



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		155948.02
(b) Cash on Hand at Beginning of Reporting Period.....	115948.02	
(c) Total Receipts (from Line 19) .....	76915.00	130315.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	192863.02	286263.02
7. Total Disbursements (from Line 31).....	7500.00	100900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	185363.02	185363.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54769.00	90699.00
(ii) Unitemized .....	18646.00	36116.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	73415.00	126815.00
(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) .....	73415.00	126815.00
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.....	3500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	76915.00	130315.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76915.00	130315.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	99900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	1000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	100900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	100900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	73415.00	126815.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72915.00	125815.00
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 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. Swann Van Delden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3603 Paesanos Pkwy Ste 300  
 City San Antonio State TX Zip Code 78231-1270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Institute of San Antonio Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : 34604233**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. John B. Townsend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 774 Christiana Rd Ste 201  
 City Newark State DE Zip Code 19713-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Delaware Neuroscience Specialists Occupation 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 Y  
 04 / 04 / 2012  
**Transaction ID : 34608115**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. A Robert Spitzer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 Osborn Blvd Ste 340  
 City Sault Sainte Marie State MI Zip Code 49783-2071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer War Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : 34616539**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Erik Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
-------------------	-------------	------------------------

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

Name of Employer Sharp-Rees-Stealy Medical Group	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2012

**Transaction ID : 34617879**

Amount of Each Receipt this Period  
500.00

**B. Dr. Joel M. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Fenimore Road

City Worcester	State MA	Zip Code 01609-1711
-------------------	-------------	------------------------

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

Name of Employer Lifespan	Occupation Physician
------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		10		2012

**Transaction ID : 34626470**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 610 E Palisade Ave

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2012

**Transaction ID : 34655971**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Bruce H. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Neille Lane  
 City State Zip Code  
 Twinsburg OH 44087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Children's Hospital and Med. Center of Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34655975**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Glen R. Finney**  
 Full Name (Last, First, Middle Initial)  
 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 Neurology Behavioral Neurology  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34655979**  
 Amount of Each Receipt this Period  
 84.00

**C. Dr. William S. Gilmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 Dunstan Rd  
 City State Zip Code  
 Houston TX 77005-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34656001**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	319.00
<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 9 OF 44  
(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 BrainPAC**

**A. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 603253  
 City Providence State RI Zip Code 02906  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34656004**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Steven L. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 Timber Hill Road  
 City Highland Park State IL Zip Code 60035-5121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34656008**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Daniel C. Potts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Covey Chase  
 City Tuscaloosa State AL Zip Code 35406-1801  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34656030**  
 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: (check only one)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Steven J. Zuckerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Hidden Lake Court

City Baton Rouge State LA Zip Code 70810-4356

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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 34656063**

Amount of Each Receipt this Period  
 500.00

**B. Dr. David S. Tabby**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 Springhouse Lane

City Merion Station State PA Zip Code 19066-1114

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

Name of Employer Drexel Univ., College of Medicine 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 Y Y  
 04 / 25 / 2012  
**Transaction ID : 34680031**

Amount of Each Receipt this Period  
 900.00

**C. Mr. David A. Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Gaston Ave Ste 100W

City Dallas State TX Zip Code 75214-6273

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

Name of Employer Texas Neurology Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : 34687126**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. J. Clay Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Robinhood St Apt 1608

City Houston State TX Zip Code 77005-2561

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

Name of Employer Baylor Medical School Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : 34687138**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Thomas GianCarlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 34025 Harper Ave

City Clinton Township State MI Zip Code 48035-3737

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

Name of Employer Henry Ford Medical Center; Michigan Ne Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : 34687151**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Thomas GianCarlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 34025 Harper Ave

City Clinton Township State MI Zip Code 48035-3737

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

Name of Employer Henry Ford Medical Center; Michigan Ne Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : 34687154**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 12 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Slobodan Miric**  
Full Name (Last, First, Middle Initial)

Mailing Address 197 Big Ridge Dr

City East Stroudsburg State PA Zip Code 18302

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 ▼ 500.00

Date of Receipt  
04 / 26 / 2012  
**Transaction ID : 34687157**

Amount of Each Receipt this Period  
500.00

**B. Dr. Briseida E. Feliciano-Astacio**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6828

City Caguas State PR Zip Code 00726-6828

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

Name of Employer Neoera Medical Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 26 / 2012  
**Transaction ID : 34687162**

Amount of Each Receipt this Period  
500.00

**C. Dr. Jose Biller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1917 W Fletcher St

City Chicago State IL Zip Code 60657-2028

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

Name of Employer Loyola University Med. Ctr Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 26 / 2012  
**Transaction ID : 34687167**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Carmela L. Tardo</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : 34687172</b>
Mailing Address 604 Mulligan Way		Amount of Each Receipt this Period 250.00
City Saint Augustine	State FL	Zip Code 32080-5812
FEC ID number of contributing federal political committee. C	Name of Employer Children's Hospital/Neurology Dept	
Occupation Neurologist		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robyn G. Young</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : 34687178</b>
Mailing Address 5 Sand Piper Place		Amount of Each Receipt this Period 500.00
City Alameda	State CA	Zip Code 94502
FEC ID number of contributing federal political committee. C	Name of Employer Orange Coast Memorial Medical Center	
Occupation Neurologist		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Gruenthal</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34688164</b>
Mailing Address 47 New Scotland Ave Neurology Dept MC70		Amount of Each Receipt this Period 1000.00
City Albany	State NY	Zip Code 12208-3479
FEC ID number of contributing federal political committee. C	Name of Employer Albany Medical College	
Occupation Neurologist		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Elliott G. Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Horseshoe Hill Rd  
 City Pound Ridge State NY Zip Code 10576-1636  
 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 **1000.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34688367**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Michael A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1029 Pier Pointe Lndg  
 City Baltimore State MD Zip Code 21230-3975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34688373**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Robert C. Griggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 East Ave Apt A  
 City Rochester State NY Zip Code 14607-2271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Rochester Sch of Med Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34688382**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2500.00</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: (check only one)	PAGE 15 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stanley Fahn</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34688386</b>
Mailing Address 155 Edgars Ln		Amount of Each Receipt this Period 1000.00
City Hastings On Hudson	State NY	Zip Code 10706-1107
FEC ID number of contributing federal political committee. C		
Name of Employer Neurological Institute	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Francis X. Conidi</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34688389</b>
Mailing Address 1288 NE Ocean Blvd		Amount of Each Receipt this Period 1000.00
City Stuart	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Center for Headache & Sports N	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. James L. Bernat</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34688393</b>
Mailing Address 48 Old Farm Rd		Amount of Each Receipt this Period 500.00
City Norwich	State VT	Zip Code 05055-9645
FEC ID number of contributing federal political committee. C		
Name of Employer Dartmouth Hitchcock Med Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Christopher Bever Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4325 Conifer Court

City State Zip Code  
Glen Arm MD 21057-9124

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

Name of Employer Occupation  
University of Maryland Hosp Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : 34688395**

Amount of Each Receipt this Period  
500.00

**B. Dr. Leonard Sahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5019 Elmgate

City State Zip Code  
West Bloomfield MI 48324

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

Name of Employer Occupation  
Self Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : 34688397**

Amount of Each Receipt this Period  
500.00

**C. Dr. Robert A. Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Split Rock Rd

City State Zip Code  
Pittsford NY 14534

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

Name of Employer Occupation  
University of Rochester Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : 34688399**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Donn Dexter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7410 Lakeview Dr  
City Eau Claire State WI Zip Code 54701-8329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mayo Clinic Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34688403**  
Amount of Each Receipt this Period 400.00

**B. Dr. Allen L. Gee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 Sunset Blvd S  
City Cody State WY Zip Code 82414-4103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frontier Neurosciences Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34688405**  
Amount of Each Receipt this Period 500.00

**C. Dr. William J. Hamilton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3910 McGregor Ct  
City Mobile State AL Zip Code 36608-1809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Volunteer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34688407**  
Amount of Each Receipt this Period 350.00

**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: (check only one)	PAGE 18 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Elliott A. Schulman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34688547</b>
Mailing Address 616 Greythorne Rd		Amount of Each Receipt this Period 250.00
City Wynnewood	State PA	Zip Code 19096-2509
FEC ID number of contributing federal political committee.	C	
Name of Employer Lankenau Hospital and Lankenau Institu	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James P. Wymer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34688590</b>
Mailing Address 6 Dennin Dr		Amount of Each Receipt this Period 500.00
City Albany	State NY	Zip Code 12204-1204
FEC ID number of contributing federal political committee.	C	
Name of Employer Albany Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Lisa M. DeAngelis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34688607</b>
Mailing Address 400 East 56th Street		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10022-4339
FEC ID number of contributing federal political committee.	C	
Name of Employer Memorial Sloan Kettering Cancer Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Linda Y. Buchwald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 Blueberry Lane  
 City State Zip Code  
 Concord MA 01742-4710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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 Y  
 04 / 27 / 2012  
**Transaction ID : 34688609**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Carmel Armon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 Pinewood Drive  
 City State Zip Code  
 Longmeadow MA 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baystate Medical Center Chief of Neurology  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34688613**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Jonathan P. Hosey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1503 Red Ln  
 City State Zip Code  
 Danville PA 17821-8493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Geisinger Medical Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34688822**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas Swanson</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34688933</b>
Mailing Address 5748 Prospect Dr Address 3		Amount of Each Receipt this Period 500.00
City Missoula	State MT	Zip Code 59808-8608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard M. Dubinsky</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34689400</b>
Mailing Address 4307 West 126th Terrace		Amount of Each Receipt this Period 200.00
City Leawood	State KS	Zip Code 66209-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kansas University Medical Ctr	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mike Amery</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34689604</b>
Mailing Address 20308 Trolley Crossing Ct.		Amount of Each Receipt this Period 1000.00
City Montgomery Village	State MD	Zip Code 20886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer American Academy of Neurology	Occupation Legislative Counsel, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert T. Leshner</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689608</b>
Mailing Address 939 Coast Blvd. #5-G		Amount of Each Receipt this Period 1000.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C	Name of Employer Children's National	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mitchell F. Brin</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689610</b>
Mailing Address 30 San Antonio		Amount of Each Receipt this Period 500.00
City Newport Beach	State CA	Zip Code 92660-9115
FEC ID number of contributing federal political committee. C	Name of Employer Allergan Inc.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Farrah N. Daly</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689614</b>
Mailing Address 6402 16th St. N		Amount of Each Receipt this Period 500.00
City Arlington	State VA	Zip Code 22205-1834
FEC ID number of contributing federal political committee. C	Name of Employer Capital Caring	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert A. Summerfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4561 Jupiter Dr  
 City Salt Lake City State UT Zip Code 84124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Neurological Assoc Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689616**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Cynthia L. Comella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 N. Throop St.  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush Presb St Lukes Med Ctr 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 Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689618**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Jose R. Carlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1712 Calle Lilas  
 City San Juan State PR Zip Code 00927-6352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinicas Las Americas Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689649**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nancy Hammond</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689655</b>
Mailing Address 13230 Long St		Amount of Each Receipt this Period 250.00
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		
Name of Employer University of Kansas	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter D. Donofrio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689659</b>
Mailing Address 1708 Linden Avenue		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37212-5112
FEC ID number of contributing federal political committee. C		
Name of Employer Vanderbilt University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey R. Buchhalter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689669</b>
Mailing Address 13030 N. 17th Place		Amount of Each Receipt this Period 500.00
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. C		
Name of Employer Phoenix Children's Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Lewis P. Rowland**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 Riverside Dr

City New York State NY Zip Code 10025-1861

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

Name of Employer Neurological Institute, CPMC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34689675**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Lisa M. Shulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Paca St Fl 3  
Dept of Neurology, RM: 3-S-127

City Baltimore State MD Zip Code 21201-1642

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

Name of Employer U of MD At Baltimore Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34689679**

Amount of Each Receipt this Period  
 250.00

**C. Dr. William J. Weiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 S Greene St # N4W46  
University of Maryland Dept of Neu

City Baltimore State MD Zip Code 21201-1544

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

Name of Employer University of Maryland School of Medic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34689682**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Kenneth J. Gaines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Boyd Mill Av.  
 City Franklin State TN Zip Code 37064  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689685**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Brett M. Kissela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9878 Zig Zag Road  
 City Cincinnati State OH Zip Code 45252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Cincinnati, Dept of Neuro 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 Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689720**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Gregory L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689731**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<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 26 OF 44  
(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 BrainPAC**

**A. Dr. Peter Ping Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Medical Dr Ste 700  
 City Lagrange State GA Zip Code 30240-4130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lagrange Neurology Corporation Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689734**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. William W. Tung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 High Trl  
 City Atlanta State GA Zip Code 30339-5617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Douglas Neurology Associates Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689736**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Constantine Moschonas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8113 E Del Cuarzo Dr  
 City Scottsdale State AZ Zip Code 85258-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Four Peaks Neurology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689739**  
 Amount of Each Receipt this Period  
 750.00

**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: (check only one)	PAGE 27 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Matthew J. Murnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 New Scotland Ave  
 MC-70, Dept of Neurology  
 City Albany State NY Zip Code 12208-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical College Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689759**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Burk Jubelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 E Adams St Rm 5818  
 Department of Neurology  
 City Syracuse State NY Zip Code 13210-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY HSC Syracuse Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689763**  
 Amount of Each Receipt this Period  
 350.00

**C. Dr. Jack W. Tsao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9211 Bardon Rd  
 City Bethesda State MD Zip Code 20814-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Defense Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34689771**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dale J. Lange</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689773</b>
Mailing Address 535 E 70th St		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10021-4898
FEC ID number of contributing federal political committee. C		
Name of Employer Hospital for Special Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Brian A. Trimble</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689778</b>
Mailing Address 4320 Diplomacy Dr		Amount of Each Receipt this Period 250.00
City Anchorage	State AK	Zip Code 99508-5926
FEC ID number of contributing federal political committee. C		
Name of Employer Alaska Native Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Aaron E. Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 34689786</b>
Mailing Address 55 E 86th St Apt 7B		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10028-1059
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai 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>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 29 OF 44  
(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 BrainPAC**

**A. Dr. Darryl C. De Vivo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 W 168th St  
 City New York State NY Zip Code 10032-2699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia University Occupation Physician/Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690021**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Sajjan K. Nemani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1054 M L King Dr Ste 124  
 City Centralia State IL Zip Code 62801-3065  
 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 Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690027**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. P Scott Becker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 Centre View Blvd  
 City Crestview Hills State KY Zip Code 41017-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Becker Neurological Institu 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 Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690130**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Kevin Kristl**  
Full Name (Last, First, Middle Initial)

Mailing Address 229 Red Coach Dr Ste 105

City Mishawaka State IN Zip Code 46545-3195

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

Name of Employer Michiana Neurologic Medicine Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34690151**

Amount of Each Receipt this Period  
 300.00

**B. Dr. Marcus C. Rice**  
Full Name (Last, First, Middle Initial)

Mailing Address 6161 Kempsville Cir Ste 315

City Norfolk State VA Zip Code 23502-3932

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

Name of Employer Neuroconsultants of Tidewater Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34690165**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. David K. Urion**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Longwood Ave  
Dept Neurology/Fegan 11

City Boston State MA Zip Code 02115-5724

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

Name of Employer The Childrens Hospital Occupation Child Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34690176**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<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 31 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Nancy T. Rodgers-Neame**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 627 Belmont Avenue  
 City Tampa State FL Zip Code 33617-3802  
 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 **1000.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34690180**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Kimford J. Meador**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 851 Courtenay Drive  
 City Atlanta State GA Zip Code 30306-3424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory University Occupation Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34690182**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. David M. Labiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 N. Campbell Ave. Box 245023  
 City Tucson State AZ Zip Code 85724-5023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arizona Health Sciences Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 34690199**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</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 32 OF 44  
(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 BrainPAC**

Full Name (Last, First, Middle Initial)  
**A. Dr. Barry W. Festoff**

Mailing Address 5155 Wornall Rd

City State Zip Code  
Kansas City MO 64112-2426

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

Name of Employer Occupation  
Director Neurobiology Research Lab (15) Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690211**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Donald B. Sanders**

Mailing Address DIVISION OF NEUROLOGY  
BOX 3403

City State Zip Code  
Durham NC 27710-0001

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

Name of Employer Occupation  
Duke University Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690228**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Jesse M. Cedarbaum**

Mailing Address 5 Research Drive  
Ms-2BW

City State Zip Code  
Wallingford CT 06492

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

Name of Employer Occupation  
Cytokinetics Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 34690236**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. James A. Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Neurology  
41 Mall Road

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Clinic Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34690238**

Amount of Each Receipt this Period 250.00

**B. Dr. Thomas R. Swift**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Bransford Rd

City Augusta State GA Zip Code 30909-3090

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

Name of Employer Medical College of Georgia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34690242**

Amount of Each Receipt this Period 500.00

**C. Dr. James F. Howard Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Physicians Office Bldg  
Dept of Neurology, CB 7025

City Chapel Hill State NC Zip Code 27599-7025

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

Name of Employer Univ of North Carolina Sch of Med Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 34690246**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jonathan L. Carter</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34690250</b>
Mailing Address 12270 No. 78th Place		Amount of Each Receipt this Period 250.00
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robin L. Brey</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34690252</b>
Mailing Address 13618 Bluffcircle		Amount of Each Receipt this Period 1000.00
City San Antonio	State TX	Zip Code 78216-1902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University Texas Health Science Center	Occupation neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas A. Ala</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : 34690256</b>
Mailing Address 310 Long Bay Drive		Amount of Each Receipt this Period 300.00
City Springfield	State IL	Zip Code 62712-5530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Southern Illinois University - School	Occupation Associate Professor	
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).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert L. Ruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 935 Richmond Road

City Lyndhurst State OH Zip Code 44124

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

Name of Employer Case Western Res University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : 34690259**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Linda A. Hershey**  
Full Name (Last, First, Middle Initial)

Mailing Address 367 Lebrun Rd

City Amherst State NY Zip Code 14226-4130

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

Name of Employer VAMC & U at Buffalo Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012

**Transaction ID : 34690341**

Amount of Each Receipt this Period  
 1100.00

**C. Dr. Michael R. Sorrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Carew St Ste 2

City Springfield State MA Zip Code 01104-2271

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

Name of Employer Springfield Neurological Associates Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012

**Transaction ID : 34690351**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Laura B. Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5629 Tazewell Pike  
 City Knoxville State TN Zip Code 37918-9264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self/ Retired Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012  
**Transaction ID : 34690359**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Pawan Kumar Jain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5545 Remington Rd  
 City Las Cruces State NM Zip Code 88011-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pawan Jain, M.D., P.C. Neurology Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012  
**Transaction ID : 34690361**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines State IA Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Health Physicians Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 34690481**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : 34690485**

Amount of Each Receipt this Period  
 100.00

**B. Dr. Carolyn L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : 34690487**

Amount of Each Receipt this Period  
 100.00

**C. Dr. Lyzette E. Velazquez**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5061

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

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : 34690501**

Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Bennett L. Lavenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4210 Rosemary Street  
 City Chevy Chase State MD Zip Code 20815-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens National Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 34700444**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Road  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 34700445**  
 Amount of Each Receipt this Period  
 2000.00

**C. Dr. Daniel Tarsy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Brookline Ave  
 KS 228  
 City Boston State MA Zip Code 02215-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beth Israel Deaconess Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 34700446**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Catherine M. Rydell</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : 34700449</b>
Mailing Address 4645 Park Commons, #319		Amount of Each Receipt this Period 1000.00
City St. Louis Park	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		
Name of Employer American Academy of Neurology	Occupation Executive Director/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Lynne P. Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : 34700450</b>
Mailing Address 1 Charles St S Unit 5D		Amount of Each Receipt this Period 1000.00
City Boston	State MA	Zip Code 02116-5449
FEC ID number of contributing federal political committee. C		
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Glenn A. Mackin</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : 34700451</b>
Mailing Address 4800 Highland Way		Amount of Each Receipt this Period 300.00
City Center Valley	State PA	Zip Code 18034-9682
FEC ID number of contributing federal political committee. C		
Name of Employer Lehigh Neurology	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).....▶	2300.00
<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 40 OF 44
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lewis P. Rowland**

Mailing Address 404 Riverside Dr

City State Zip Code  
New York NY 10025-1861

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

Name of Employer Occupation  
Neurological Institute, CPMC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : 34794489**

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	54769.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 44
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Friends Of Kent Conrad**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 812

City Bismarck	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00202754

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2012

**Transaction ID : 34658815**

Amount of Each Receipt this Period  
1000.00

Refund of contribution made on 10/28/2009

**B. Wally Herger For Congress Committee**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1007

City Willows	State CA	Zip Code 95988
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00202523

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	20	/	2012

**Transaction ID : 34695249**

Amount of Each Receipt this Period  
2500.00

Refund of contribution made on 7/13/2011.

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Citizens For Altmore**

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Jason Altmore**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2012

**Transaction ID : 34658787**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**

Mailing Address 426 C Street NE  
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2012

**Transaction ID : 34660115**

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2012

**Transaction ID : 34660116**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : 34660117**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO Box 775

City State Zip Code  
Unionville PA 19375

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Joseph R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : 34660118**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Dr. Lewis P. Rowland**

Mailing Address 404 Riverside Dr

City New York State NY Zip Code 10025-1861

Purpose of Disbursement  
Refunded 4/27/2012 donation due to member request.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 34690494**

Amount of Each Disbursement this Period

Refunded 4/27/2012 donation due to member request.

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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