

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Academy of Neurology Professional Association BrainPAC

ADDRESS (number and street) 509b 2nd St. NE  
 Check if different than previously reported. (ACC)  
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00435933  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 11 29 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120622.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	118444.00									
(c) Total Receipts (from Line 19) .....	29873.00	181727.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148317.00	302349.62								
7. Total Disbursements (from Line 31) .....	1000.00	156032.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	147317.00	146317.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	13712.00	114525.00
(ii) Unitemized .....	16161.00	62105.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29873.00	176630.00
(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) .....	29873.00	176630.00
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 .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	5097.62
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)) .....	29873.00	181727.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29873.00	181727.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	650.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	150500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	435.00
(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	435.00
29. Other Disbursements.....	0.00	4447.62
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	156032.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	156032.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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) .....	29873.00	176630.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	435.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29873.00	176195.00
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: PAGE 6 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Raghu P. Upender

Mailing Address 106 Linkside Dr.

City State Zip Code  
Tullahoma TN 37388-4859

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 ▼ 250.00

Date of Receipt

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

Transaction ID: 32470034

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Darren R. Gitelman

Mailing Address 2128 Washington Ave

City State Zip Code  
Wilmette IL 60091-2373

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

Name of Employer Northwestern University Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 32475948

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James M. Goldring

Mailing Address 3009 N Ballas Rd Ste 209

City State Zip Code  
Saint Louis MO 63131-2323

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

Name of Employer Washington University of St. Louis Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 32475976

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**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 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Irina A. Skopets  
Mailing Address 13732 Valley Dr

City State Zip Code  
Rockville MD 20850-5405

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

Name of Employer Self 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  
1 0 / 1 5 / 2 0 1 0

Transaction ID: 32476026

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. H. Branch Coslett  
Mailing Address 2003 Wallace Street

City State Zip Code  
Philadelphia PA 19130-3221

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

Name of Employer Univ of Pennsylvania Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 32476325

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Decker  
Mailing Address 5811 Interbay Blvd

City State Zip Code  
Tampa FL 33611-4740

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

Name of Employer University of Florida Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 32476329

Amount of Each Receipt this Period  
365.00

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

665.00

**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 8 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. John B. Townsend

Mailing Address 774 Christiana Rd Ste 201

City State Zip Code  
Newark DE 19713-4221

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

Name of Employer Occupation  
The Neurology Practices Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476337

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City State Zip Code  
Portland OR 97221-2507

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

Name of Employer Occupation  
North Pacific Epilepsy Re- search Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476345

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City State Zip Code  
Gainesville FL 32606-9180

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

Name of Employer Occupation  
Univ. of FL Dept. of Neur- ology Behavioral Neurology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476347

Amount of Each Receipt this Period  
89.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1089.00**

**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 9 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William S. Gilmer

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code  
Houston TX 77004-7589

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 ▼ 800.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: 32476352  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: 32476356  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Larry Charleston, IV

Mailing Address 250 K St NE #406

City State Zip Code  
Washington DC 20002-3381

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

Name of Employer Public Policy Fellow Occupation Fellow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: 32476359  
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 10 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code  
Fairhope AL 36608-1199

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

Name of Employer  
Neurology: Child and Adult, P.C.

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 32476362

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. James M. Burke

Mailing Address 2325 Maryland Rd, Suite 120

City State Zip Code  
Willow Grove PA 19090-1041

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

Name of Employer  
Abington Neurological Associates, Ltd

Occupation  
Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: 32476395

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 100 Rice Mine Loop Road  
Suite 301

City State Zip Code  
Tuscaloosa AL 35406-1822

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 ▼  
800.00

Date of Receipt

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

Transaction ID: 32476422

Amount of Each Receipt this Period

100.00

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

450.00

**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 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John G. Nutt

Mailing Address 3181 SW Sam Jackson Park Rd  
Department of Neurology OP-32

City State Zip Code  
Portland OR 97239-3011

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

Name of Employer Occupation  
Oregon Health Sci University Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476430

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bridglal Ramkissoon

Mailing Address 4325 Sun N Lake Blvd Ste 104

City State Zip Code  
Sebring FL 33872-2171

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

Name of Employer Occupation  
Neurology Associates Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476433

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Laurence J. Kinsella

Mailing Address 235 Rosemont Avenue

City State Zip Code  
Saint Louis MO 63119-2412

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

Name of Employer Occupation  
St. Louis University Professor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 32476454

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 300 E 33rd St Apt 16M		<b>Transaction ID:</b> 32476483
City New York	State NY	Zip Code 10016-9419
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer NYU School of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Leo R. Germin		Date of Receipt MM / DD / YYYY 10 / 16 / 2010
Mailing Address 1691 W Horizon Ridge Pkwy		<b>Transaction ID:</b> 32476495
City Henderson	State NV	Zip Code 89012-3494
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Clinical Neurology Specialists	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Roman Kesler		Date of Receipt MM / DD / YYYY 10 / 16 / 2010
Mailing Address 8333 N Davis Hwy		<b>Transaction ID:</b> 32476517
City Pensacola	State FL	Zip Code 32514-6050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Medical Center Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mitchell F. Brin

Mailing Address 2525 Dupont Dr

City Irvine State CA Zip Code 92612-1531

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

Name of Employer Allergan Inc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 17 / 2010

Transaction ID: 32476541

Amount of Each Receipt this Period: 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Leonard K. Pickard

Mailing Address 365 Broadway  
Broadway Medical Pavilion

City Kingston State NY Zip Code 12401-5151

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

Name of Employer Kingston Neurological Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 32476596

Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Nicholas L. Schlageter

Mailing Address 6N169 Woodview Ct

City Saint Charles State IL Zip Code 60175-6266

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

Name of Employer Tri-City Neurology, SC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 32480203

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2150.00**

**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 14 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Frederick G. Freitag

Mailing Address 931 Clinton Pl

City State Zip Code  
River Forest IL 60305-1503

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

Name of Employer Occupation  
Diamond Headache Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** 32480343

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edmund G. Grant

Mailing Address 13801 Bruce B Downs Blvd Ste 401

City State Zip Code  
Tampa FL 33613-3997

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

Name of Employer Occupation  
Winters Grant Mc Craney Tatum Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2010

**Transaction ID:** 32490255

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Hillel S. Panitch

Mailing Address 1 S Prospect St  
UHC Campus 2nd Floor

City State Zip Code  
Burlington VT 05401-3456

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

Name of Employer Occupation  
Neurology Health Care Service, Univers Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** 32509301

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 15 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Patrick M. Capone

Mailing Address 125A Medical Cir

City Winchester State VA Zip Code 22601-3322

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

Name of Employer Winchester Neurological Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 23 / 2010  
**Transaction ID: 32509965**  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael J. Wasserman

Mailing Address 6701 N. LeRoy Avenue

City Lincolnwood State IL Zip Code 60712-3203

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

Name of Employer Lake Cook Neurological Consultants, S. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 25 / 2010  
**Transaction ID: 32510172**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Christopher Calder

Mailing Address 3 Atrium Dr Ste 200

City Albany State NY Zip Code 12205-1484

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

Name of Employer Upstate Neurology Consultants LLP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 25 / 2010  
**Transaction ID: 32510175**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial) Dr. Morton Corin		Date of Receipt MM / DD / YYYY 10 / 30 / 2010
Mailing Address 7100 W 20th Ave Ste 512		<b>Transaction ID:</b> 32530507
City Hialeah	State FL	Zip Code 33016-1824
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Lancelot O. Alexander		Date of Receipt MM / DD / YYYY 10 / 30 / 2010
Mailing Address 4958 Via Andrea		<b>Transaction ID:</b> 32530528
City Newbury Park	State CA	Zip Code 91320-6800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Stuart J. Goodman		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 9325 Crimson Leaf Terrace		<b>Transaction ID:</b> 32530842
City Potomac	State MD	Zip Code 20854-5490
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer SELF	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>715.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Rd

City State Zip Code  
Union ME 04862-4628

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

Name of Employer Occupation  
Penobscot Bay Medical Center Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 32530877

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Todd J. Janus

Mailing Address 4008 Muskogee Ave

City State Zip Code  
Des Moines IA 50312-4627

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

Name of Employer Occupation  
Iowa Health Physicians Neurologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 968.00

Date of Receipt

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

Transaction ID: 32530880

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

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

Transaction ID: 32530886

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**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 18 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Barkley

Mailing Address 2799 W Grand Blvd  
Henry Ford Hospital

City Detroit State MI Zip Code 48202-2608

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 ▼ 750.00

Date of Receipt 11 / 01 / 2010  
Transaction ID: 32530892  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Glen R. Finney

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 ▼ 1125.00

Date of Receipt 11 / 01 / 2010  
Transaction ID: 32530898  
Amount of Each Receipt this Period 89.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald W. Ayres

Mailing Address 106 Hanover St

City Lebanon State NH Zip Code 03766-1042

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

Name of Employer Upper Valley Neurology Neurosurgery Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2010  
Transaction ID: 32549446  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **839.00**

**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 19 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Glen R. Finney

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 ▼ 1214.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 32574400

Amount of Each Receipt this Period 89.00

**B.**

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

Mailing Address 100 Rice Mine Loop Road Suite 301

City Tuscaloosa State AL Zip Code 35406-1822

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 ▼ 900.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 32574402

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. William S. Gilmer

Mailing Address 1213 Hermann Dr Ste 745

City Houston State TX Zip Code 77004-7589

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 ▼ 900.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 32574404

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 289.00

**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 20 / 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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code  
Fairhope AL 36608-1199

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

Name of Employer: Neurology: Child and Adult, P.C. Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

**Transaction ID:** 32574406

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer: Cleveland Clinic Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

**Transaction ID:** 32574408

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Charleston, IV

Mailing Address 250 K St NE #406

City State Zip Code  
Washington DC 20002-3381

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

Name of Employer: Public Policy Fellow Occupation: Fellow

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

**Transaction ID:** 32574410

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13712.00</b>

**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)

PAGE 21 / 21

<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 Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Bucshon For Congress

Mailing Address PO Box 250

City  
Newburgh

State  
IN

Zip Code  
47629

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Mr. Larry Bucshon

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Transaction ID: 32480194

Date of Disbursement

/

Amount of Each Disbursement this Period

Campaign Contribution

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

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