

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

ADDRESS (number and street) 725 Fifteenth St., NW Suite 500

Check if different than previously reported. (ACC) Washington DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00413955

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2014 through 06 30 2014

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 Dr. Alex B. Valadka

Signature of Treasurer Dr. Alex B. Valadka [Electronically Filed] Date 07 21 2014

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 (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="25945.77"/>	<input type="text" value="25945.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41169.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60050.00"/>	<input type="text" value="128027.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="101219.10"/>	<input type="text" value="153973.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="81195.22"/>	<input type="text" value="133949.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20023.88"/>	<input type="text" value="20023.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

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).....	59500.00	119750.00
(ii) Unitemized	550.00	2725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60050.00	122475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	60050.00	122475.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5552.20
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	60050.00	128027.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60050.00	128027.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1777.88	3281.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1777.88	3281.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77917.34	128917.34
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1500.00	1750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81195.22	133949.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81195.22	133949.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	60050.00	122475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60050.00	122475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1777.88	3281.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.15
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1777.88	3281.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. H. Hunt Battjer
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Harry Hines Blvd

City Dallas State TX Zip Code 75390

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

Name of Employer McGaw Medical Center of Northw Occupation neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2014
Transaction ID : SA11AI.8039

Amount of Each Receipt this Period 500.00

B. Dr. Rajesh K. Bindal
Full Name (Last, First, Middle Initial)

Mailing Address 16605 South West Frwy. Ste 285

City Sugar Land State TX Zip Code 77479

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

Name of Employer Texas Spine Team Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2014
Transaction ID : SA11AI.8020

Amount of Each Receipt this Period 1000.00

C. William E. Bingaman Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 9500 Euclid Ave. S80 Cleveland Clinic Foundation

City Kirtland State OH Zip Code 44094

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

Name of Employer Self Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2014
Transaction ID : SA11AI.8029

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Gary M. Bloomgarden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Mailing Address 330 Orchard St. Ste. 316		Transaction ID : SA11AI.7988
City New Haven	State CT	Zip Code 06511
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Connecticut Neurosurgery PC	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Kenneth S. Blumenfeld		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Mailing Address 2577 Samaritan Dr. Ste 710		Transaction ID : SA11AI.7994
City San Jose	State CA	Zip Code 95124
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Shakeel Chowdhry		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Mailing Address 529 Chicago Ave Unit 1		Transaction ID : SA11AI.8013
City Evanston	State IL	Zip Code 60202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer North Shore Unv HealthSystem	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Chaim B. Colen		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04	/	15	/	2014
M M	/	D D	/	Y Y Y Y								
04	/	15	/	2014								
Mailing Address 19745 Blossom Ln.		Transaction ID : SA11AI.8024										
City Grosse Pointe Wood	State MI	Zip Code 48236										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00										
Name of Employer University Health Center	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00											

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey D. Cone		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>14</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04	/	14	/	2014
M M	/	D D	/	Y Y Y Y								
04	/	14	/	2014								
Mailing Address 6822 Plum Creek Dr.		Transaction ID : SA11AI.7985										
City Amarillo	State TX	Zip Code 79124-1601										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00										
Name of Employer Self	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00											

Full Name (Last, First, Middle Initial) C. William Couldwell		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>07</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04	/	07	/	2014
M M	/	D D	/	Y Y Y Y								
04	/	07	/	2014								
Mailing Address 175 N. Medical Dr. East Neurosurgery		Transaction ID : SA11AI.7977										
City Salt Lake City	State UT	Zip Code 84132										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer Self	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00											

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. John D. Davis IV
Full Name (Last, First, Middle Initial)
Mailing Address 2470 Flowood Dr.
City Flowood State MS Zip Code 39232
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 2500.00

Date of Receipt 04 / 14 / 2014
Transaction ID : SA11AI.7998
Amount of Each Receipt this Period 2500.00

B. Dr. Fernando G. Diaz
Full Name (Last, First, Middle Initial)
Mailing Address 29275 Northwestern Hwy Ste. 100
City Southfield State MI Zip Code 48034
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 2500.00

Date of Receipt 04 / 14 / 2014
Transaction ID : SA11AI.7986
Amount of Each Receipt this Period 2500.00

C. Jacques Farkas
Full Name (Last, First, Middle Initial)
Mailing Address 4600 North Ocean Drive Apt 605
City Singer Island State FL Zip Code 33404
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Neurosurgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 02 / 2014
Transaction ID : SA11AI.8030
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Dr. Richard G. Fessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 N. St. Clair; Ste 2210

City Chicago	State IL	Zip Code 60611
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern University	Occupation Neurosurgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.8016

Amount of Each Receipt this Period
 1000.00

B. Benjamin R. Gelber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 S. 16th St.
 Ste 305

City Lincoln	State NE	Zip Code 68502
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FEC ID number of contributing federal political committee. **C**

Name of Employer Neurological & Spinal Surgery	Occupation Neurosurgeon
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.7987

Amount of Each Receipt this Period
 250.00

C. R. Patrick Jacob
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 100265

City Gainesville	State FL	Zip Code 32610
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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
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.8038

Amount of Each Receipt this Period
 500.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. John Joseph Knightly		Date of Receipt
Mailing Address 310 Madison Ave.		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morristown	NJ	07960
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7993
Name of Employer	Occupation	Amount of Each Receipt this Period
Atlantic Neurosurg Specialists	Neurosurgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Mark E. Linskey		Date of Receipt
Mailing Address 101 The City Dr. S. Bldg. 56		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Orange	CA	92868
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7990
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Neurosurgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Joel D. MacDonald		Date of Receipt
Mailing Address 175 N. Medical Dr. East Neurosurgery		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Salt Lake City	UT	84132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7996
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Utah	Neurosurgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. John M. McGregor		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 410 W. 10th Ave. N1027 Doan Hall		Transaction ID : SA11AI.7989
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Ohio State University Hospital	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel Bernard Michael		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address Michigan Head & Spine Inst. 29275 Northwestern Hwy Ste. 100		Transaction ID : SA11AI.7978
City Southfield	State MI	Zip Code 48034-5700
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Michigan Head & Spine Inst	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jay K. Morgan		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address Sierra Neurosurgery Group 85 Kirman Ave. Ste. 202		Transaction ID : SA11AI.7991
City Reno	State NV	Zip Code 89502
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer Sierra Neurosurgery Group	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Dr. Carrie Rebecca Muh		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		14		2014
M M	/	D D	/	Y Y Y Y								
04		14		2014								
Mailing Address 3712 Dover Rd.		Transaction ID : SA11AI.8005										
City Durham	State NC	Zip Code 27707										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Duke University Medical Center	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) B. Dr. David O. Okonkwo		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		15		2014
M M	/	D D	/	Y Y Y Y								
04		15		2014								
Mailing Address 200 Lothrop St. Ste B-400		Transaction ID : SA11AI.8023										
City Pittsburgh	State PA	Zip Code 15213										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00										
Name of Employer Univ of Pittsburgh Med Ctr	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00											

Full Name (Last, First, Middle Initial) C. Dr. Jeremy Todd Phelps		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		15		2014
M M	/	D D	/	Y Y Y Y								
04		15		2014								
Mailing Address 102 S. Van Buren		Transaction ID : SA11AI.8025										
City Enid	State OK	Zip Code 73703										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Neurosurgical Associates	Occupation Neurosurgeon											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Glen Poffenbarger		Date of Receipt
Mailing Address 1101 Sam Perry Blvd Ste 207		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Fredericksburg	State VA	Zip Code 22401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8007
Name of Employer Mary Washington Hospital		Amount of Each Receipt this Period
Occupation Neurosurgeons		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Alexander F Post		Date of Receipt
Mailing Address 131 Madison Ave 3rd Floor		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8041
Name of Employer NJ Pediatric Neurosurgical Ass		Amount of Each Receipt this Period
Occupation Neurosurgeon		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Ralph F. Reeder Jr.		Date of Receipt
Mailing Address 575 Sioux Point Rd.		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8043
Name of Employer Self		Amount of Each Receipt this Period
Occupation Neurosurgeon		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Ganesh Roa		Date of Receipt
Mailing Address PO Box 301402		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77230
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8002
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
University of Texas	Neurosurgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles L. Rosen		Date of Receipt
Mailing Address PO Box 9183		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morgantown	WV	26506
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7980
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
West Virginia University	Neurosurgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Rosseau		Date of Receipt
Mailing Address 7600 Augusta St		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
River Forest	IL	60305
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8033
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Neurosurgeons	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Curtis J Rozzelle
Full Name (Last, First, Middle Initial)

Mailing Address 1600 7th Ave S ACC400

City Birmingham State AL Zip Code 35233

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

Name of Employer Children Hospital of Alabama Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2014
Transaction ID : SA11Al.8021

Amount of Each Receipt this Period 500.00

B. Dr. Prakash Sampath
Full Name (Last, First, Middle Initial)

Mailing Address 118 Dudley St

City Providence State RI Zip Code 02905-2403

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

Name of Employer Roger Williams Hospital Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2014
Transaction ID : SA11Al.7999

Amount of Each Receipt this Period 500.00

C. Michael Schulder
Full Name (Last, First, Middle Initial)

Mailing Address 300 Community Dr./Neurosurgery 9 Tower

City Manhasset State NY Zip Code 11030

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

Name of Employer Self Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2014
Transaction ID : SA11Al.8017

Amount of Each Receipt this Period 1000.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial) A. Reza Shahim		Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2014
Mailing Address 5201 North Shore Dr. Ste 100		Transaction ID : SA11AI.8000
City Little Rock	State AR	Zip Code 72118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Neurological Surgery Assoc	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Justin S Smith		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2014
Mailing Address Box 800212		Transaction ID : SA11AI.8027
City Charlottesville	State VA	Zip Code 22908
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer University of Virginia	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Sherry L Taylor		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014
Mailing Address 2 Medical Center Dr Ste 503		Transaction ID : SA11AI.8031
City Springfield	State MA	Zip Code 01107
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Baystate Medical Center	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Najeeb M. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address Southern Brain & Spine
 4228 Houma Blvd. Ste. 510
 City Metaire State LA Zip Code 70006
 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 **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.8001
 Amount of Each Receipt this Period
2500.00

B. Shelly D. Timmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N. Academy Ave.
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Medical Center Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.7979
 Amount of Each Receipt this Period
2500.00

C. Dr. Troy M. Tippett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 NE St Ste. 422
 City Pensacola State FL Zip Code 32501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Neurosurgical Group Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.7976
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Frederick D. Todd II
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W. Arbrook Blvd.
 Ste 250
 City Arlington State TX Zip Code 76015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Neurosurg & Spine Occupation Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.7983
 Amount of Each Receipt this Period
5000.00

B. Dr. Alex B. Valadka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 N. IH 35
 Ste 300
 City Austin State TX Zip Code 78701
 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 **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.8018
 Amount of Each Receipt this Period
2500.00

C. Craig Andrew Van Der Veer
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Ave.
 City Charlotte State NC Zip Code 28204
 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 **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.7995
 Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....	8750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Andrew E. Wakefield
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Bloomfield Ave. Ste 209
 City Windsor State CT Zip Code 06095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Neuro & Spine Asso Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.8019
 Amount of Each Receipt this Period
 5000.00

B. Dr. Mark A. Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Tuscarawas ST., W. Ste. 520
 City Canton State OH Zip Code 44708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aultman Hospital Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.7984
 Amount of Each Receipt this Period
 500.00

C. John A. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Center Dr./Neurology Wake Forest University
 City Winston Salem State NC Zip Code 27157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.7997
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Stacey C. Quintero Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address Tripler Army Med. Ctr./Neuros. Cli
 1 Jarrett White Rd.
 City Honolulu State HI Zip Code 96589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Univeristy School Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.8004
 Amount of Each Receipt this Period
 1000.00

B. Garrett Zoeller
 Full Name (Last, First, Middle Initial)
 Mailing Address NJPNI 131 Madison Ave
 Suite 140
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.8011
 Amount of Each Receipt this Period
 1000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	59500.00

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
American Express Fees for the month of April

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.7968

Amount of Each Disbursement this Period

412.70

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
American Express fees for May

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.7971

Amount of Each Disbursement this Period

11.40

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
American Express Fees June 14

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.8049

Amount of Each Disbursement this Period

11.40

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

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

435.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Visa and Mastercard Fees for April

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.7969

Amount of Each Disbursement this Period

941.54

Category/Type

Full Name (Last, First, Middle Initial)

B. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Fund Adjustment for the Month of April

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.7975

Amount of Each Disbursement this Period

90.00

Category/Type

Full Name (Last, First, Middle Initial)

C. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Visa and Mastercard fees for May

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.7972

Amount of Each Disbursement this Period

91.04

Category/Type

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

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

1122.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Fund Adjustment for May

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SB21B.7974

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Moneris Solutions

Mailing Address 700 E. Lake Cook Rd.

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Visa/Mastercard for June 14

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB21B.8050

Amount of Each Disbursement this Period

69.95

Full Name (Last, First, Middle Initial)

C. Inc PayPal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypals Fees For June

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB21B.8048

Amount of Each Disbursement this Period

39.95

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

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

139.90

1697.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement
2014 Contribution

Candidate Name
ANDREW P HARRIS

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : **SB23.7941**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
2014 Contributions

Candidate Name
GUS M BILIRAKIS

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : **SB23.7958**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement
2014 Contributions

Candidate Name
WILLIAM CASSIDY

Office Sought: House
 Senate
 President
State: LA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : **SB23.7967**

Amount of Each Disbursement this Period

2000.00

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

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

3500.00

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
2014 Contributions

Candidate Name
WILLIAM CASSIDY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SB23.7965

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Boustany Jr. MD for Congress

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
CHARLES DR. JR. BOUSTANY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : SB23.7926

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

Purpose of Disbursement
2014 General Contribution

Candidate Name
KEVIN BRADY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : SB23.7934

Amount of Each Disbursement this Period

500.00

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2014 Contribution

Candidate Name
LARRY D BUCSHON

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement

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

Transaction ID : SB23.7957

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
2014 Contributions

Candidate Name
CATHY MCMORRIS RODGERS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: WA District: 05

Date of Disbursement

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

Transaction ID : SB23.7950

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2014 Contribution

Candidate Name
CHARLES W REP DENT

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : SB23.7907

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
2014 Contributions

Candidate Name
SUSAN M COLLINS

Office Sought: House Senate President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2014

Transaction ID : SB23.7914

Amount of Each Disbursement this Period

1000.00

B. DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
DAVID CHESTON MR. ROUZER

Office Sought: House Senate President
State: NC District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB23.7921

Amount of Each Disbursement this Period

1000.00

C. DR. RAUL RUIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
2014 Contributions

Candidate Name
Dr. RAUL DR. RUIZ

Office Sought: House Senate President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7942

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
2014 Contibution

Candidate Name
Dr. RAUL DR. RUIZ

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

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

Transaction ID : SB23.8046

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FLEMING FOR CONGRESS

Mailing Address P.O. Box 1236
BOX 281

City Minden State LA Zip Code 71058

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
JOHN C MR. JR. FLEMING

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	4

Transaction ID : SB23.7916

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City SAVANNAH State GA Zip Code 31416

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
ROBERT EUGENE MD JOHNSON

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

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

Transaction ID : SB23.7918

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2014 Contributions

Candidate Name
JOE HECK

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7945

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2014 Contributions

Candidate Name
JOSEPH R PITTS

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7961

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2018 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7943

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
2014 General Contribution

Candidate Name
RAYMOND E. 'GENE' GREEN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7932

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
S. BRETT HON. GUTHRIE

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7929

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
2014 Contribution

Candidate Name
HEALTHCARE FREEDOM FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7931

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. HOPE FOR CONGRESS

Mailing Address PO BOX 3060

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
PATRICK ALAN HOPE

Office Sought: House Senate President
State: VA District: 08
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7923

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Hyatt Regency Chicago

Mailing Address 151 E Upper Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
in kind contribution for food and beverage for a candidate reception

Candidate Name
MONICA WEHBY

Office Sought: House Senate President
State: OR District: 00
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : SB23.8060

Amount of Each Disbursement this Period

4	9	1	7	.	3	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
2014 Contribution

Candidate Name
KEVIN MCCARTHY

Office Sought: House Senate President
State: CA District: 22
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : SB23.7905

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	9	1	7	.	3	4
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. LANGEVIN FOR CONGRESS

Mailing Address 181A KNIGHT STREET

City WARWICK State RI Zip Code 02886

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
JAMES R. HONORABLE LANGEVIN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7933

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
2014 Contributions

Candidate Name
LIZBETH BENACQUISTO

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7962

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MAGGIE'S LIST

Mailing Address 6674 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
2014 Contribution

Candidate Name
MAGGIE'S LIST

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB23.7936

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
2014 Contribution

Candidate Name
MICHAEL C. DR. BURGESS

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: TX District: 26

Date of Disbursement

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

Transaction ID : SB23.7937

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2014 Contributions

Candidate Name
PETE MR. SESSIONS

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: TX District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

Transaction ID : SB23.7912

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2014 Contribution

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: GA District: 06

Date of Disbursement

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

Transaction ID : SB23.7948

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2014 Contributions

Candidate Name
RENEE JACISIN ELLMERS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7954

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2014 Contributions

Candidate Name
AARON JON MR. SCHOCK

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB23.7903

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2014 Contributions

Candidate Name
STEVE E STIVERS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 15

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7949

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
TERRI LYNN LAND

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SB23.7909

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2014 Contribution

Candidate Name
THOM R TILLIS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 00

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7938

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
2014 Contribution

Candidate Name
TIMOTHY MURPHY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 18

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB23.7947

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

**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)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Mailing Address PO BOX 40385

Transaction ID : SB23.7915

City State Zip Code
WASHINGTON DC 20016

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2014 Contributions

Category/ Type

Candidate Name

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address PO BOX 1091

Transaction ID : SB23.7944

City State Zip Code
HOOD RIVER OR 97031

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2014 Contributions

Category/ Type

Candidate Name

GREGORY P MR. WALDEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Full Name (Last, First, Middle Initial)

C. WENSTRUP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Mailing Address 512 MISSOURI AVE

Transaction ID : SB23.7906

City State Zip Code
CINCINNATI OH 45226

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2014 Contribution

Category/ Type

Candidate Name

BRAD WENSTRUP

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 02

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
2016 Contribution

Candidate Name
RONALD L WYDEN

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7946

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

2	5	0	0	.	0	0
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7	7	9	1	.	3	4
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 725 Fifteenth St., NW Suite 500		Transaction ID : SB29.8047
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Move Corp donations	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	1500.00
TOTAL This Period (last page this line number only)..... ▶	1500.00