

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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="2012"/>	<input type="text" value="155948.02"/>	<input type="text" value="155948.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="185363.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5849.00"/>	<input type="text" value="136164.00"/>
(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="191212.02"/>	<input type="text" value="292112.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45250.00"/>	<input type="text" value="146150.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="145962.02"/>	<input type="text" value="145962.02"/>
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 Academy of Neurology BrainPAC

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

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).....	4119.00	94818.00
(ii) Unitemized	1330.00	37446.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5449.00	132264.00
(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)	5449.00	132264.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	400.00	3900.00
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))..... ▶	5849.00	136164.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5849.00	136164.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45250.00	145150.00
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	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	0.00	0.00
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)) ..	45250.00	146150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45250.00	146150.00

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)	5449.00	132264.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5449.00	131264.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Academy of Neurology BrainPAC

A. Dr. Edgar J. Kenton III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1280 W Peachtree St NW Apt 3904
 City Atlanta State GA Zip Code 30309-3444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morehouse School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 34702795
 Amount of Each Receipt this Period
 750.00

B. Dr. Todd A. Rave
 Full Name (Last, First, Middle Initial)
 Mailing Address 3240 Parkwood Dr
 City Stevens Point State WI Zip Code 54481-5571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MMG Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34788706
 Amount of Each Receipt this Period
 250.00

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34789038
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 7 OF 21
(check only one)

<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 Academy of Neurology BrainPAC

A. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)
Mailing Address 9235 NW 26th Avenue
City Gainesville State FL Zip Code 32606-9180
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2012
Transaction ID : 34789040
Amount of Each Receipt this Period 84.00

B. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)
Mailing Address 2323 Dunstan Rd
City Houston State TX Zip Code 77005-2613
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 15 / 2012
Transaction ID : 34789042
Amount of Each Receipt this Period 85.00

C. Dr. Steven L. Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 806 Timber Hill Road
City Highland Park State IL Zip Code 60035-5121
FEC ID number of contributing federal political committee. **C**
Name of Employer Rush Univ. Med. Ctr. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2012
Transaction ID : 34789046
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 269.00
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 21
<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 Academy of Neurology BrainPAC

A. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 610 E Palisade Ave

City Englewood Cliffs	State NJ	Zip Code 07632-1801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34789052

Amount of Each Receipt this Period
500.00

B. Dr. Daniel C. Potts
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa	State AL	Zip Code 35406-1801
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FEC ID number of contributing federal political committee. **C**

Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34789056

Amount of Each Receipt this Period
100.00

C. Dr. Dariush Saghafi
Full Name (Last, First, Middle Initial)

Mailing Address 2741 Belgrave Rd

City Pepper Pike	State OH	Zip Code 44124-4601
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FEC ID number of contributing federal political committee. **C**

Name of Employer Parma Neurology	Occupation Neurologist
-------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34789059

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 21
<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 Academy of Neurology BrainPAC

A. Dr. Lyzette E. Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Glen Hill Ln
 City Tarrytown State NY Zip Code 10591-5061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx Medical Neuro Care Occupation Neurologist
 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
 05 / 15 / 2012
Transaction ID : 34789063
 Amount of Each Receipt this Period
 100.00

B. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Brookview Ave
 City Fairfield State CT Zip Code 06825-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : 34822988
 Amount of Each Receipt this Period
 50.00

C. Dr. Sandra F. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E Huron St Ste 11-100
 City Chicago State IL Zip Code 60611-2968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Neurologist
 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
 05 / 29 / 2012
Transaction ID : 34844881
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 21
	<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 Academy of Neurology BrainPAC

A. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : 34849265
 Amount of Each Receipt this Period **100.00**

B. Dr. Madeleine Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 E Westminster Ln
 City Spokane State WA Zip Code 99223-8406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : 34849270
 Amount of Each Receipt this Period **100.00**

C. Dr. Todd J. Janus
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Muskogee Avenue
 City Des Moines State IA Zip Code 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Health Physicians Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : 34849272
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 21
<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 Academy of Neurology BrainPAC

A. Dr. Jerome Lisk
Full Name (Last, First, Middle Initial)
Mailing Address 65 N Madison Ave Ste 410

City Pasadena	State CA	Zip Code 91101-2049
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southern California Mvmnt Dis	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : 34849274

Amount of Each Receipt this Period

100.00

B. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)
Mailing Address 1199 Sennebec Rd

City Union	State ME	Zip Code 04862-4628
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FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center	Occupation Physician
--	-------------------------

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
05	/	30	/	2012

Transaction ID : 34849282

Amount of Each Receipt this Period

100.00

C. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 11 Bellwether Way Suite 210

City Bellingham	State WA	Zip Code 98229-2574
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Neurology	Occupation Physician
---	-------------------------

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
05	/	30	/	2012

Transaction ID : 34849286

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 12 OF 21
(check only one)

<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 Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Laszlo Mechtler

Mailing Address 4785 Spaulding Drive

City State Zip Code
Clarence NY 14031-1558

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

Name of Employer Occupation
Dent Neurologic Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : 34849288

Amount of Each Receipt this Period
250.00

B. 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

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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	4119.00

**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 21
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Snowe For Senate
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2012
 City Portland State ME Zip Code 04104
 FEC ID number of contributing federal political committee. **C** C00291955
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 34788705
 Amount of Each Receipt this Period
 400.00
 Refund of 2012 primary contribution made on 3/16/2011

B.
 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

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).....▶	400.00
TOTAL This Period (last page this line number only).....▶	400.00

**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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. DOC PAC

Mailing Address 499 South Capitol St, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Leadership PAC Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : 34700472

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

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

Candidate Name

Rep. S. Brett Guthrie

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : 34700473

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Paul D. Ryan

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742243

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

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

7500.00

**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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742301

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For Congress

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bill Cassidy MD

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742351

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Berkley For Senate

Mailing Address 7437 S Eastern Ave Suite 427

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Ms. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742426

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

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

11000.00

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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. David Lee Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742584

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Nan Hayworth

Mailing Address P.O. Box 188

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Nan Hayworth

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742750

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Ann Marie Buerkle For Congress

Mailing Address PO Box 219

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Ann Marie Buerkle

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : 34742814

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Cotton For Congress

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mr. Thomas Cotton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 34788777

Amount of Each Disbursement this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 34788780

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Dirigo PAC

Mailing Address Post Office Box 1355

City Alexandria State VA Zip Code 22313-1355

Purpose of Disbursement
Leadership PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 34788781

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

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

3750.00

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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial) A. Andy Harris For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address PO Box 604		Transaction ID : 34788782
City Bel Air	State MD	
Purpose of Disbursement Campaign Contribution	Candidate Name Rep. Andy Harris	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD	District: 01	

Full Name (Last, First, Middle Initial) B. Lone Star Leadership PAC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 104 Hume Avenue		Transaction ID : 34788784
City Alexandria	State VA	
Purpose of Disbursement Leadership PAC Contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
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:	

Full Name (Last, First, Middle Initial) C. Becerra For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address P.O. Box 261060		Transaction ID : 34788785
City Los Angeles	State CA	
Purpose of Disbursement Campaign Contribution	Candidate Name Rep. Xavier Becerra	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 31	

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"/> 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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. John D. Dingell For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. John D. Dingell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 34788786

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : 34829414

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2012

Transaction ID : 34841587

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

Use separate schedule(s)
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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 Academy of Neurology BrainPAC

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
Campaign Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : 34841588

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Pete Stark

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : 34844942

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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
Campaign Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : 34844943

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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"/> 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 Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Erik P. Paulsen

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2012

Transaction ID : 34844944

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought: House
 Senate
 President
State: NJ District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2012

Transaction ID : 34844950

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Dan Benishek

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : 34850720

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

5000.00

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

45250.00