name James M. Jeffords		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281200010
State: VT District:		

Full Name (Last, First, Middle Initial) <b>B. Upton For All Of Us</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 285 Ridgeway Po Box 800 City St Joseph State MI Zip Code 49086		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Fred Upton, U.S. HOUSE 6th		24K Category/ Type
Candidate Name Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281300011
State: MI District: 6		

Full Name (Last, First, Middle Initial) <b>C. COOKSEY FOR CONGRESS COMMITTEE</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 1310 NORTH 19TH STREET City MONROE State LA Zip Code 71201		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 John Cooksey, U.S. HOUSE 5t		24K Category/ Type
Candidate Name John Cooksey		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281400012
State: LA District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SENATOR GENE GREEN CONGRESSIONAL CAMPA</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address PO BOX 16128 City HOUSTON State TX Zip Code 77222		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Gene Green, U.S. HOUSE 29th		24K Category/ Type
Candidate Name Gene Green		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281500013
State: TX District: 29		

Full Name (Last, First, Middle Initial) <b>B. Crane For Congress Committee</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 213 Wethington Dr City Wauconda State IL Zip Code 60084		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Philip M. Crane, U.S. HOUSE		24K Category/ Type
Candidate Name Philip M. Crane		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281600014
State: IL District: 8		

Full Name (Last, First, Middle Initial) <b>C. Donald A. Manzullo For Congress</b>		Date of Disbursement 10 / 12 / 2000
Mailing Address 792 E Lightsville Rd City Egan State IL Zip Code 61047		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Donald A. Manzullo, U.S. HO		24K Category/ Type
Candidate Name Donald A. Manzullo		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000281700015
State: IL District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Paul Perry For Congress</b>			Date of Disbursement 10 / 12 / 2000	
Mailing Address 3144 Valleybrook Ct City Newburgh State IN Zip Code 47630			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Paul Perry, U.S. HOUSE 8th			24K Category/ Type	
Candidate Name Paul Perry				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000281800018	
State: IN      District: 8				

Full Name (Last, First, Middle Initial) <b>B. Lazio 2000</b>			Date of Disbursement 10 / 12 / 2000	
Mailing Address 126 S Windsor Avenue City Brightwaters State NY Zip Code 11718			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Rick A. Lazio, U.S. HOUSE 2			24K Category/ Type	
Candidate Name Rick A. Lazio				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000281800017	
State: NY      District: 2				

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Comm.</b>			Date of Disbursement 10 / 12 / 2000	
Mailing Address 7D1 Williamsburg City Ennis State TX Zip Code 75119			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Joe L. Barton, U.S. HOUSE 6			24K Category/ Type	
Candidate Name Joe L. Barton				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000282000018	
State: TX      District: 6				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stupak For Congress</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 4101 Michigan Shores Drive City: Menominee State: MI Zip Code: 49858		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Bart Stupak, U.S. HOUSE 1st		24K Category/ Type	
Candidate Name Bart Stupak			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI      District: 1	Transaction ID: 10000000282100019		

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Conyers</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 44 Canal Center Plaza Suite 400 City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 John Conyers, U.S. HOUSE 14		24K Category/ Type	
Candidate Name John Conyers Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI      District: 14	Transaction ID: 10000000282200020		

Full Name (Last, First, Middle Initial) <b>C. John D Dingell For Congress Comm.</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 2328 Rayburn House Office Building City: Washington State: DC Zip Code: 20515		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 John D. Dingell, U.S. HOUSE		24K Category/ Type	
Candidate Name John D. Dingell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI      District: 18	Transaction ID: 10000000282300021		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. TED STRICKLAND FOR CONGRESS</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address PO BOX 580 City LUCASVILLE State OH Zip Code 45648		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Ted Strickland, U.S. HOUSE		24K Category/ Type	
Candidate Name Ted Strickland			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 8	Transaction ID: 10000000282500022		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE WELDON</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 1802 WILLARD ROAD NW City PALM BAY State FL Zip Code 32907		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Dave Weldon, U.S. HOUSE 15t		24K Category/ Type	
Candidate Name Dave Weldon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 15	Transaction ID: 10000000282600023		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CONNIE MORELLA FOR CONGRESS</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 2228 RAYBURN HOUSE OFFICE BUILDING City WASHINGTON State DC Zip Code 20515		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Constance A. Morella, U.S.		24K Category/ Type	
Candidate Name Constance A. Morella			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD      District: 8	Transaction ID: 10000000282700024		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Mark Foley For Congress</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 3507 Village Blvd # 5-304 City State Zip Code West Palm Beach FL 33409		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Mark Foley, U.S. HOUSE 16th		24K Category/ Type	
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 16	Transaction ID: 10000000282800025		

Full Name (Last, First, Middle Initial) <b>B. NORWOOD FOR CONGRESS</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address PO BOX 498 City State Zip Code EVANS CA 95808		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$4000.00 Charlie Norwood, U.S. HOUSE		24K Category/ Type	
Candidate Name Charlie Norwood			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 10	Transaction ID: 10000000282800026		

Full Name (Last, First, Middle Initial) <b>C. Jon Kyl For U S Senate</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 4442 E Camelback Road #180 City State Zip Code Phoenix AZ 85018		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Jon Kyl, U.S. SENATE AZ		24K Category/ Type	
Candidate Name Jon Kyl			
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AZ      District:	Transaction ID: 10000000283000027		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Chambliss For Congress</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address Po Box 4084 City: Macon State: GA Zip Code: 31208		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Saxby Chambliss, U.S. HOUSE		24K Category/ Type	
Candidate Name Saxby Chambliss			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 8	Transaction ID: 10000000283100028		

Full Name (Last, First, Middle Initial) <b>B. Barney Frank For Congress Comm.</b>		Date of Disbursement 10 / 12 / 2000	
Mailing Address 18 Blake Street City: Newtonville State: MA Zip Code: 02460		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Barney Frank, U.S. HOUSE 4th		24K Category/ Type	
Candidate Name Barney Frank			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MA      District: 4	Transaction ID: 10000000283200028		

Full Name (Last, First, Middle Initial) <b>C. Bill McCollum For Congress</b>		Date of Disbursement 10 / 18 / 2000	
Mailing Address 600 Thistlewood Ct City: Longwood State: FL Zip Code: 32779		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Bill McCollum, U.S. HOUSE 8		24K Category/ Type	
Candidate Name Bill McCollum			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 8	Transaction ID: 10000000284000030		

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Clay Shaw</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address PO Box 2188 City: Ft. Lauderdale State: FL Zip Code: 33301		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 E. Clay Shaw, U.S. HOUSE 22		24K Category/ Type
Candidate Name E. Clay Shaw Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284100031
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>B. VIC SNYDER FOR CONGRESS COMMITTEE</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 100 MORGAN KEEGAN DRIVE SUITE 410 City: LITTLE ROCK State: AR Zip Code: 72202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Vic Snyder, U.S. HOUSE 2nd		24K Category/ Type
Candidate Name Vic Snyder		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284200032
State: AR District: 2		

Full Name (Last, First, Middle Initial) <b>C. Mike Thompson</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 5435 Madison Avenue City: Sacramento State: CA Zip Code: 95841		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 , U.S. HOUSE 15th CA		24K Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284300033
State: CA District: 15		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **4000.00**

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. ANNA ESHOO FOR CONGRESS</b>		Date of Disbursement 10 / 18 / 2000	
Mailing Address 40 ISABELLA AVENUE City State Zip Code ATHERTON CA 94027		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Anna G. Eshoo, U.S. HOUSE 1		24K Category/ Type	
Candidate Name Anna G. Eshoo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000284400034	
State: CA      District: 14			

Full Name (Last, First, Middle Initial) <b>B. Bill Thomas Campaign Committee</b>		Date of Disbursement 10 / 18 / 2000	
Mailing Address 4100 Truxtun Avenue      Suite 210 City State Zip Code Bakersfield CA 93308		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:\$3000.00 Bill Thomas, U.S. HOUSE 21s		24K Category/ Type	
Candidate Name Bill Thomas			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000284500035	
State: CA      District: 21			

Full Name (Last, First, Middle Initial) <b>C. MIKE BILIRAKIS FOR CONGRESS</b>		Date of Disbursement 10 / 18 / 2000	
Mailing Address 304 DRIFTWOOD DR W City State Zip Code PALM HARBOR FL 34683		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Michael Bilirakis, U.S. HOU		24K Category/ Type	
Candidate Name Michael Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000284600036	
State: FL      District: 8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. RE-ELECT NANCY JOHNSON TO CONGRESS COM</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 08052		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Nancy L. Johnson, U.S. HOUS		24K Category/ Type
Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284700037
State: CT District: 8		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT JOHN H LEWIS SR</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 103 SEWANNEE AVE NW City ATLANTA State GA Zip Code 30314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 John Lewis, U.S. HOUSE 5th		24K Category/ Type
Candidate Name John Lewis		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284800038
State: GA District: 5		

Full Name (Last, First, Middle Initial) <b>C. Bob Barr - Congress</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 631 Concord Road City Smyrna State GA Zip Code 30082		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Bob Barr, U.S. HOUSE 7th GA		24K Category/ Type
Candidate Name Bob Barr		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000284900039
State: GA District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DAN MILLER</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 1111 THIRD AVENUE WEST SUITE 200 City: BRADENTON State: FL Zip Code: 34205		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Dan Miller, U.S. HOUSE 13th		24K Category/ Type
Candidate Name Dan Miller		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285100040
State: FL District: 13		

Full Name (Last, First, Middle Initial) <b>B. McCrery for Congress</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address PO Box 465D City: Shreveport State: LA Zip Code: 71184		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim McCrery, U.S. HOUSE 4th		24K Category/ Type
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285200041
State: LA District: 4		

Full Name (Last, First, Middle Initial) <b>C. Henry J. Hyde For Congress Comm.</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 465 Dominion City: Wood Dale State: IL Zip Code: 60106		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Henry J. Hyde, U.S. HOUSE 6		24K Category/ Type
Candidate Name Henry J. Hyde		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285300042
State: IL District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Re-Elect Congressman Joe Moakley Commi</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 1812 Columbia Road City: Boston State: MA Zip Code: 02127		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 John Joseph Moakley, U.S. H	Candidate Name John Joseph Moakley	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MA District: 8		Transaction ID: 10000000285400043

Full Name (Last, First, Middle Initial) <b>B. Bonior For Congress</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 23 E Dickinson City: Mt Clemens State: MI Zip Code: 48043		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 David E. Bonior, U.S. HOUSE	Candidate Name David E. Bonior	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 10		Transaction ID: 10000000285500044

Full Name (Last, First, Middle Initial) <b>C. Trent Lott For Mississippi</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address Po Box 22824 City: Jackson State: MS Zip Code: 39225		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$3000.00 Trent Lott, U.S. SENATE MS	Candidate Name Trent Lott	24K Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2000 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MS District:		Transaction ID: 10000000285600045

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

Full Name (Last, First, Middle Initial) <b>A. LEVIN FOR CONGRESS COMMITTEE</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 145 GEORGETOWN SQUARE NORTH City: ROYAL OAK State: MI Zip Code: 48067		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Sander M. Levin, U.S. HOUSE		24K Category/ Type
Candidate Name Sander M. Levin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285700048
State: MI District: 12		

Full Name (Last, First, Middle Initial) <b>B. Hall For Congress Comm. (Ralph Hal</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 1500 Sunset Hill City: Rockwall State: TX Zip Code: 75087		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Raph M. Hall, U.S. HOUSE 4		24K Category/ Type
Candidate Name Ralph M. Hall		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285800047
State: TX District: 4		

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 135 Russell Senate Office Building City: Washington State: DC Zip Code: 20510		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5000.00 Orrin G. Hatch, U.S. SENATE		24K Category/ Type
Candidate Name Orrin G. Hatch		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000285900048
State: UT District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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NAME OF COMMITTEE (In Full)  
American Neurological Surgery, Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Fletcher For Congress</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 3420 Lyon Dr #3 City Lexington State KY Zip Code 40513		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2500.00 Ernest L. Fletcher, U.S. HO		24K Category/ Type
Candidate Name Ernest L. Fletcher		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000286000049
State: KY District: 8		

Full Name (Last, First, Middle Initial) <b>B. Cubin For Congress Inc</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address 2241 Belmont Rd City Casper State WY Zip Code 82604		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Barbara Cubin, U.S. HOUSE A		24K Category/ Type
Candidate Name Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000286100050
State: WY District:		

Full Name (Last, First, Middle Initial) <b>C. John Shadegg For Congress</b>		Date of Disbursement 10 / 18 / 2000
Mailing Address Po Box 45444 City Phoenix State AZ Zip Code 85064		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3000.00 John B. Shadegg, U.S. HOUSE		24K Category/ Type
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary X General Other (specify) ▼	Transaction ID: 10000000286200051
State: AZ District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>87000.00</b>