FEC FORM 3X	AND	PORT OF RE DDISBURSE	MENTS	ee	Office Use On	ly
1. NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🕎	Example:If typing over the lines	, type		
	v of Neurology Prof	essional Association Brai	nPAC]
ADDRESS (number and	street)	M St. NW				
Check if differ than previousl reported. (AC	ent L	enth Floor 				
2. FEC IDENTIFICAT	ION NUMBER		A	STATE	E 🔺 ZIPC	CODE 🔺
C00435933		3. IS T REF		NEW N) OR	(AMENDED (A)	
July 15QuarterlyXOctoberQuarterlyJanuary 2QuarterlyJuly 31 MReport(NYear Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	Monthly Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election (d) 30-Day Post -Election Report for the: Election	(M3) (M4) Primary (12F Convention (on General (30C	12C) s	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) in tr Stat Runoff (30R) in tr Stat	Special (30S)
Type or Print Name of T Signature of Treasurer	ined this Report ar reasurer <u>Mr.</u> Ele <u>ctronically</u> Fil	0 1 2 0 0 8 nd to the best of my knowl Timothy J. Engel led by Mr. Timothy J. E	ngel	true, correct and co	12 04	2 0 0 8 U.S.C 437g.
Office Use Only					FEC FC (Rev. 12	ORM 3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

١		or Type Committee Nar nerican Academy of		rofessional Associa	ation BrainPAC		
F	Repor	t Covering the Period:	From:	^M ^M 07 01	Y Y W Y 2008	To:	
					COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a)	Cash on Hand January 1	Ž00ě ^v v]		34121.00	
	(b)	Cash on Hand at Begining of Reporting	Period		87459.00		
	(c)	Total Receipts (from L	ine 19)		4750.00	83588.00	
	(d)	Subtotal (add lines 6(b	o) and				
		6(c) for Column A and 6(a) and 6(c) for Colum			92209.00	117709.00	
7.	Tot	al Disbursements (from	Line 31)		23100.00	49600.00	
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6	5(d))		69109.00	68109.00	
9.	the	ots and Obligations owe committee (Itemize all c nedule C and/or Schedu	n	_	0.00		
10.	the	ots and Obligations owe committee (Itemize all c nedule C and/or Schedu	n		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

Image# 28993371036

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name American Academy of Neurology Professi	onal Association BrainPAC	
Report Covering the Period: From:	D D 1 Y Y W Y 0 1 2 0 0 8	To: M M 0 9 3 0 Y Y Y Y 2 0 0 8
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
(i) Itemized (use Schedule A)	3500.00	74994.00
(ii) Unitemized	1250.00	8594.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ►	4750.00	83588.00
(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) 	4750.00	83588.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
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 Transfer (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))	4750.00	83588.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4750.00	83588.00

Image# 28993371037

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A – Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share		
(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
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	23000.00	49500.00
 Independent Expenditure (use Schedule E) 	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 	100.00	100.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
0. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	23100.00	49600.00
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	23100.00	49600.00

Image# 28993371038

DETAILED SUMMARY PAGE

	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)	4750.00	83588.00
34.	Total Contribution Refunds (from Line 28(d))	100.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4650.00	83488.00
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

S	CHEDULE A (FEC Form 3X)	050 5000100000(5)	FOR LINE NUMBER: PAGE 6 / 16 (check only one)
IT.	FEMIZED RECEIPTS	for each category of the	\overline{X} 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Academy of Neurology Pro	ofessional Association BrainPAC	
∡ A.	Full Name (Last, First, Middle Initial) Dr. Srinivasa Potluri		Date of Receipt
	Mailing Address 24 Squirrel Dr		07 / 22 / 2008
	City	State Zip Code	Transaction ID: 28260268
	Skillman	NJ 08558-1669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lawrenceville Neurology Center , PA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		1
	Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels		Date of Receipt
	Mailing Address 2541 NE 35th Street		07 / 28 / Y Y Y Y 07 / 28
	City	State Zip Code	Transaction ID: 28311628
	Lighthouse Point	FL 33064-8156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
— c.	Full Name (Last, First, Middle Initial) Dr. Awais Riaz		Date of Receipt
	Mailing Address 4454-A Kelmscott La	ne	0 8 1 5 2 0 0 8
	City	State Zip Code	Transaction ID: 28413228
	Salt Lake City	UT 84124-2580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ. of Utah	Occupation Neurologist	1
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	750.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
Ľ			
	TOTAL This Period (last page this line number	er only)	

	1	
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 16
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may not be sold or used by any person e name and address of any political committee to	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Neurology Prof	include According ProinPAC	
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt
Mailing Address PO Box 6059		M · M / D · D / Y · Y · Y · Y Y 0 9 0 8 2 0 0 8 200 8
City	State Zip Code	Transaction ID: 28518618
<u>Olympia</u>	WA 98507-6059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Name of Employer The Middleton Fndn. / Oly- mpia Neurolog	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer		Date of Receipt
Mailing Address 2323 Dunstan Road		M M / D D / Y Y Y Y 09 09 2008
City	State Zip Code	Transaction ID: 28520176
Houston	TX 77005-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Park Plaza Hospital and	Occupation	
Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. John Booss	1	Date of Receipt
Mailing Address 88 Lacey Road		09 10 2008
		included in the second se
City	State Zip Code	Transaction ID: 28635920
City Bethany	State Zip Code CT 06524-3021	Transaction ID: 28635920 Amount of Each Receipt this Period
	•	
Bethany FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Virology	CT 06524-3021 C Occupation	Amount of Each Receipt this Period
Bethany FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Virology Laboratorie	CT 06524-3021 C Occupation Physician	Amount of Each Receipt this Period
Bethany FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Virology Laboratorie Receipt For:	CT 06524-3021 C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Bethany FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Virology Laboratorie Receipt For:	CT 06524-3021 C Occupation Physician	Amount of Each Receipt this Period
Bethany FEC ID number of contributing federal political committee. Name of Employer VA Medical Center Virology Laboratorie Receipt For: Primary General	CT 06524-3021 C Occupation Physician Aggregate Year-to-Date Aggregate Year-to-Date ▼	Amount of Each Receipt this Period

Α.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat	te schedule(s) regory of the mmary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) 11a X 11a 11b I 11b 11c 12 I 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neurology Profe	ssional Association Brai	nPAC	
Full Name (Last, First, Middle Initial) Dr. Mark A. Kozinn			Date of Receipt
Mailing Address 3537 Knollwood Dr NV			M M / D D / Y Y Y Y 09 24 2008
City	State Zip Code		Transaction ID: 28642867
Atlanta	GA 30305-10	21	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Atlanta Neurological Inst- itute	Occupation Physician]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional)	►			100	00.00	
TOTAL This Period (last page this line number only)	►			350	00.00	_

ITEMIZED DISBURSEMENTS for each of Detailed Statements may not or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Assoc Full Name (Last, First, Middle Initial) Amage (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address Mailing Address 5956 W. Race Avenue City State Chicago IL Purpose of Disbursement Campaign Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Disbursement For: Senate Primary Other (spe State: IL District: 07 Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City State Fargo ND Purpose of Disbursement Campaign Contribution State Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name	2008	d by a l com		ee to sc I Dry/ e	22 X 28a for the purposi- contribution Transaction Date of Dis 0 7 // Amount of Campaign Transaction Date of Dis 0 7 // Campaign	ons from such committee on ID: 28164030 sbursement					
or for commercial purposes, other than using the name and addres NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Assoc Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address 5956 W. Race Avenue City State Chicago IL Purpose of Disbursement Campaign Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Disbursement For: Senate President State: IL District: 07 Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President Disbursement For: Senate President City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Disbursement For: Senate President Disbursement For: Primary Primary Primary Primary Primary Primary Primary Primary Primary Primar	Aname and address of any political con essional Association BrainPAC Ile State Zip Code IL 60644 C Dursement For: 2008 Primary X General Other (specify) ▼ State Zip Code ND 58106 C Dursement For: 2008 Primary X General Other (specify) ▼ Address Code ND 58106 C C C C C C C C C C C C C		011 on the second secon	berson i ee to so ory/ e	Transactic Date of Dis 07 M / Amount of Campaigr	e of soliciting contributions ons from such committee on ID: 28164030 sbursement P 0 9 / 2 0 0 8 Each Disbursement this Period 1000.00 n Contribution on ID: 28219348 sbursement P 0 7 / 2 0 0 8 Each Disbursement this Period					
American Academy of Neurology Professional Assoc Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address 5956 W. Race Avenue City State Chicago IL Purpose of Disbursement Campaign Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Disbursement For: Senate Primary President Other (spe State: IL Pill Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate Primary Other (spe State: ND District: 01 Full N	Zip Code 60644 2008 X General cify) ▼	Ca	ategc Type	ory/ e	Date of Dis 0 7 // Amount of Campaign Transaction Date of Dis 0 7 //	sbursement $1 \bigcirc 0 9 / 2 0 0 8$ Each Disbursement this Period 1000.00 n Contribution on ID: 28219348 sbursement $1 \bigcirc 1 7 / 2 0 0 8$ Each Disbursement this Period					
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Chicago IL Purpose of Disbursement Campaign Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Disbursement For: Senate President Primary Other (spe State: IL District: 07 Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City State Fargo ND Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House President Disbursement For: Senate Primary Office Sought: X Anote (Last, First, Middle Initial) Disbursement For: Senate Primary Other (spe State: ND District: 01 Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	2008 X General cify) ▼	Ca	ategc Type	ory/ e	Campaigr Transactio Date of Dis 0 7 /	1000.00 In Contribution on ID: 28219348 sbursement $P = 1 \frac{p}{7} \frac{v}{2} \frac{v}{2} \frac{v}{0} \frac{v}{8}^{v}$ Each Disbursement this Period					
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Senate Primary Other (spectrum) Other (spectrum) State: IL District: 07 Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City State Fargo ND Purpose of Disbursement Candidate Name Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President Other (spectrum) Office Sought: X House Disbursement For: Senate Primary Other (spectrum) Other (spectrum) State: ND District: 01 Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	X General cify) ▼ Zip Code		011		Transactio Date of Dis	on ID: 28219348 sbursement D D D / Y Y O O 8 Each Disbursement this Period					
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Rep. Earl Pomeroy Office Sought: X House Disbursement For: Senate President Other (spe State: ND District: 01 Other (spe Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc				· · · · ·	1500.00						
Senate Primary State: ND District: 01 Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	Categor Type				_						
John Sullivan For Congress Inc	X General				Campaigr	n Contribution					
Mailing Address Post Office Box 470840						on ID: 28264740 sbursement					
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, ,					Amount of	Each Disbursement this Period					
Purpose of Disbursement Campaign Contribution			Q11			500.00					
Candidate Name Rep. John Sullivan			atego Type								
Office Sought: X House Disbursement For: Senate Primary President Other (spe	2008 X General cify) ▼				Campaigr	n Contribution					
SUBTOTAL of Disbursements This Page (optional)				•		3000.00					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	.)			E NUMBE	R:			PA	GE	10 / 1	16
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29	
Any Information copied from such Reports and State												3
r for commercial purposes, other than using the na	me and address of any politica	al com	nmit	tee to s	olicit cont	ribut	ions fr	om s	such c	omn	nittee	
American Academy of Neurology Profess	sional Association BrainP	AC										
	sional recoolation Brain											
Full Name (Last, First, Middle Initial) Mary Bono Mack Committee						of D	on ID: isburs	eme		743		
Mailing Address PO Box 3370					^м 7	М	[/] 2	22	/ Y	ž	οŏε	3 ^Y
City Palm Springs	State Zip Code CA 92263				Amou	unt o	f Each	l Dis	burse	-		-
Purpose of Disbursement Campaign Contribution			01							10	00.00)
Candidate Name Rep. Mary Bono Mack		Ca	01 ateg Typ	jory/								
Office Sought: X House Disbur Senate President State: CA District: 45	sement For: 2008 Primary X General Other (specify) ▼	1			Cam	oaig	n Cor	ntrib	oution	I		
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