

# 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.

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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)
- 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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Wilson, John, A., ,

Type or Print Name of Treasurer

Signature of Treasurer Wilson, John, A., , [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>		98800.28
(b) Cash on Hand at Beginning of Reporting Period.....	112765.59	
(c) Total Receipts (from Line 19) .....	14740.20	173719.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	127505.79	272520.07
7. Total Disbursements (from Line 31).....	68952.81	213967.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58552.98	58552.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Report Covering the Period: From: 07 / 01 / 2018 To: 09 / 30 / 2018

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).....	14501.28	167290.83
(ii) Unitemized .....	238.92	2928.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14740.20	170219.79
(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) .....	14740.20	170219.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)).....▶	14740.20	173719.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14740.20	173719.79

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	394.81	3967.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	394.81	3967.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68558.00	209000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1000.00
(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	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	68952.81	213967.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68952.81	213967.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14740.20	170219.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14740.20	169219.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	394.81	3967.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	394.81	3967.09

**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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Arthur, Adam, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6325 Humphreys Blvd.  
 Semmes-Murphey Clinic

City Memphis	State TN	Zip Code 38120-2300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Semmes-Murphey Clinic	Occupation (for Individual) Neurosurgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 19 / 2018  
**Transaction ID : SA11AI.10066**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. Barkhoudarian, Garni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Santa Monica Blvd.

City Santa Monica	State CA	Zip Code 90404
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 25 / 2018  
**Transaction ID : SA11AI.10068**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Chiocca, Ennio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Brigham and Womens/Faulkner Hosp

City Boston	State MA	Zip Code 02115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brigham and Womens/Faulkner Ho	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 2025.64

Date of Receipt  
 09 / 26 / 2018  
**Transaction ID : SA11AI.10070**

Amount of Each Receipt this Period  
 1025.64

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2525.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gantwerker, Brain, , ,</b>		Date of Receipt
Mailing Address 2811 Wilshire Blvd. Suite 840		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.10062</b>
Name of Employer (for Individual) craniospinal center		Occupation (for Individual) Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="456.41"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kimmell, Kristopher, , ,</b>		Date of Receipt
Mailing Address 2750 Clay Edwards Dr.		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2018"/>
City North Kansas City	State MO	Zip Code 64116
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.10059</b>
Name of Employer (for Individual) Meritas Health Neurosurgery		Occupation (for Individual) Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kokkino, Andrew, J., Dr.,</b>		Date of Receipt
Mailing Address 3355 Riverbend Dr.		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2018"/>
City Springfield	State OR	Zip Code 97477
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.10071</b>
Name of Employer (for Individual) Oregon Neurosurgery Specialist		Occupation (for Individual) Neurosurgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<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. Nakaji, Peter, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 N. 3rd Ave.

City Phoenix	State AZ	Zip Code 85013
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Barrow Neurological Institute	Occupation (for Individual) 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
09	/	28	/	2018

**Transaction ID : SA11AI.10086**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. O'Toole, John, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 W Harrison St Ste 855

City Chicago	State IL	Zip Code 60612
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Illinois-Chicago/Neur	Occupation (for Individual) Nuerosurgeon
---	---

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
09	/	19	/	2018

**Transaction ID : SA11AI.10067**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Pannullo, Susan, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 E. 68th St.

City New York	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Presbyterian Hospital	Occupation (for Individual) 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
09	/	10	/	2018

**Transaction ID : SA11AI.10065**

Amount of Each Receipt this Period  
500.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. Reeder, Ralph, F., , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 575 Sioux Point Rd.

City Dakota Dunes	State SD	Zip Code 57049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : SA11AI.10061**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Teal, Kevin, Renard, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 N. Lincoln Avenue

City Urbana	State IL	Zip Code 61801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Integrus Baptist Medical Cente	Occupation (for Individual) Neurosurgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

**Transaction ID : SA11AI.10082**

Amount of Each Receipt this Period  
1025.64

Memo Item

**C. Wakefield, Andrew, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 Bloomfield Ave. Ste 209

City Windsor	State CT	Zip Code 06095
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Connecticut Neuro & Spine Asso	Occupation (for Individual) 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
09	/	27	/	2018

**Transaction ID : SA11AI.10084**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8025.64
<b>TOTAL</b> This Period (last page this line number only).....	14501.28

**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"/> 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  
Amex fees August

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.10051  
Amount of Each Disbursement this Period  
1.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP MORGAN CHASE**

Mailing Address IL1-1228 10 South Dearborn Street

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank Fees Pac Jan- Jun

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.10049  
Amount of Each Disbursement this Period  
313.59

Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal, Inc, , ,**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Paypal Fees July

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.1005t  
Amount of Each Disbursement this Period  
39.95

Memo Item

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

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

354.86

**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"/> 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)

**A. PayPal, Inc, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement Aug PayPal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.10052

Amount of Each Disbursement this Period: 39.95

Memo Item

**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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	39.95
<b>TOTAL</b> This Period (last page this line number only).....▶	394.81

**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"/> 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)

**A. AMI BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
AMI BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement 2018 Contribution

Candidate Name BERA, AMERISH, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 07

Date of Disbursement: 07 / 09 / 2018

FEC Identification Number: C H0CA03078  
Transaction ID : SB23.10009  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. ANDY BARR FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)  
ANDY BARR FOR CONGRESS, INC.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement 2018 Contribution

Candidate Name BARR, GARLAND "ANDY", , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 06

Date of Disbursement: 07 / 11 / 2018

FEC Identification Number: C C00467571  
Transaction ID : SB23.10012  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. ANDY HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement 2018 Contributions

Candidate Name HARRIS, ANDREW P, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MD District: 01

Date of Disbursement: 09 / 05 / 2018

FEC Identification Number: C C00435974  
Transaction ID : SB23.10026  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO BOX 8277		FEC Identification Number C C00311043 <b>Transaction ID : SB23.10027</b> Amount of Each Disbursement this Period 5000.00
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement 2018 Contributions		Category/ Type
Candidate Name BRADY, KEVIN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. BUDDY CARTER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address 200 E ST JULIAN ST SUITE 603		FEC Identification Number C H4GA01039 <b>Transaction ID : SB23.10044</b> Amount of Each Disbursement this Period 2500.00
City SAVANNAH	State GA	Zip Code 31401
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name CARTER, EARL LEROY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CONGRESSIONAL LEADERSHIP FUND</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address 1747 PENNSYLVANIA AVENUE, NW 5TH FLOOR		FEC Identification Number C C00504530 <b>Transaction ID : SB23.10010</b> Amount of Each Disbursement this Period 15000.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

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

22500.00

**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"/> 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) <b>A. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO BOX 6116		FEC Identification Number C00502575 <b>Transaction ID : SB23.10023</b> Amount of Each Disbursement this Period 2500.00
City LA QUINTA	State CA	Zip Code 92248
Purpose of Disbursement 2018 Contributions		Category/ Type
Candidate Name <b>RUIZ, RAUL DR., , Dr.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 36	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DR JIM MAXWELL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address PO BOX 10133		FEC Identification Number C H8NY25097 <b>Transaction ID : SB23.10054</b> Amount of Each Disbursement this Period 3558.00
City ROCHESTER	State NY	Zip Code 14610
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name <b>MAXWELL, JAMES T. DR., , Dr.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 25	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. DR JOHN JOYCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address 50 S PROVIDENCE ROAD		FEC Identification Number C00674259 <b>Transaction ID : SB23.10025</b> Amount of Each Disbursement this Period 2500.00
City MEDIA	State PA	Zip Code 19063
Purpose of Disbursement 2018 Contributions		Category/ Type
Candidate Name <b>JOYCE, JOHN, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 13	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8558.00
<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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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) <b>A. DR SHANNON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2018	
Mailing Address PO BOX 2225		FEC Identification Number C H8WA08239 <b>Transaction ID : SB23.10014</b> Amount of Each Disbursement this Period 2500.00	
City AUBURN	State WA	Zip Code 98071	Category/ Type
Purpose of Disbursement 2018 Contribution			
Candidate Name <b>HADER, SHANNON, , ,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 08	Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018	
Mailing Address PO BOX 231		FEC Identification Number C C00376673 <b>Transaction ID : SB23.10035</b> Amount of Each Disbursement this Period 1000.00	
City LUTHERVILLE	State MD	Zip Code 21094	Category/ Type
Purpose of Disbursement 2018 Contribution			
Candidate Name <b>RUPPERSBERGER, C.A. DUTCH, , ,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 02	Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BILL POSEY</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018	
Mailing Address P. O. BOX 411486		FEC Identification Number C C00444968 <b>Transaction ID : SB23.10017</b> Amount of Each Disbursement this Period 1000.00	
City MELBOURNE	State FL	Zip Code 32941	Category/ Type
Purpose of Disbursement 2018 Contribution			
Candidate Name <b>POSEY, BILL, , ,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 08	Memo Item <input type="checkbox"/>	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		4500.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[Empty Box]	

**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"/> 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 NEAL DUNN**

Date of Disbursement: MM / DD / YYYY  
09 / 05 / 2018

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement: 2018 Contributions

Candidate Name: DUNN, NEAL, PATRICK, Dr.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 02

FEC Identification Number: C C00582304  
Transaction ID : SB23.10024  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HELLER FOR SENATE**

Date of Disbursement: MM / DD / YYYY  
09 / 05 / 2018

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement: 2018 Contribution

Candidate Name: HELLER, DEAN, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NV District: 00

FEC Identification Number: C C00494229  
Transaction ID : SB23.10036  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KENNY MARCHANT FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
09 / 05 / 2018

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement: 2018 Contribution

Candidate Name: MARCHANT, KENNY E MR., , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 24

FEC Identification Number: C H4TX24094  
Transaction ID : SB23.10056  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. LANCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO BOX 225		FEC Identification Number C 000444224 <b>Transaction ID : SB23.10039</b>
City COLONIA	State NJ	Zip Code 07067
Purpose of Disbursement 2018 Contributions		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>LANCE, LEONARD, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) <b>B. LYNNE BLANKENBEKER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018
Mailing Address P.O. BOX 898		FEC Identification Number C H8NH02283 <b>Transaction ID : SB23.10019</b>
City CONCORD	State NH	Zip Code 03302
Purpose of Disbursement 2018 Contributions		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BLANKENBEKER, LYNNE, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NH	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MIKE BOST FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO BOX 1212		FEC Identification Number C H4IL12060 <b>Transaction ID : SB23.10032</b>
City MURPHYSBORO	State IL	Zip Code 62966
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BOST, MICHAEL, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 12	

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

3000.00

**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"/> 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) <b>A. MIKE KELLY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO BOX 476		FEC Identification Number C HOPA03271 <b>Transaction ID : SB23.10029</b> Amount of Each Disbursement this Period 2000.00
City LYNDORA	State PA	Zip Code 16045
Purpose of Disbursement 2018 Contributions		Category/ Type
Candidate Name <b>KELLY, GEORGE J JR, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. PETE SESSIONS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018
Mailing Address PO Box 823047		FEC Identification Number C C00303305 <b>Transaction ID : SB23.10018</b> Amount of Each Disbursement this Period 2500.00
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name <b>SESSIONS, PETE, , Mr.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: TX	District: 32	

Full Name (Last, First, Middle Initial) <b>C. REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 72598		FEC Identification Number C C00493924 <b>Transaction ID : SB23.10046</b> Amount of Each Disbursement this Period 1000.00
City NEWPORT	State KY	Zip Code 41072
Purpose of Disbursement 2018 Contribution		Category/ Type
Candidate Name REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

5500.00

**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"/> 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. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**ROSKAM, PETER, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number  
**C** C00410969  
**Transaction ID : SB23.10043**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. STEVE FERRARA FOR CONGRESS**

Mailing Address PO BOX 97130

City PHOENIX State AZ Zip Code 85060

Purpose of Disbursement  
2018 Contributions

Candidate Name  
**FERRARA, STEVE MD, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District: 09

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number  
**C** C00640268  
**Transaction ID : SB23.10028**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WALORSKI FOR CONGRESS INC**

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement  
2018 Contribution

Candidate Name  
**WALORSKI SWIHART, JACKIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District: 02

Date of Disbursement  
MM / DD / YYYY  
09 / 05 / 2018

FEC Identification Number  
**C** H0IN02190  
**Transaction ID : SB23.10037**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	68558.00