

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

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

FOR LINE NUMBER: PAGE 6 OF 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE  
(NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

**A. Dr. Joseph Aferzon**

Mailing Address 114 W. Main St.  
Ste. 101

City State Zip Code  
New Britain CT 06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Russell H. Amundson**

Mailing Address 5401 Old York Rd.

City State Zip Code  
Philadelphia PA 19141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johnson Neurological Clinic

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.6733

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Dr. Lisa Sharon Apfel**

Mailing Address 8449 Olsen Rd.

City State Zip Code  
Roanoke VA 24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.6735

Amount of Each Receipt this Period

750.00

Contribution

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

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

1750.00