

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120622.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	121622.00									
(c) Total Receipts (from Line 19)	42787.62	42787.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	164409.62	163409.62								
7. Total Disbursements (from Line 31)	41947.62	41947.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122462.00	121462.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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 Professional Association BrainPAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	28136.00	28136.00
(ii) Unitemized	9704.00	9704.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37840.00	37840.00
(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)	37840.00	37840.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4947.62	4947.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42787.62	42787.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42787.62	42787.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	500.00	500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	37000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4447.62	4447.62
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41947.62	41947.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41947.62	41947.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	37840.00	37840.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37840.00	37840.00
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: (check only one)	PAGE 6 / 32
	<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	

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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Judy S. Fine-Edelstein	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 27 Saddle Club Rd	Transaction ID: 31121286
	City State Zip Code Lexington MA 02420-2121	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Neurologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 4229 NE 33rd Street	Transaction ID: 31121289
	City State Zip Code Seattle WA 98105-5354	Amount of Each Receipt this Period 1000.00
	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

C.	Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby	Date of Receipt MM / DD / YYYY 01 / 14 / 2010
	Mailing Address 1233 SW 57th Avenue	Transaction ID: 31153399
	City State Zip Code Portland OR 97221-2507	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Pacific Epilepsy Research Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Dominic Fee</p> <p>Mailing Address 1224 Litchfield Lane</p> <p>City Lexington State KY Zip Code 40513-1794</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Univ of Wisconsin Hosp Occupation Neurologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 31224956</p> <p>Amount of Each Receipt this Period 1000.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Dr. Pushpa Narayanaswami</p> <p>Mailing Address 506 Clinton Road</p> <p>City Chestnut Hill State MA Zip Code 02467-1419</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Beth Israel Deaconess Medical Center Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 31299122</p> <p>Amount of Each Receipt this Period 500.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Dr. Erobohene E. Ubogu</p> <p>Mailing Address 12009 Opal Creek Dr</p> <p>City Pearland State TX Zip Code 77584-1648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baylor College of Med. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 31299355</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Joan Frances Puglia

Mailing Address 1 Windy Ridge Lane

City State Zip Code
New Milford CT 06776-3955

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

Name of Employer Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: 31304630

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Austin J. Sumner

Mailing Address 625 Saint Charles Ave Apt 11A

City State Zip Code
New Orleans LA 70130-3430

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

Name of Employer LSU Health Sci Ctr/Dept of Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: 31308251

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert T. Leshner

Mailing Address 700 New Hampshire Ave NW Apt 1010

City State Zip Code
Washington DC 20037-2407

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

Name of Employer Children's National Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: 31308403

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Susan M. Naselli</p> <p>Mailing Address 8813 Fawn Ridgy</p> <p>City State Zip Code Fort Myers FL 33912-1480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VA Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 02 / 12 / 2010</p> <p>Transaction ID: 31308428</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Neil A. Busis</p> <p>Mailing Address 6934 Rosewood Street</p> <p>City State Zip Code Pittsburgh PA 15208-2639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pittsburgh Neurology Ctr. Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 02 / 14 / 2010</p> <p>Transaction ID: 31311647</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier</p> <p>Mailing Address 1206 Manor Dr</p> <p>City State Zip Code Wilmette IL 60091-1029</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of IL at Chicago Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 02 / 16 / 2010</p> <p>Transaction ID: 31312313</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Timothy A. Pedley

Mailing Address 55 Grace Church Street

City Rye State NY Zip Code 10580-3926

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

Name of Employer The Neurological Institute of NY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2010

Transaction ID: 31317949

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edgar J. Kenton, III

Mailing Address 1280 W Peachtree St NW
1280 West Suite 3904

City Atlanta State GA Zip Code 30309-3445

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

Name of Employer Morehouse School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2010

Transaction ID: 31318154

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anthony G. Alessi

Mailing Address 269 Broadway

City Norwich State CT Zip Code 06360-3526

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

Name of Employer NeuroDiagnostics LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2010

Transaction ID: 31378803

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Elaine C. Jones

Mailing Address 212 Bay Spring Ave

City State Zip Code
Barrington RI 02806-1332

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: 31388584

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Orly Avitzur

Mailing Address 815 Old Sleepy Hollow Road Extensi

City State Zip Code
Briarcliff NY 10510-2521

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 31395915

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Nilay R. Shah

Mailing Address 725 River Rd Ste 106

City State Zip Code
Edgewater NJ 07020-1170

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

Name of Employer Riverfront Medical Associates Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2010

Transaction ID: 31405222

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Maureen A. Callaghan

Mailing Address 1617 Sylvester St SW

City State Zip Code
Olympia WA 98501-2228

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

Name of Employer Occupation
Madigan Army Medical Center / Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405665

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 2307 Valley Brook Road

City State Zip Code
Nashville TN 37215-2016

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

Name of Employer Occupation
St. Thomas Neurology Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 0

Transaction ID: 31416681

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Rod Larson

Mailing Address 4418 Xerxes Avenue South

City State Zip Code
Minneapolis MN 55410-1417

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

Name of Employer Occupation
American Academy of Neurology Deputy Exec. Director, Center for Heal

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31416682

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Amie L. Peterson

Mailing Address 2555 NW Savier St Apt 13

City State Zip Code
Portland OR 97210-2473

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

Name of Employer Occupation
OR Health & Sci Univ. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 31419411

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. O'Neill D'Cruz

Mailing Address 825 Deseret Ln

City State Zip Code
Chapel Hill NC 27516-7856

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

Name of Employer Occupation
UCB Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 31419540

Amount of Each Receipt this Period
1001.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert W. Hamill

Mailing Address 89 Beaumont Dr, Given C225
Neurology Dept

City State Zip Code
Burlington VT 05405-0001

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

Name of Employer Occupation
University of Vermont Professor of Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 31440724

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2251.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Sara G. Austin

Mailing Address 3006 Loveland Cove

City Austin State TX Zip Code 78746-7635

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 03 / 12 / 2010

Transaction ID: 31441703

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Jaime A. Boero

Mailing Address 500 N. Schmidt

City Marshfield State WI Zip Code 54449-1741

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

Name of Employer Marshfield Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 31444320

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Kathryn I. Florio

Mailing Address 3557 South Spencer Blvd

City Sioux Falls State SD Zip Code 57103-4654

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

Name of Employer Sanford Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 31444620

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Barry Kosofsky

Mailing Address 70 Catherine Rd

City State Zip Code
Scarsdale NY 10583-6917

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

Name of Employer Occupation
Weill Cornell Physicians Neurologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31445189

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stacy A. Rudnicki

Mailing Address 236 Kingsrow Drive

City State Zip Code
Little Rock AR 72207-4117

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

Name of Employer Occupation
Univ. of AR Med. Ctr. Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31445474

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas R. Vidic

Mailing Address 22642 Remington Court

City State Zip Code
Elkhart IN 46514-4674

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

Name of Employer Occupation
Elkhart Clinic Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31445639

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ►

1250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Anna D. Hohler
 Mailing Address 58 Morton St
 City Needham State MA Zip Code 02494-1204
 Date of Receipt 03 / 12 / 2010
Transaction ID: 31445754
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BUMC Dept. of Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas R. Vidic
 Mailing Address 22642 Remington Court
 City Elkhart State IN Zip Code 46514-4674
 Date of Receipt 03 / 12 / 2010
Transaction ID: 31446092
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elkhart Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert C. Griggs
 Mailing Address 901 East Ave Apt A
 City Rochester State NY Zip Code 14607-2271
 Date of Receipt 03 / 12 / 2010
Transaction ID: 31446127
 Amount of Each Receipt this Period 1000.00
 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 ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Richard A. Lafrance

Mailing Address 2392 NW Hummingbird Dr

City State Zip Code
Corvallis OR 97330-3758

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

Name of Employer Corvallis Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 31457248

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Drasko Simovic

Mailing Address 50 Prospect St Rm 404
EMG Laboratory

City State Zip Code
Lawrence MA 01841-2838

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

Name of Employer Tufts University School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 31457259

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eugene May

Mailing Address 1919 Fairmount Ave SW

City State Zip Code
Seattle WA 98126-2075

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

Name of Employer Seattle Radiologists Occupation Neuro-ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2010

Transaction ID: 31464232

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. David L. Camenga

Mailing Address 6 Glenwood Avenue

City State Zip Code
Augusta ME 04330-6906

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

Name of Employer: Togus Veterans' Adm Med Ctr Occupation: Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010
Transaction ID: 31464240
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Debasish Mridha

Mailing Address 27 Slate Stone Dr

City State Zip Code
Saginaw MI 48603-2891

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

Name of Employer: MANC Occupation: Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2010
Transaction ID: 31464800
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code
Mercer Island WA 98040-5121

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

Name of Employer: Swedish Neurosci. Institute, Swedish H Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010
Transaction ID: 31464816
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: PAGE 19 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 9235 NW 26th Avenue

City 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 Neuro- Behavioral Neurology
logy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31464830

Amount of Each Receipt this Period

85.00

B.

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

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36608-1199

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

Name of Employer Occupation
Neurology: Child and Adul- Physician
t, P.C.

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31464832

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer Occupation
Cleveland Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31464836

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ►

285.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 11660 Cypress Canyon Road

City State Zip Code
San Diego CA 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
03 / 15 / 2010

Transaction ID: 31464885

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2010

Transaction ID: 31465668

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Catherine M Rydell

Mailing Address 3820 Grand Way, #309

City State Zip Code
Saint Louis Park MN 55416-4961

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

Name of Employer
American Academy of Neurology

Occupation
Executive Director/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: 31502499

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ►

2500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: 31526385

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Alexander Krob

Mailing Address 2211 NE 139th St

City State Zip Code
Vancouver WA 98686-2742

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

Name of Employer Dept of Neurology Unc Hospitals Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: 31536744

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	28136.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 32
	(check only one)	
<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 type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Lawrenceville Neurology Center, PA		Date of Receipt MM / DD / YYYY 02 / 03 / 2010
Mailing Address 3231 Princeton Pike Bldg. 3, Suite 202		Transaction ID: 31437031
City Lawrenceville	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) AAN/PA Transfer Account		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address 1080 Montreal Ave		Transaction ID: 31570005
City Saint Paul	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4447.62
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 4447.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund for Accidental Internal Transfer on 3/2/2010

SUBTOTAL of Receipts This Page (optional)	4947.62
TOTAL This Period (last page this line number only)	4947.62

**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 Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: House
 Senate
 President

State: TX District: 26

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 31170921

Date of Disbursement

01 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)
Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Phil Gingrey, M.D.

Office Sought: House
 Senate
 President

State: GA District: 11

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 31171865

Date of Disbursement

01 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C.

Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress

Mailing Address Post Office Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Earl Pomeroy

Office Sought: House
 Senate
 President

State: ND District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 31203485

Date of Disbursement

01 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 31219155 Date of Disbursement 01 / 25 / 2010
	Mailing Address P.O. Box 19163	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Harry Reid Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota 2012	Transaction ID: 31382039 Date of Disbursement 02 / 24 / 2010
	Mailing Address PO Box 4146	Amount of Each Disbursement this Period 1000.00
	City St Paul State MN Zip Code 55104	
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Amy Klobuchar Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District:	Campaign Contribution

C.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: 31385034 Date of Disbursement 02 / 24 / 2010
	Mailing Address 499 S. Capitol SW Suite 414	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Leadership PAC Candidate Name AMERIPAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Leadership PAC

SUBTOTAL of Disbursements This Page (optional)	4500.00
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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31387120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 Campaign Contribution
B.	Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31406628 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
C.	Full Name (Last, First, Middle Initial) Perlmutter For Congress Mailing Address 3440 Youngfield Street #264 City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31406807 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 31409912 Date of Disbursement 03 / 03 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Allyson Y. Schwartz Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The	Transaction ID: 31436998 Date of Disbursement 03 / 11 / 2010
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 1000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Richard M. Burr Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 31437000 Date of Disbursement 03 / 11 / 2010
	Mailing Address 430 S. Capitol Street, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement National Party Contribution Candidate Name Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	National Party Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
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 Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee Mailing Address 320 First Street SE City Washington State DC Zip Code 20002 Purpose of Disbursement National Party Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31437003 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010
	Amount of Each Disbursement this Period 5000.00 National Party Contribution

B. Full Name (Last, First, Middle Initial) AANPA Soft Dollar Account Mailing Address 1080 Montreal Ave City Saint Paul State MN Zip Code 55116 Purpose of Disbursement This disbursement is for the transfer of funds recieved from Lawrenceville Neurology Center, PA on 2 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31437069 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010
	Amount of Each Disbursement this Period 500.00 [MEMO ITEM] This disbursement is for the transfer of funds recieved from Lawrenceville Neurology Center, PA on 2

C. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc. Mailing Address PO Box 682185 City Franklin State TN Zip Code 37068 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Marsha Blackburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465465 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31490078 Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31490080 Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31490082 Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31490083 Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31510879 Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31510885 Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Professional Association BrainPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bralley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Bruce Bralley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p>	<p>Transaction ID: 31510889</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wyoming Values PAC</p> <p>Mailing Address 406 Virginia Ave.</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31517761</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Mr. Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 01</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31517845</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

37000.00

**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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

AANPA Soft Dollar Account

Mailing Address 1080 Montreal Ave

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Transfer of receipt reported online 17A on 2/3/2010

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 31437067

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

Transfer of receipt reported online 17A on 2/3/2010

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

**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)

PAGE 32 / 32

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

AAN/PA Transfer Account

Mailing Address 1080 Montreal Ave

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Accidental Internal Fund Transfer on 3/2/2010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 31570006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Accidental Internal Fund
Transfer on 3/2/2010

SUBTOTAL of Disbursements This Page (optional) ►

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