Image# 12951782107 PAGE 1 / 44

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Ai	uthorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Academy of	Neurology BrainPA	<b>\C</b>	
ADDRESS (number and street)	509b 2nd St NE		
Charle if different	Lower Level		
Check if different than previously reported. (ACC)	Washington		DC 20002 -
2. FEC IDENTIFICATION N	JMBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00435933	3.	IS THIS REPORT X NEW (N)	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	eb 20 (M2) X May 20 Mar 20 (M3) Jun 20 (	M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (0	01)	pr 20 (M4) Jul 20 (M	
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\)	Flor	etion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		etion on	in the State of
5. Covering Period 04			4 30 2012
I certify that I have examined th	nis Report and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Mr. Timothy J. Engel		
Signature of Treasurer Mr. 7	Timothy J. Engel	[Electronically Filed]	Date 05 / 16 / 2012
NOTE: Submission of false, erron	eous, or incomplete informa	tion may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Academy of Neurology BrainPAC

Report Covering the Period: From: 04 01 2012 To: 04 30 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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
·.	Total Disbursements (from Line 31)	7500.00	100900.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	185363.02	185363.02
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Neurology BrainPAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1 0	ontributions (other than loans) From:	Total Tills Tellou	Calcindar Tear to Bate
	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
		0.00	0.00
(t	,	0.00	0.00
(0	,	0.00	0.00
1-	(such as PACs)		0.00
(0	I) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	73415.00	126815.00
т	ransfers From Affiliated/Other		
	arty Committees	0.00	0.00
	.,	7	7
. A	Il Loans Received	0.00	0.00
. L	pan Repayments Received	0.00	0.00
	Iffsets To Operating Expenditures		
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	efunds of Contributions Made	7	7
to	Federal Candidates and Other		
Р	olitical Committees	3500.00	3500.00
. С	ther Federal Receipts		
	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(8	a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
(k	) Levin Funds (from Schedule H5)	0.00	0.00
	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00

#### **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
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calondal Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Federal Observ	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	7000.00	99900.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	500.00	1000.00
That I omical committee	7	7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	500.00	1000.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	3.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7500.00	100900.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	7500.00	100900.00
from Line 31)	7 300.00	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	73415.00	126815.00
4. Total Contribution Refunds (from Line 28(d))	500.00	1000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72915.00	125815.00
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:			PAGE		6	OF	44		
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	,	17

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Academy of Neurology	he name and address of any political committee to be a second political committee to b	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Swann Van Delden  Mailing Address 3603 Paesanos Pkwy Ste 3  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer  Neurology Institute of San Antonio  Receipt For:  Primary General Other (specify)	State Zip Code TX 78231-1270  C  Occupation Neurologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / 04 2012  Transaction ID: 34604233  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Dr. John B. Townsend  Mailing Address 774 Christiana Rd Ste 201  City  Newark  FEC ID number of contributing federal political committee.  Name of Employer  Delaware Neuroscience Specialists  Receipt For:  Primary General  Other (specify)	State Zip Code DE 19713-4221  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / 04 2012  Transaction ID: 34608115  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. A Robert Spitzer  Mailing Address 509 Osborn Blvd Ste 340  City Sault Sainte Marie  FEC ID number of contributing federal political committee.  Name of Employer War Memorial Hospital  Receipt For: Primary General Other (specify)	State Zip Code MI 49783-2071  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O4 06 2012  Transaction ID: 34616539  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1250.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	7	OF		44	
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		17

Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Erik Perkins  Mailing Address 11660 Cypress Canyon Roa	ad	Date of Receipt
		04 09 2012
City	State Zip Code	Transaction ID: 34617879
San Diego	CA 92131-3756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp-Rees-Stealy Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Joel M. Kaufman	•	Date of Receipt
Mailing Address 6 Fenimore Road		04 10 / 2012
City	State Zip Code	Transaction ID: 34626470
Worcester	MA 01609-1711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Lifespan	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Nancy L. Mueller	1	Date of Receipt
Mailing Address 610 E Palisade Ave		04 16 2012
City	State Zip Code	Transaction ID: 34655971
Englewood Cliffs	NJ 07632-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number	er only)	

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

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 04 2012 City Zip Code State Transaction ID: 34655975 OH Twinsburg 44087 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 04 16 2012 City State Zip Code Transaction ID: 34655979 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 336.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 2012 04 16 City Zip Code State Transaction ID: 34656001 TX Houston 77005-2613 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 319.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 9

OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	(	ck only 11a 13	one) 11b 14	11c		12 16		17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourpose o	of soliciting	cor	ntributi	ions	

An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Date of Receipt Mailing Address PO Box 603253 04 2012 City State Zip Code Transaction ID: 34656004 RΙ Providence 02906 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis Date of Receipt Mailing Address 806 Timber Hill Road 04 16 2012 City State Zip Code Transaction ID: 34656008 Highland Park IL 60035-5121 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 2012 04 16 City State Zip Code Transaction ID: 34656030 AL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Physician AL Neurology and Sleep Medicine, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 10 OF 4	4
Use separate schedule(s) for each category of the	(check only one)	11c 12	
Detailed Summary Page	13 110 14	15 16 1	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Steven J. Zuckerman Date of Receipt Mailing Address 510 Hidden Lake Court 04 2012 16 City State Zip Code Transaction ID: 34656063 70810-4356 Baton Rouge LA Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. David S. Tabby Date of Receipt Mailing Address 217 Springhouse Lane 04 25 2012 City State Zip Code Transaction ID: 34680031 Merion Station PΑ 19066-1114 Amount of Each Receipt this Period FEC ID number of contributing 900.00 federal political committee. Name of Employer Occupation Drexel Univ., College of Medicine Physician

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Mr. David A. Evans  Mailing Address 6301 Gaston Ave Ste 100W  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer  Texas Neurology  Receipt For: Primary General Other (specify)	State Zip Code TX 75214-6273  C  Occupation COO  Aggregate Year-to-Date ▼	Date of Receipt  04 26 2012  Transaction ID: 34687126  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	1900.00	
TOTAL This Period (last page this line number		

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

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. J. Clay Goodman Date of Receipt Mailing Address 2520 Robinhood St Apt 1608 04 2012 26 City Zip Code State Transaction ID: 34687138 TX 77005-2561 Houston Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Baylor Medical School** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Thomas GianCarlo Date of Receipt Mailing Address 34025 Harper Ave 2012 04 26 City State Zip Code **Transaction ID: 34687151** Clinton Township MI 48035-3737 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Henry Ford Medical Center; Michigan Ne Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Thomas GianCarlo Date of Receipt Mailing Address 34025 Harper Ave 04 26 2012 City State Zip Code Transaction ID: 34687154 MI Clinton Township 48035-3737 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Henry Ford Medical Center; Michigan Ne Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Slobodan Miric Date of Receipt Mailing Address 197 Big Ridge Dr 04 2012 26 City State Zip Code Transaction ID: 34687157 PΑ 18302 East Stroudsburg Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Briseida E. Feliciano-Astacio Date of Receipt Mailing Address PO Box 6828 2012 04 26 City State Zip Code Transaction ID: 34687162 PR 00726-6828 Caguas Amount of Each Receipt this Period

federal political committee.	C	500.00
Name of Employer  Neoera Medical  Receipt For:  Primary General  Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date ▼  500.00	
C. Dr. Jose Biller  Mailing Address 1917 W Fletcher St  City	State Zip Code	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Chicago  FEC ID number of contributing federal political committee.	IL 60657-2028	Transaction ID: 34687167  Amount of Each Receipt this Period  500.00
Name of Employer  Loyota University Med. Ctr  Receipt For:  Primary General  Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  500.00	
CURTOTAL of Booking This Book (autism	-0	1500.00

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

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

	FOR LINE	NUMBER	:   PAGE	E 13 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
	13	14	15	16

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Carmela L. Tardo  Mailing Address 604 Mulligan Way  City Saint Augustine  FEC ID number of contributing federal political committee.  Name of Employer Children's Hospital/Neurology Dept Receipt For:  Primary General Other (specify)	State Zip Code FL 32080-5812  C  Occupation Neurologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / 26 2012  Transaction ID: 34687172  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Robyn G. Young  Mailing Address 5 Sand Piper Place  City  Alameda  FEC ID number of contributing federal political committee.  Name of Employer  Orange Coast Memorial Medical Center  Receipt For:  Primary  General	State Zip Code CA 94502  C  Occupation Neurologist  Aggregate Year-to-Date ▼	Date of Receipt  04 26 2012  Transaction ID : 34687178  Amount of Each Receipt this Period  500.00
Fill Name (Last, First, Middle Initial)  Dr. Michael Gruenthal  Mailing Address 47 New Scotland Ave Neurology Dept MC70  City Albany  FEC ID number of contributing federal political committee.  Name of Employer Albany Medical College  Receipt For:  Primary General Other (specify) ▼	State Zip Code NY 12208-3479  C  Occupation Neurologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  O4 27 2012  Transaction ID: 34688164  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1750.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE	PAGE	-					
Use separate schedule(s) for each category of the	(check only one)							
Detailed Summary Page	<b>X</b> 11a	11b		11c				
	12	14		15	Г			

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12

	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Elliott G. Gross  Mailing Address 65 Horseshoe Hill Rd		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Pound Ridge  FEC ID number of contributing federal political committee.	State Zip Code NY 10576-1636	04 27 2012  Transaction ID: 34688367  Amount of Each Receipt this Period  1000.00
Name of Employer  Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Michael A. Williams  Mailing Address 1029 Pier Pointe Lndg		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Baltimore  FEC ID number of contributing federal political committee.	State Zip Code MD 21230-3975	Transaction ID : 34688373  Amount of Each Receipt this Period  1000.00
Name of Employer  LifeBridge Health Brain & Spine Instit  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs Mailing Address 901 East Ave Apt A  City Rochester	State Zip Code NY 14607-2271	Date of Receipt  04 27 2012  Transaction ID: 34688382  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Univ of Rochester Sch of Med  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	500.00
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Stanley Fahn Date of Receipt Mailing Address 155 Edgars Ln 04 2012 27 City Zip Code State Transaction ID: 34688386 10706-1107 NY Hastings On Hudson Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Neurological Institute Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Francis X. Conidi Date of Receipt Mailing Address 1288 NE Ocean Blvd 04 2012 27 City State Zip Code Transaction ID: 34688389 FL Stuart 34996 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Florida Center for Headache & Sports N Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James L. Bernat Date of Receipt Mailing Address 48 Old Farm Rd 2012 04 27 City Zip Code State Transaction ID: 34688393 Norwich VT 05055-9645 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Dartmouth Hitchcock Med Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Christopher Bever Jr. Date of Receipt Mailing Address 4325 Conifer Court 04 2012 27 City Zip Code State Transaction ID: 34688395 MD Glen Arm 21057-9124 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Maryland Hosp Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Leonard Sahn Date of Receipt Mailing Address 5019 Elmgate 2012 04 27 City State Zip Code Transaction ID: 34688397 West Bloomfield MI 48324 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert A. Gross Date of Receipt Mailing Address 44 Split Rock Rd 2012 04 27 City Zip Code State Transaction ID: 34688399 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation University of Rochester Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Donn Dexter Date of Receipt Mailing Address 7410 Lakeview Dr 04 2012 27 City Zip Code State Transaction ID: 34688403 WI Eau Claire 54701-8329 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Mayo Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Allen L. Gee Date of Receipt Mailing Address 1320 Sunset Blvd S 2012 04 27 City State Zip Code Transaction ID: 34688405 WY Cody 82414-4103 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Frontier Neurosciences Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William J. Hamilton Date of Receipt Mailing Address 3910 McGregor Ct 2012 04 27 City State Zip Code Transaction ID: 34688407 AL Mobile 36608-1809 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Volunteer Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	y BrainPAC	
Full Name (Last, First, Middle Initial)  Or. Elliott A. Schulman		Date of Receipt
Mailing Address 616 Greythorne Rd		04 27 2012
City	State Zip Code	Transaction ID: 34688547
Wynnewood	PA 19096-2509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Lankenau Hospital and Lankenau Institu	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. James P. Wymer		Date of Receipt
Mailing Address 6 Dennin Dr		04 27 2012
City	State Zip Code	Transaction ID: 34688590
Albany	NY 12204-1204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Albany Medical Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Dr. Lisa M. DeAngelis		Date of Receipt
Mailing Address 400 East 56th Street		04 27 2012
City	State Zip Code	Transaction ID : 34688607
New York	NY 10022-4339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Memorial Sloan Kettering Cancer Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Linda Y. Buchwald Date of Receipt Mailing Address 82 Blueberry Lane 04 2012 27 City Zip Code State Transaction ID: 34688609 Concord MA 01742-4710 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carmel Armon Date of Receipt Mailing Address 99 Pinewood Drive 2012 04 27 City State Zip Code Transaction ID: 34688613 MA Longmeadow 01106 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Baystate Medical Center** Chief of Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jonathan P. Hosey Date of Receipt Mailing Address 1503 Red Ln 2012 04 27 City Zip Code State Transaction ID: 34688822 PΑ Danville 17821-8493 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Geisinger Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Thomas Swanson Date of Receipt Mailing Address 5748 Prospect Dr Address 3 04 2012 27 City Zip Code State Transaction ID: 34688933 MT 59808-8608 Missoula Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard M. Dubinsky Date of Receipt Mailing Address 4307 West 126th Terrace 2012 04 27 City State Zip Code Transaction ID: 34689400 KS Leawood 66209-2288 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Kansas University Medical Ctr Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mike Amery Date of Receipt Mailing Address 20308 Trolley Crossing Ct. 2012 04 27 Zip Code State Transaction ID: 34689604 MD Montgomery Village 20886 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation American Academy of Neurology Legislative Counsel, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional).....

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

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Detailed Summary Page	×	11a		11b		11c		12		
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Robert T. Leshner  Mailing Address, 020 Coast Blvd.		Date of Receipt
Mailing Address 939 Coast Blvd. #5-G		04 27 2012
City	State Zip Code	Transaction ID : 34689608
La Jolla	CA 92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Children's National	Neurologist	
Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Mitchell F. Brin		Date of Receipt
Mailing Address 30 San Antonio		04 27 2012
City	State Zip Code	Transaction ID: 34689610
Newport Beach	CA 92660-9115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Allergan Inc.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Farrah N. Daly		Date of Receipt
Mailing Address 6402 16th St. N		04 27 2012
City Arlington	State Zip Code VA 22205-1834	Transaction ID : 34689614  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Capital Caring	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2000.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Robert A. Summerfield		Date of Receipt
Mailing Address 4561 Jupiter Dr		04 27 2012
City	State Zip Code	Transaction ID : 34689616
Salt Lake City	UT 84124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Western Neurological Assoc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Cynthia L. Comella		Date of Receipt
Mailing Address 1530 N. Throop St.		04 27 2012
City	State Zip Code	Transaction ID: 34689618
Chicago	IL 60642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Rush Presb St Lukes Med Ctr	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dr. Jose R. Carlo		Date of Receipt
Mailing Address 1712 Calle Lilas		04 27 _ 2012 _
City	State Zip Code	Transaction ID: 34689649
San Juan	PR 00927-6352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Clinicas Las Americas	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 133. 234.0 104. 10 24.0 7	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1750.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Nancy Hammond Date of Receipt Mailing Address 13230 Long St 04 2012 27 City State Zip Code Transaction ID: 34689655 KS Overland Park 66213 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Kansas Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Peter D. Donofrio Date of Receipt Mailing Address 1708 Linden Avenue 2012 04 27 City State Zip Code Transaction ID: 34689659 TN Nashville 37212-5112 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vanderbilt University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jeffrey R. Buchhalter Date of Receipt Mailing Address 13030 N. 17th Place 2012 04 27 City State Zip Code Transaction ID: 34689669 ΑZ Phoenix 85022 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Phoenix Children's Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Lewis P. Rowland Mailing Address 404 Riverside Dr  City New York  FEC ID number of contributing federal political committee.  Name of Employer Neurological Institute, CPMC  Receipt For: Primary General	State Zip Code NY 10025-1861  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  04 27 2012  Transaction ID : 34689675  Amount of Each Receipt this Period  500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Lisa M. Shulman  Mailing Address 110 S Paca St Fl 3  Dept of Neurology, RM: 3-S-City	500.00 127 State Zip Code	Date of Receipt  04 27 2012
Baltimore  FEC ID number of contributing federal political committee.  Name of Employer U of MD At Baltimore  Receipt For:  Primary  Other (specify)   Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : 34689679  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. William J. Weiner  Mailing Address 22 S Greene St # N4W46  University of Maryland Dept  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer  University of Maryland School of Medic  Receipt For:  Primary  General  Other (specify)	of Neu State Zip Code MD 21201-1544  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Kenneth J. Gaines Date of Receipt Mailing Address 425 Boyd Mill Av. 04 2012 27 City Zip Code State Transaction ID: 34689685 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Brett M. Kissela Date of Receipt Mailing Address 9878 Zig Zag Road 2012 04 27 City State Zip Code Transaction ID: 34689720 OH Cincinnati 45252 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Cincinnati, Dept of Neuro Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory L. Barkley Date of Receipt Mailing Address 2890 Burlington St 2012 04 27 City State Zip Code Transaction ID: 34689731 MI Ann Arbor 48105-1435 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Henry Ford Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Peter Ping Lee Date of Receipt Mailing Address 300 Medical Dr Ste 700 04 2012 27 City State Zip Code Transaction ID: 34689734 GA Lagrange 30240-4130 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Lagrange Neurology Corporation Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William W. Tung Date of Receipt Mailing Address 1770 High Trl 2012 04 27 City State Zip Code Transaction ID: 34689736 GA Atlanta 30339-5617 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Douglas Neurology Associates** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Constantine Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr 2012 04 27 City State Zip Code Transaction ID: 34689739 ΑZ Scottsdale 85258-2254 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Matthew J. Murnane Date of Receipt Mailing Address 47 New Scotland Ave MC-70, Dept of Neurology 04 2012 27 City Zip Code State Transaction ID: 34689759 NY Albany 12208-3479 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Albany Medical College Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Burk Jubelt Date of Receipt Mailing Address 750 E Adams St Rm 5818 Department of Neurology 2012 04 27 City State Zip Code Transaction ID: 34689763 NY Syracuse 13210-2342 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation SUNY HSC Syracuse Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jack W. Tsao Date of Receipt Mailing Address 9211 Bardon Rd 2012 04 27 City Zip Code State Transaction ID: 34689771 MD Bethesda 20814-2858 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Department of Defense Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Dale J. Lange  Mailing Address 535 E 70th St		Date of Receipt  04 27 2012
City New York  FEC ID number of contributing federal political committee.  Name of Employer Hospital for Special Surgery Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code NY 10021-4898  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Transaction ID: 34689773  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Dr. Brian A. Trimble  Mailing Address 4320 Diplomacy Dr  City  Anchorage  FEC ID number of contributing federal political committee.  Name of Employer  Alaska Native Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code AK 99508-5926  C  Occupation Neurologist  Aggregate Year-to-Date ▼	Date of Receipt  04 27 2012  Transaction ID: 34689778  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Aaron E. Miller  Mailing Address 55 E 86th St Apt 7B  City New York  FEC ID number of contributing federal political committee.  Name of Employer  Mount Sinai School of Medicine  Receipt For:  Primary General Other (specify)	State Zip Code NY 10028-1059  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  O4 27 2012  Transaction ID: 34689786  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2250.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Darryl C. De Vivo Date of Receipt Mailing Address 710 W 168th St 04 2012 27 City Zip Code State Transaction ID: 34690021 NY New York 10032-2699 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Physician/Professor Columbia University Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sajjan K. Nemani Date of Receipt Mailing Address 1054 M L King Dr Ste 124 2012 04 27 City State Zip Code Transaction ID: 34690027 IL Centralia 62801-3065 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. P Scott Becker Date of Receipt Mailing Address 565 Centre View Blvd 2012 04 27 Zip Code State Transaction ID: 34690130 KY Crestview Hills 41017-3444 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Becker Neurological Institu Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Kevin Kristl Date of Receipt Mailing Address 229 Red Coach Dr Ste 105 04 2012 27 City Zip Code State Transaction ID: 34690151 IN Mishawaka 46545-3195 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Michiana Neurologic Medicine Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Marcus C. Rice Date of Receipt Mailing Address 6161 Kempsville Cir Ste 315 2012 04 27 City State Zip Code Transaction ID: 34690165 Norfolk VA 23502-3932 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Neuroconsultants of Tidewater Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David K. Urion Date of Receipt Mailing Address 300 Longwood Ave 2012 04 27 Dept Neurology/Fegan 11 City Zip Code State Transaction ID: 34690176 MA **Boston** 02115-5724 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation The Childrens Hospital Child Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	LINE	NU	MBER	:	PAGE	: 3	31	OF	
Use separate schedule(s) for each category of the	`	k only								
Detailed Summary Page		11a		11b		11c		12	_	
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Nancy T. Rodgers-Neame		Date of Receipt
Mailing Address 627 Belmont Avenue		04 27 2012
City	State Zip Code	Transaction ID: 34690180
Tampa	FL 33617-3802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Kimford J. Meador		Date of Receipt
Mailing Address 851 Courtenay Drive		04 27 2012
City	State Zip Code	Transaction ID: 34690182
Atlanta	GA 30306-3424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Emory University	Professor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Dr. David M. Labiner		Date of Receipt
Mailing Address 1501 N. Campbell Ave. Box 245023		04 27 _ 2012 _
City	State Zip Code	Transaction ID: 34690199
Tucson	AZ 85724-5023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Arizona Health Sciences Center	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	1750.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Barry W. Festoff Date of Receipt Mailing Address 5155 Wornall Rd 04 2012 27 City Zip Code State Transaction ID: 34690211 MO Kansas City 64112-2426 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Director Neurobiology Research Lab (15 Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Donald B. Sanders Date of Receipt Mailing Address DIVISION OF NEUROLOGY **BOX 3403** 2012 04 27 City State Zip Code Transaction ID: 34690228 NC Durham 27710-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Duke University** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jesse M. Cedarbaum Date of Receipt Mailing Address 5 Research Drive 2012 Ms-2BW 04 27 City State Zip Code Transaction ID: 34690236 CT Wallingford 06492 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Cytokinetics Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:   PAGE	33 OF 4
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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	ıy BrainPAC	
/		
Full Name (Last, First, Middle Initial)  1. Dr. James A. Russell		Date of Receipt
Mailing Address Department of Neurology		M = M / D = D / Y = Y = Y
41 Mall Road		04 27 2012
City	State Zip Code	Transaction ID: 34690238
Burlington	MA 01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lahey Clinic Medical Center	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Thomas R. Swift		Date of Receipt
Mailing Address 3009 Bransford Rd		M = M / D = D / Y = Y = Y
-		04 27 2012
City	State Zip Code	Transaction ID: 34690242
Augusta	GA 30909-3090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Medical College of Georgia	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. James F. Howard Jr.		Date of Receipt
Mailing Address 2200 Physicians Office Bldg		M M / D D / Y Y Y
Dept of Neurology, CB 7025		04 27 2012
City	State Zip Code	Transaction ID : 34690246
Chapel Hill	NC 27599-7025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Univ of North Carolina Sch of Med	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
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OF

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Jonathan L. Carter  Mailing Address 12270 No. 78th Place  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic Receipt For:	State Zip Code AZ 85260  C Occupation Neurologist	Date of Receipt  04 27 2012  Transaction ID: 34690250  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Robin L. Brey  Mailing Address 13618 Bluffcircle  City	State Zip Code	Date of Receipt  04
San Antonio  FEC ID number of contributing federal political committee.	TX 78216-1902	Amount of Each Receipt this Period
Name of Employer University Texas Health Science Center  Receipt For:  Primary General Other (specify) ▼	Occupation neurologist  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas A. Ala  Mailing Address 310 Long Bay Drive	1	Date of Receipt  04 27 2012
City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Southern Illinois University - School Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code IL 62712-5530  C  Occupation Associate Professor  Aggregate Year-to-Date ▼  300.00	Transaction ID : 34690256  Amount of Each Receipt this Period  300.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1550.00
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff Date of Receipt Mailing Address 935 Richmond Road 04 2012 27 City Zip Code State Transaction ID: 34690259 OH Lyndhurst 44124 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Case Western Res University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Linda A. Hershey Date of Receipt Mailing Address 367 Lebrun Rd 2012 04 28 City State Zip Code Transaction ID: 34690341 NY Amherst 14226-4130 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 federal political committee. Name of Employer Occupation VAMC & U at Buffalo Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael R. Sorrell Date of Receipt Mailing Address 300 Carew St Ste 2 2012 04 28 City State Zip Code Transaction ID: 34690351 MA Springfield 01104-2271 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Springfield Neurological Associates Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Laura B. Powers  Mailing Address 5629 Tazewell Pike		Date of Receipt
manning years of 5025 razowell rinke		04 28 2012
City	State Zip Code	Transaction ID: 34690359
Knoxville	TN 37918-9264	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self/ Retired	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Pawan Kumar Jain		Date of Receipt
Mailing Address 5545 Remington Rd	Chate 7in Code	04 28 2012
City Las Cruces	State Zip Code NM 88011-2524	Transaction ID : 34690361
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer Pawan Jain, M.D., P.C. Neurology	Occupation  Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Avenue		04 30 2012
City Des Moines	State Zip Code IA 50312-4627	Transaction ID : 34690481  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Iowa Health Physicians	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).		600.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: PAGE 37 OF

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MIZED RECEIPTS	Use separate schedule(s)	(che	eck only	y one	e)						
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Any ir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 30 2012 City State Zip Code Transaction ID: 34690485 ME 04862-4628 Union Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Physician Penobscot Bay Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Carolyn L. Taylor Date of Receipt Mailing Address 11 Bellwether Way Suite 210 04 30 2012 City State Zip Code Transaction ID: 34690487 Bellingham WA 98229-2574 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lyzette E. Velazguez Date of Receipt Mailing Address 29 Glen Hill Ln 30 2012 04 City State Zip Code Transaction ID: 34690501 NY Tarrytown 10591-5061 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Neurologist Bronx Medical Neuro Care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Bennett L. Lavenstein  Mailing Address 4210 Rosemary Street		Date of Receipt
		04 30 2012
City	State Zip Code MD 20815-5218	Transaction ID: 34700444
Chevy Chase	IVID 200 10-02 10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Childrens National Med Ctr	Physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. James C. Stevens		Date of Receipt
Mailing Address 12112 Aboite Center Road		04 30 2012
City	State Zip Code	Transaction ID: 34700445
Fort Wayne	IN 46814-9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	1
Allied Physicians, Inc.	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Dr. Daniel Tarsy		Date of Receipt
Mailing Address 330 Brookline Ave KS 228		04 30 2012
City	State Zip Code	Transaction ID: 34700446
Boston	MA 02215-5400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Beth Israel Deaconess Med Ctr	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		3250.00
age (optional)		
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## SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and or for commercial purposes, other than using t				or the		ose of	soliciting	contribut	ions		
NAME OF COMMITTEE (In Full)											
American Academy of Neurolo	ogy BrainP	AC									
Full Name (Last, First, Middle Initial) Catherine M. Rydell				ate of	Re	ceipt					
Mailing Address 4645 Park Commons, #319				M = M	/	30	/ Y	2012	Y		
City	State	Zip Code		Trans	acti	on ID :	3470044				
St. Louis Park	MN	55416		mount	of	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С					7	7	1000	.00		
Name of Employer	Occupation										
American Academy of Neurology	Executive [	Director/CEO									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		1000.00	1								
Other (specify) ▼		1000.00	4								
Full Name (Last, First, Middle Initial)  3. Dr. Lynne P. Taylor				ate of	Re	ceipt					
Mailing Address 1 Charles St S Unit 5D				M = M	/	30	/ Y	2012	Y		
City	State	Zip Code		Transa	acti	on ID :	3470045				
Boston	MA	02116-5449		mount	of	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,	7	1000	.00		
Name of Employer	Occupation	 									
Virginia Mason Medical Center	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		1000.00	1 .								
Other (specify) ▼		1000.00	ч								
Full Name (Last, First, Middle Initial)  Dr. Glenn A. Mackin				Date of	Re	ceipt					
Mailing Address 4800 Highland Way			1	м = м	/	30	/ Y	2012	Υ		
City	State	Zip Code			acti		3470045	2012 3			
Center Valley	PA	18034-9682						is Period			
FEC ID number of contributing federal political committee.	С					,	7	300	.00		
Name of Employer	Occupation	<u> </u>									
Lehigh Neurology	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General  Other (specify) ▼		300.00									
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Lewis P. Rowland Date of Receipt Mailing Address 404 Riverside Dr 04 30 2012 City Zip Code State Transaction ID: 34794489 NY New York 10025-1861 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Occupation Neurological Institute, CPMC Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$500.00 This 0.00 Other (specify) changes the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 54769.00 TOTAL This Period (last page this line number only).....

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: DAGE 44 OF 44						
	,		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 OF 44 (check only one)						
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			Detailed Summary Page	11a   11b   11c   12 13   14   15   X   16   17						
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	NAME OF COMMITTEE (In Full)									
	American Academy of Neurology	y BrainP	AC							
Α.	Full Name (Last, First, Middle Initial) Friends Of Kent Conrad			Date of Receipt						
	Mailing Address PO Box 812			M = M / D = D / Y = Y = Y						
				04 18 2012						
	City	State	Zip Code	Transaction ID: 34658815						
	Bismarck	ND	58502	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0202754	1000.00						
	Name of Employer	Occupation								
	Receipt For: 2012	Aggregate	Year-to-Date ▼							
	✓ Primary General	Aggregate	Tear-10-Date ▼	Refund of contribution made on 10/28/2009						
	Other (specify) ▼	1	1000.00	10,20,200						
			, , , , , , , , , , , , , , , , , , , ,							
В.	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee	ee		Date of Receipt						
	Mailing Address PO Box 1007			M M / D D / Y Y Y Y						
				04 20 2012						
	City	State	Zip Code	Transaction ID : 34695249						
	Willows	CA	95988	Amount of Each Receipt this Period						
	FEC ID number of contributing			0500.00						
	federal political committee.	C cod	0202523	2500.00						
	Name of Employer	Occupation								
	Traine of Employer	o o o u p u ii o i								
	Receipt For: 2012	A a a u a a a t a	Veer to Date W							
	✓ Primary General	Aggregate	Year-to-Date ▼	Refund of contribution made on 7/13/2011.						
	Other (specify) ▼		2500.00	Refund of contribution made on 7/13/2011.						
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt						
٠.	Mailing Address			M M / D D / Y Y Y Y						
	3									
	City	State	Zip Code							
				Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C								
	Name of Employer	Occupation	_							
	Name of Employer	Occupation								
Receipt For:		Angregato	Year-to-Date ▼							
	Primary General	Aggregate	Tear-to-Date ▼							
Other (specify) ▼										
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s	UBTOTAL of Receipts This Page (optional)			3500.00						

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

3500.00

SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 OF 44						
ITI	EMIZED DISBURSEMENTS	Use separate so		(check only	-					
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				27	28a 28b	28c 29 30				
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	for commercial purposes, other than using the nan	le and address of a	any political	committee to	Solicit Contributions i	rom such committee.				
	NAME OF COMMITTEE (In Full)	Proin DAC								
	American Academy of Neurology E	BIAINPAC								
	Full Name (Last, First, Middle Initial)									
Α.	Citizens For Altmire				Date of Disbursem	nent				
	Mailing Address D.O. Day 1770				M M / D D					
	Mailing Address P.O. Box 1776				04 18	2012				
	City	State Zip Co	ode			0.4050707				
	Freedom	PA 15042	2		Transaction ID:	34658787				
	Purpose of Disbursement Campaign Contribution			044	American of Freds D	deleganis and delegan				
	Candidate Name			011	Amount of Each D	isbursement this Period				
	Rep. Jason Altmire			Category/ Type		1500.00				
	•	nent For: 2012		.,,,,						
	Senate	Primary	General		Campaign Contribu	tion				
	President	Other (specify) ▼								
	State: PA District: 04									
В.	Full Name (Last, First, Middle Initial)				Date of Disbursem	nont				
υ.	Searchlight Leadership Fund									
	Mailing Address 426 C Street NE				04 18	2012				
	Rear Building									
	•	State Zip Co DC 20002			Transaction ID: 34660115					
	Washington Purpose of Disbursement	DC 20002	2							
	Leadership PAC Contribution			011	Amount of Each D	isbursement this Period				
	Candidate Name			Category/		2500.00				
				Type		2500.00				
	Office Sought: House Disburser		2							
	Senate President	Primary ☐ 0 Other (specify) ▼	General		Leadership PAC Co	ontribution				
	State: District:	Ctrici (Specify)								
	Full Name (Last, First, Middle Initial)									
C.	Richard E Neal For Congress Com	Date of Disbursem	nent							
					M M / D D					
	Mailing Address 76 Magnolia Terrace		04 18	2012						
	City	State Zip Co	ode							
	Springfield	MA 01108			Transaction ID:	34660116				
	Purpose of Disbursement Campaign Contribution			11						
	Candidate Name  Rep. Richard E. Neal  Category/ Type				Amount of Each Disbursement this Period					
						1000.00				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.  NAME OF COMMITTEE (In Full)  American Academy of Neurology BrainPAC  Full Name (Last, Frist, Middle Initial)  A. Roskam For Congress Committee  Mailing Address P. O. Box 713  City  Wheaton  IL 60187  Purpose of Disbursement  Campaign Contribution  Cardidate Name  Rep. Peter Roskam  Office Sought:  Full Name (Last, Frist, Middle Initial)  B. Friends Of Joe Pitts  Mailing Address PO Box 775  City  State:  President  State:  PA 19375  Purpose of Disbursement  Campaign Contribution  Cardidate Name  Rep. Joseph R. Pitts  Office Sought:  Full Name (Last, Frist, Middle Initial)  Campaign Contribution  Campaign Contr	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny						
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