Image# 12951947020 PAGE 1 / 21

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Academy of	Neurology BrainPAC	:	
<u> </u>			
ADDRESS (number and street)	509b 2nd St NE		
Check if different	Lower Level		
than previously reported. (ACC)	Washington		DC 20002
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y	STATE ▲ ZIP CODE ▲
C C00435933		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M 20 (M3) X Jun 20 (M	(Non-Election Year Only)  Sep 20 (M9)  Dec 20 (M
(a) Quarterly Reports:		20 (M4) Jul 20 (M7	(Non-Election Year Only)
April 15 Quarterly Report (	O1)		
July 15 Quarterly Report (	Q2) (c) 12-Day PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff (12)  Special (12S)
October 15 Quarterly Report (	Q3)		
January 31 Year-End Report (	YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30
Termination Report (TER)		n on	in the State of
5. Covering Period 0		through 05	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Mr. Timothy J. Engel		
Signature of Treasurer Mr.	Timothy J. Engel	[Electronically Filed]	Date 06 / 06 / 2012
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437
Office Use			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Academy of Neurology BrainPAC 05 01 2012 05 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 155948.02 January 1, 2012 (b) Cash on Hand at 185363.02 Beginning of Reporting Period..... 136164.00 5849.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 191212.02 292112.02 6(a) and 6(c) for Column B)..... 45250.00 146150.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 145962.02 145962.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

For further information contact:

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

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

utions (other than loans) From: dividuals/Persons Other an Political Committees Itemized (use Schedule A)	4119.00	94818.00
an Political Committees Itemized (use Schedule A)	4119.00	94818.00
Itemized (use Schedule A)	4119.00	94818.00
	4119.00	94010.00
Unitemized		
	1330.00	37446.00
TOTAL (add		
Lines 11(a)(i) and (ii)▶	5449.00	132264.00
litical Party Committees	0.00	0.00
uch as PACs)	0.00	0.00
	5440.00	132264.00
	5449.00	132264.00
		0.00
Committees	0.00	0.00
ns Received	0.00	0.00
Consuments Received	0.00	0.00
	7	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	400.00	3900.00
Federal Receipts		
nds, Interest, etc.)	0.00	0.00
rs from Non-Federal and Levin Funds	7	
om Schedule H3)	0.00	0.00
in Funds (from Schedule H5)	0.00	0.00
iii i dilas (iioiii scriedale 115)		
al Transfers (add 18(a) and 18(b))	0.00	0.00
	cher Political Committees uch as PACs) tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5)  To Sers From Affiliated/Other Committees To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5) Is of Contributions Made eral Candidates and Other Il Committees Federal Receipts nds, Interest, etc.) ers from Non-Federal and Levin Funds n-Federal Account om Schedule H3)  In Funds (from Schedule H5)  To In Funds (from Schedule H5)	the Political Committees uch as PACs)

### **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
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calolidai Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Federal Obers	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	45250.00	145150.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	1000.00
(444 21100 20(4), (5), 414 (5))		
Other Disbursements	0.00	0.00
Follows Florida Activity (0.11.0.0, \$404 (00))		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
_	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45250.00	146150.00
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5449.00	132264.00
4. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5449.00	131264.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 21

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	IPAC	
Full Name (Last, First, Middle Initial)  Dr. Edgar J. Kenton III  Mailing Address 1280 W Peachtree St NW Apt 3904  City State Atlanta GA  FEC ID number of contributing federal political committee.  Name of Employer Morehouse School of Medicine  Receipt For: Primary General Other (specify)		Date of Receipt  05 03 2012  Transaction ID: 34702795  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial)  Dr. Todd A. Rave  Mailing Address 3240 Parkwood Dr  City Stevens Point  WI  FEC ID number of contributing federal political committee.  Name of Employer MMG  Receipt For: Primary Other (specify)   General  Other (specify)		Date of Receipt  05 15 2012  Transaction ID: 34788706  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Bruce H. Cohen  Mailing Address 3141 Neille Lane  City State Twinsburg OH  FEC ID number of contributing federal political committee.  Name of Employer Children's Hospital and Med. Center of Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D J J J J J J J J J J J J J J J J J J
SUBTOTAL of Receipts This Page (optional)	•	1150.00
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

21

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 2012 City State Zip Code Transaction ID: 34789040 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 2012 05 15 City State Zip Code Transaction ID: 34789042 TX Houston 77005-2613 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steven L. Lewis Date of Receipt Mailing Address 806 Timber Hill Road 2012 05 15 State Zip Code Transaction ID: 34789046 IL Highland Park 60035-5121 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 269.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

21

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Date of Receipt Mailing Address 610 E Palisade Ave 2012 City State Zip Code Transaction ID: 34789052 **Englewood Cliffs** NJ 07632-1801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 05 15 2012 City State Zip Code Transaction ID: 34789056 ΑL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation AL Neurology and Sleep Medicine, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Dariush Saghafi Date of Receipt Mailing Address 2741 Belgrave Rd 2012 05 15 City Zip Code State Transaction ID: 34789059 OH Pepper Pike 44124-4601 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Parma Neurology Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 21

EMIZED RECEIPTS	for each category of the Detailed Summary Page	l `	ck onl 11a 13	y one) 11 14	b !	11c	$\vdash$	12 16	1	17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpos	se o	f soliciting	con	tributio	ons	

Ar 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 Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez Date of Receipt Mailing Address 29 Glen Hill Ln 2012 City State Zip Code Transaction ID: 34789063 NY Tarrytown 10591-5061 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **Bronx Medical Neuro Care** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar Date of Receipt Mailing Address 127 Brookview Ave 2012 05 21 City State Zip Code Transaction ID: 34822988 Fairfield CT 06825-1867 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Associated Neurologists of So. Ct. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sandra F. Olson Date of Receipt Mailing Address 201 E Huron St Ste 11-100 2012 05 29 City State Zip Code Transaction ID: 34844881 IL Chicago 60611-2968 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Retired Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	LINE	NU	MBER	:	PAGE	•	10 OF	=	21
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	• •	
American Academy of Neurolog	y BrainPAC	
/		
Full Name (Last, First, Middle Initial)  1. Dr. Gregory L. Barkley		Date of Receipt
Mailing Address 2890 Burlington St		M M / D D / Y Y Y Y
		05 30 2012
City	State Zip Code	Transaction ID: 34849265
Ann Arbor	MI 48105-1435	Amount of Each Receipt this Period
FEC ID number of contributing	C	100.00
federal political committee.	<u> </u>	.55,55
Name of Employer	Occupation	
Henry Ford Hospital	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5	
Other (specify) ▼	500.00	
Full Name (Last First MCL) 1 1111		
Full Name (Last, First, Middle Initial)  3. Dr. Madeleine Geraghty		Date of Receipt
Mailing Address 1803 E Westminster Ln		M M / D D / Y Y Y Y
		05 30 2012
City	State Zip Code	Transaction ID : 34849270
Spokane	WA 99223-8406	Amount of Each Receipt this Period
FEC ID number of contributing		402.00
federal political committee.	C	100.00
Name of Employer	Occupation	
Providence Stroke and TIA Clinic	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)		Data of Bassist
Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Avenue		05 30 2012 _
City	State Zip Code	Transaction ID : 34849272
Des Moines	IA 50312-4627	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Iowa Health Physicians	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SURTOTAL of Donainto This Dona (authorn)		300.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number of	only)	

Llos conorato cohodulo(a)	FOR LINE NUMBER: PAGE 11	OF 21
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	<b>17</b>

	nd Statements may not be sold or used by any per- in the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Neuro	nogy BrainPAC	
Full Name (Last, First, Middle Initial)  1. Dr. Jerome Lisk		Date of Receipt
Mailing Address 65 N Madison Ave Ste 41		05 30 2012
City	State Zip Code	Transaction ID: 34849274
Pasadena	CA 91101-2049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Southern California Mvmnt Dis	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Bruce Sigsbee		Date of Receipt
Mailing Address 1199 Sennebec Rd		05 30 _2012 _
City	State Zip Code	Transaction ID : 34849282
Union	ME 04862-4628	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	100.00
Name of Employer	Occupation	
Penobscot Bay Medical Center	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Dr. Carolyn L. Taylor		Date of Receipt
Mailing Address 11 Bellwether Way Suite 210		05 30 2012
City	State Zip Code	Transaction ID : 34849286
Bellingham	WA 98229-2574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Northwest Neurology	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	F00.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	l)	300.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

21

for each category of the Detailed Summary Page 14 13 15 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 Full Name (Last, First, Middle Initial) Dr. Laszlo Mechtler Date of Receipt Mailing Address 4785 Spaulding Drive 30 2012 City Zip Code State Transaction ID: 34849288 NY Clarence 14031-1558 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Dent Neurologic Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 4119.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 21
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 X 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any part and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Neurology	BrainPAC	
Full Name (Last, First, Middle Initial)  Snowe For Senate  Mailing Address PO Box 2012		Date of Receipt
City	State Zip Code	05 15 2012
Portland	ME 04104	Transaction ID : 34788705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00291955	400.00
Name of Employer	Occupation	
Receipt For: 2012  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Refund of 2012 primary contribution made on 3/16/
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Descint this Derived
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Thinds of East receipt the Ferre
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line number only	у)	400.00

SCHEDULE B (FEC Fo				FOR LIN	IE NUMBER	:	PAGE	14 (	)F 21
ITEMIZED DISBURSEM			parate schedule(s) a category of the	(check c	only one)				
			Summary Page		1b 22	X 23	24	25	26
[				27		28b	28c	29	30b
Any information copied from such R or for commercial purposes, other the									
NAME OF COMMITTEE (In Full)									
American Academy of	Neurology Bra	ainPA	.C						
Full Name (Last, First, Middle Ini	tial)								
A. DOC PAC					Date o	f Disbursen	nent		
Mailing Address 499 South Capit	J C+ C/M				05	01		y	Υ
Suite 420	Ji 31, 344				0.5	Ül		2012	
City	Sta	te	Zip Code		Tron	action ID .	24700472		
Washington	DO	С	20003		irans	saction ID :	34/004/2		
Purpose of Disbursement Leadership PAC Contribution				011	Amoun	t of Each D	)ishurseme	nt this F	Period
Candidate Name					Atmoun	t or Euch E	7135GT3CTTC	110 1	Criod
				Category/ Type				2500	.00
Office Sought: House	Disbursemer	nt For:	l						
Senate		imary	General		Leader	ship PAC Co	ontribution		
State: District:	Ot	ther (spe	ecify) 🔻						
Full Name (Last, First, Middle Ini	tial								
B. Guthrie For Congress	liai)				Date o	f Disbursen	nent		
- Sutine For Congress					M = M	/ D D		Y	Υ
Mailing Address PO Box 9639					05	01		2012	
City	Sta		Zip Code		Trans	saction ID :	34700473		
Bowling Green Purpose of Disbursement	K	Y	42102						
				011	Amoun	t of Each D	Disburseme	nt this F	Period
Candidate Name				Category/	'				
Rep. S. Brett Guthrie				Type		-,-		2500	.00
Office Sought: House	Disbursemer								
Senate President	X Pr		General						
State: KY District: 02		ner (spe	ecify) 🔻						
Full Name (Last, First, Middle Ini	tial)								
C. Ryan For Congress	,				Date o	f Disbursen	nent		
					M = M	/ D D	/ Y	ΥΥΥ	Υ
Mailing Address PO Box 1488					05	09		2012	
City	Sta	te	Zip Code						
Janesville	W		53547		Trans	saction ID :	34742243		
Purpose of Disbursement Campaign Contribution					1				
Candidate Name				011	Amoun	t of Each D	Disburseme	nt this F	Period
Rep. Paul D. Ryan				Category/ Type				2500	.00
Office Sought: House	Disbursemer	nt For:	2012	туре		7	7		
Senate		imary	General		Campa	ign Contribu	ıtion		
President	Ot	her (spe	ecify) 🔻		Campa	.g 00			
State: WI District: 01									
								7500	00
SUBTOTAL of Disbursements This	Page (optional)			······	<u> </u>		7	7500	.00
TOTAL This Period (last page this	line number only)								
I I I I I I I I I I I I I I I I I I I	c mamber omy)			·····					

S	CHEDULE B (FEC Form 3X)		FOR LINE	TOWIDEIT.	PAGE 15 OF 21
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
		Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	
Δr	ny information copied from such Reports and Statem	ente may not he cold or us			
	for commercial purposes, other than using the name				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology B	srainPAC			
_	Full Name (Last, First, Middle Initial)		T		
Α.	Cantor For Congress			Date of Disbursement	
				M = M / D = D /	Y   Y   Y   Y
	Mailing Address P.O. Box 17813			05 09	2012
	City	State Zip Code			
	•	VA 23226		Transaction ID: 34742	2301
	Purpose of Disbursement				
	Campaign Contribution  Candidate Name		011	Amount of Each Disburs	sement this Period
	Rep. Eric I. Cantor		Category/ Type		5000.00
	·	nent For: 2012	Турс		
	Senate	Primary		Campaign Contribution	
		Other (specify) ▼			
	State: VA District: 07  Full Name (Last, First, Middle Initial)				
В.	Bill Cassidy For Congress			Date of Disbursement	
				M M / D D /	Y   Y   Y   Y
	Mailing Address PO Box 80505			05 09	2012
	City	State Zip Code			
	Baton Rouge	LA 70898		Transaction ID: 34742	2351
	Purpose of Disbursement				
	Campaign Contribution Candidate Name		011	Amount of Each Disburs	sement this Period
	Rep. Bill Cassidy MD		Category/ Type		1000.00
		nent For: 2012	.,,,,		
		Primary General		Campaign Contribution	
		Other (specify) ▼			
	State: LA District: 06  Full Name (Last, First, Middle Initial)				
C.	Berkley For Senate			Date of Disbursement	
				M M / D D /	Y Y Y Y Y
	Mailing Address 7437 S Eastern Ave Suite 427			05 09	2012
	City	State Zip Code			
		NV 89123		Transaction ID: 34742	2426
	Purpose of Disbursement Campaign Contribution		011		
	Candidate Name			Amount of Each Disburs	sement this Period
	Ms. Shelley Berkley		Category/ Type		5000.00
		nent For: 2012		,	
		Primary General		Campaign Contribution	
	State: NV District:	Other (specify) ▼			
S	SUBTOTAL of Disbursements This Page (optional)				11000.00
	OTAL This Period (last page this line number only).				
T					

SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 16 OF 21
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny		7
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
<b>.</b>				
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology B	BrainPAC			
/ / mendan / todaemy or rediciogy i	Sidilii 710			
Full Name (Last, First, Middle Initial)				
A. Dave Camp For Congress			Date of Disburseme	ent
Mailing Address 5915 Eastman Avenue			05 09	2012
Suite 100			03 09	2012
	State Zip Code		Transaction ID - 2	4740504
Midland	MI 48640		Transaction ID: 3	4/42584
Purpose of Disbursement Campaign Contribution		044	Assessment of Foods Die	house and the Deviced
Candidate Name		011	Amount of Each Dis	sbursement this Period
Rep. David Lee Camp		Category/ Type		2500.00
	ment For: 2012	Турс		
Senate	Primary Seneral		Campaign Contribution	on
President	Other (specify) ▼		, 0	
State: MI District: 04				
Full Name (Last, First, Middle Initial)			D . (D).	
B. Friends Of Nan Hayworth			Date of Disburseme	
Mailing Address P.O. Box 188			05 09	2012
Maining / Main 555 1 .O. Box 100			00 00	2012
City	State Zip Code		Transaction ID : 3	4742750
Carmel Purpose of Disbursement	NY 10512			
Campaign Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name			7 modile of Edon Bio	sourcement time i ened
Rep. Nan Hayworth		Category/ Type		1000.00
	ment For: 2012			
	Primary General		Campaign Contributi	on
President	Other (specify) ▼			
State: NY District: 19				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent
C. Ann Marie Buerkle For Congress			M M / D D	/ Y Y Y Y
Mailing Address PO Box 219			05 09	2012
•	State Zip Code		Transaction ID: 3	4742814
Syracuse Purpose of Disbursement	NY 13214			
Campaign Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/	7 modile of Edon Bio	
Rep. Ann Marie Buerkle		Type		1000.00
	ment For: 2012			
Senate	Primary General		Campaign Contribution	on
State: NY District: 25	Other (specify) ▼			
2.5				
SUBTOTAL of Disbursements This Page (optional)				4500.00
TOTAL This Period (last page this line number only	)		1	

SCHEDULE B (FEC Form 3X)	Use separate sche	edule(s)	FOR LINE N			PAG	iE 17	OF 2
ITEMIZED DISBURSEMENTS	for each category Detailed Summary	of the	(check only 21b 27	22 28a	23 28b	24 28c	25 29	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)  American Academy of Neurology B		., pentiour		20				
Full Name (Last, First, Middle Initial)								
Cotton For Congress				Date of	Disburse		- Y - Y	Y
Mailing Address PO Box 379				05	1:	5	2012	
Dardanelle	State Zip Cod AR 72834	de		Trans	action ID	: 3478877	7	
Purpose of Disbursement Campaign Contribution Candidate Name			011	Amount	of Each	Disbursem	ent this	Period
Mr. Thomas Cotton			Category/ Type				25	50.00
Office Sought:    House   Disbursem	nent For: 2012  Primary Ge  Other (specify)	eneral		Campai	gn Contrib	ution		
State: AR District: 04  Full Name (Last, First, Middle Initial)  Crowley For Congress				Date of	Disburse	ment		
Mailing Address 84-56 Grand Avenue				05	/ D		2012	Y
Elmhurst	State Zip Cod NY 11373	de .		Trans	action ID	: 3478878	0	
Purpose of Disbursement Campaign Contribution			011	Amount	of Each	Disbursem	ent this	Period
Candidate Name Rep. Joseph Crowley			Category/ Type				100	00.00
Office Sought: House Disbursem	nent For: 2012  Primary Ge  Other (specify)	eneral	76.5	Campai	gn Contrik	oution		
Full Name (Last, First, Middle Initial) - Dirigo PAC					Disburse			
Mailing Address Post Office Box 1355		05	/ D		2012	Y		
Alexandria	State Zip Cod VA 22313-1			Trans	action ID	: 3478878	1	
Purpose of Disbursement Leadership PAC Contribution  Candidate Name			011	Amount	of Each	Disbursem	ent this	Period
			Category/ Type				250	00.00
		eneral		Leaders	hip PAC (	Contribution	1	

Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full)  American Academy of Neurology Brain  Full Name (Last, First, Middle Initial)  A. Andy Harris For Congress  Mailing Address PO Box 604  City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought: House Senate Prima Othe  State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	r each contailed Something in PAC	Zip Code 21014	21b 27 sed by any perso	22 28a on for the solicit con  Date of  M M M 05				
NAME OF COMMITTEE (In Full)  American Academy of Neurology Brain  Full Name (Last, First, Middle Initial)  A. Andy Harris For Congress  Mailing Address PO Box 604  City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Andy Harris  Office Sought: House Senate Primal President State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	nPAC	Zip Code 21014	011 Category/	Date of 05	f Disbursement  15 2012  saction ID: 34788782			
NAME OF COMMITTEE (In Full)  American Academy of Neurology Brain  Full Name (Last, First, Middle Initial)  A. Andy Harris For Congress  Mailing Address PO Box 604  City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought: House Senate Prima President State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	For: 2	Zip Code 21014	011 Category/	Date of 05	f Disbursement  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
A. Andy Harris For Congress  Mailing Address PO Box 604  City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Andy Harris  Office Sought: House Senate Prima President State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	ary	21014	Category/	05	15 2012 action ID : 34788782			
Mailing Address PO Box 604  City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Andy Harris  Office Sought: House Senate Prima President State: MD District: 01  Full Name (Last, First, Middle Initial)  Lone Star Leadership PAC	ary	21014	Category/	05	15 2012 action ID : 34788782			
City State Bel Air MD  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought: House Senate Prima President State: MD District: 01  Full Name (Last, First, Middle Initial)  Lone Star Leadership PAC	ary	21014	Category/	05 Trans	15 2012 eaction ID : 34788782			
Bel Air Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought:  Senate President President State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	ary	21014	Category/					
Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought:  Senate President President State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	ary	012	Category/					
Campaign Contribution  Candidate Name  Rep. Andy Harris  Office Sought:  President State: MD District: 01  Full Name (Last, First, Middle Initial)  Lone Star Leadership PAC	ary		Category/	Amount	t of Each Disbursement this Per			
Rep. Andy Harris  Office Sought:  Senate President State: MD District: 01  Full Name (Last, First, Middle Initial)  Star Leadership PAC	ary							
Office Sought: House Senate Prima Othe State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	ary				1000.00			
Senate Prima Othe  State: MD District: 01  Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC	ary		·ypc		1000.00			
Full Name (Last, First, Middle Initial)  B. Lone Star Leadership PAC		eify) 🔻		Campaiç	gn Contribution			
B. Lone Star Leadership PAC								
Mailing Address 404 Huma Avanua				Date of	f Disbursement			
Mailing Address 104 Hume Avenue					05 15 2012			
City State		Zip Code		Trans	saction ID : 34788784			
Alexandria VA Purpose of Disbursement		22301						
Leadership PAC Contribution			011	Amount	t of Each Disbursement this Per			
Candidate Name			Category/ Type		1000.00			
Office Sought:    House   Disbursement		General ify) ▼		Leaders	ship PAC Contribution			
Full Name (Last, First, Middle Initial)  C. Becerra For Congress				Date of	f Disbursement			
Mailing Address P.O. Box 261060		M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City State		Zip Code						
Los Angeles CA		90026		Trans	saction ID: 34788785			
Purpose of Disbursement Campaign Contribution			Tau'					
Candidate Name			011	Amount	t of Each Disbursement this Per			
Rep. Xavier Becerra			Category/ Type		1000.00			
Office Sought:    House   Disbursement		General	. , , , ,	Campaiç	gn Contribution			
State: CA District: 31  SUBTOTAL of Disbursements This Page (optional)				_	3000.00			

_	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 19 OF 21	
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)			
			Summary Page	21b	22		24 25 26	
				27	28a		28c 29 30b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam							
<u>\</u>	NAME OF COMMITTEE (In Full)	io and addi	occ or any pointed		COHOIC COTIET			
	American Academy of Neurology B	RrainPA(	•					
/	,	nann 700	,					
_	Full Name (Last, First, Middle Initial)							
Α.	John D. Dingell For Congress				Date of D	isbursement		
	Mailing Address 700 13th Street, Nw				05	15	2012	
	Suite 600				00	10	2012	
	City	State	Zip Code		Transas	tion ID : 247	700706	
	Washington	DC	20005		Transac	tion ID : 347	00/00	
	Purpose of Disbursement Campaign Contribution			011	A	Cash Dish	was was and this Davis d	
	Candidate Name			011	Amount of	Each Disbi	ursement this Period	
	Rep. John D. Dingell			Category/ Type			1000.00	
		nent For: 2	.012	Турс		7		
	Senate	Primary	General		Campaign	Contribution		
	President	Other (spec	eify) 🔻					
	State: MI District: 15							
_	Full Name (Last, First, Middle Initial)				D-1 ( D			
ο.	Klobuchar For Minnesota 2012					isbursement		
	Mailing Address PO Box 4146				05	22	2012	
	a g a a a a a a a a a a a a a a a a a a							
	•	State	Zip Code		Transac	tion ID : 348	329414	
	St Paul Purpose of Disbursement	MN	55104					
	Campaign Contribution			011	Amount of	f Fach Disb	ursement this Period	
	Candidate Name				7	200.1 2.00		
	Sen. Amy Klobuchar			Category/ Type		7	2500.00	
	Office Sought: House Disbursen	nent For: 2	2012					
		Primary	Marian General		Campaign	Contribution	ı	
		Other (spec	eify) 🔻					
	State: MN District:							
	Full Name (Lost First Middle Initial)							
c	Full Name (Last, First, Middle Initial)				Date of D	isbursement		
C.	Stabenow For Us Senate					isbursement		
C.					Date of D	isbursement	2012	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945				M = M		YYYY	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City	State	Zip Code		05		2012	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945	State MI	Zip Code 48826		05	24	2012	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing			011	M 05	24 tion ID : 348	2012	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name				M 05	24 tion ID : 348	2012 341587 ursement this Period	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow	MI	48826	011 Category/ Type	M 05	24 tion ID : 348	2012	
c.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Disbursement	MI ment For: 2	48826	Category/	Transac  Amount of	tion ID : 348	2012 341587 ursement this Period 1000.00	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Disbursement	ment For: 2	012 General	Category/	Transac  Amount of	24 tion ID : 348	2012 341587 ursement this Period 1000.00	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Disbursen  Senate	MI ment For: 2	012 General	Category/	Transac  Amount of	tion ID : 348	2012 341587 ursement this Period 1000.00	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Senate Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Senate President Disbursen	ment For: 2	012 General	Category/	Transac  Amount of	tion ID : 348	2012 341587 ursement this Period 1000.00	
C.	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Senate Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Senate President Disbursen	ment For: 2 Primary Other (spec	012 General	Category/ Type	Transac  Amount of	tion ID : 348	2012 341587 ursement this Period 1000.00	
	Stabenow For Us Senate  Mailing Address P.O. Box 4945  City Seast Lansing Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House Senate President State: MI District:	ment For: 2 Primary Other (spec	48826  012	Category/ Type	Transac  Amount of	tion ID : 348	2012 2012 241587 ursement this Period 1000.00	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 🔀 23 🗆 24 🗀 25 🗀 26	6
	Detailed Summary Page	27		0b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	no and address of any pointed		Solicit Commissions from Such Committee.	_
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)			Data of Dishamana	
A. Wyden For Senate			Date of Disbursement	
Mailing Address 232 Ne 9th Avenue			05 24 2012	
City	State Zip Code		Transaction ID : 24944500	_
Portland	OR 97232		Transaction ID: 34841588	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
Sen. Ron Wyden		Type	1000.00	l
Senate President	nent For: 2016 Primary General Other (specify)		Campaign Contribution	
State: OR District:				
Full Name (Last, First, Middle Initial)  B. Pete Stark Re-Election Committee			Date of Disbursement	
Mailing Address P.O. Box 8331			05 29 2012	
Fremont	State Zip Code CA 94537		Transaction ID: 34844942	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	1
Rep. Pete Stark		Type	2300.00	Į,
	ment For: 2012 Primary General Other (specify) ▼		Campaign Contribution	
Full Name (Last, First, Middle Initial)				_
C. Price For Congress			Date of Disbursement	
Mailing Address P.O. Box 425			05 29 2012	
City	State Zip Code		Transaction ID: 34844943	
Roswell	GA 30077		Transaction ID: 34644943	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
Rep. Thomas Edmunds Price M.D.		Type	2500.00	l
Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify) ▼		Campaign Contribution	
State: GA District: 06				
SUBTOTAL of Disbursements This Page (optional)		·····•	6000.00	
TOTAL This Period (last page this line number only				

## ľ

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 21	OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
-	Detailed Summary Page	21b	22 🗙 23 24 25	1 1
Γ		27	28a 28b 28c 29	
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)				
A. Friends Of Erik Paulsen			Date of Disbursement	V
Mailing Address P.O. Box 44369 250 Prairie Center Drive			05 29 2012	
City	State Zip Code		Transaction ID : 34844944	
Eden Prairie	MN 55344		Transaction id . 34044344	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement th	is Period
Candidate Name		Category/	21	500.00
Rep. Erik P. Paulsen		Туре	20	300.00
Senate President	nent For: 2012  Primary General  Other (specify)		Campaign Contribution	
State: MN District: 03				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Pascrell For Congress				V V
Mailing Address P.O. Box 640			05 29 2012	
Totowa	State Zip Code NJ 07511		Transaction ID : 34844950	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement th	is Period
Candidate Name		Category/		500.00
Rep. William J. Pascrell Jr.		Type	1	300.00
	nent For: 2012 Primary General Other (specify)		Campaign Contribution	
Full Name (Last, First, Middle Initial)			D	
C. Benishek For Congress, Inc.			Date of Disbursement	
Mailing Address PO Box 108		05 31 2012		
City Gladstone	State Zip Code MI 49837		Transaction ID: 34850720	
Purpose of Disbursement				
Campaign Contribution		011	Amount of Each Disbursement th	is Period
Candidate Name		Category/	10	00.00
Rep. Dan Benishek  Office Sought:	ment For: 2012	Туре		
State: MI District: 01	Primary General Other (specify) ▼		Campaign Contribution	
Citato. IVII Diotriot. U1				
SUBTOTAL of Disbursements This Page (optional)		······ <b>&gt;</b>	50	00.00
TOTAL This Period (last page this line number only		·····	452	250.00