FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use On	ly
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT ₩	Example:If typing over the lines	, type		
	of Neurology Profe	essional Association Brain	PAC			
ADDRESS (number and	street)	M St. NW				
Check if differ than previously reported. (ACC	ent Liu	nth Floor			20005	
2. FEC IDENTIFICAT	ION NUMBER	CITY	L Contraction	STATI	E 🛋 ZIPC	CODE 🔺
C00435933		3. IS TH REP		NEW N) OR	AMENDED (A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	prts: Report(Q1) (Report(Q2) 5 Report(Q3) 3 Report(YE) (id-Year (Monthly Report Feb 20 Due On: Mar 20 Apr 20 c) 12-Day PRE-Election Report for the: Election o d) 30-Day Post -Election Report for the: Election o	(M3) (M4) Primary (12F Convention (n General (300	12C) 5	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) in th Runoff (30R) in th Stat	e of Special (30S)
Type or Print Name of T Signature of Treasurer	ined this Report an reasurer <u>Mr.</u>	d to the best of my knowle Timothy J. Engel ed by Mr. Timothy J. Engel	igel	true, correct and co	04 08	2 0 1 0 U.S.C 437g.
Office Use Only					FEC FO (Rev. 12/	RM 3X

Image# 10990433115

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC					
port Covering the Period: From:	M M D D Y	To:			
	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
(a) Cash on Hand January 1 2010 ^{Y Y Y}]	120622.00			
	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			
Total Disbursements (from Line 31)	41947.62	41947.62			
Cash on Hand at Close of	-				
	122462.00	121462.00			
	0.00				
Debts and Obligations owed BY	-				
	0.00				
	 (a) Cash on Hand January 1 2010^Y Y Y (b) Cash on Hand at Begining of Reporting Period	eport Covering the Period: From: 01 01 01 2010 COLUMN A This Period (a) Cash on Hand January 1 2010^{Y} Y Y (b) Cash on Hand at Begining of Reporting Period			

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

FE6AN026

Image# 10990433116

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: $M M 0 1$ $D D 0 1$ $Y Y W Y 2$ $Y 0 1 0$ $To:$ $M M 0 3$ $D D 3 1$ $Y Y 2$					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 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			
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			
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00			
to Federal candidates and Other Political Committees	0.00	0.00			
17. Other Federal Receipts (Dividends, Interest, etc.)	4947.62	4947.62			
8. Transfers from Non-Federal and Levin Fund	ds				
(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			
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	42787.62	42787.62			
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	42787.62	42787.62			

Image# 10990433117

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal 		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share(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
2. Transfers to Affiliated/Other Party		
Committees 3. Contributions to	500.00	500.00
Federal Candidates/Committees and Other Political Committees	37000.00	37000.00
and Other Political Committees 1. Independent Expenditure	37000.00	37000.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
No. Jacob Davida Mada	0.00	0.00
5. Loan Repayments Made		
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals (Baragens, Others) 		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committage	0.00	0.00
(b) Political Party Committees(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
	4447.62	4447.62
0. Other Disbursements	4447.02	4447.02
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
1. Total Disbursements (add Lines 21(c), 22,	41947.62	41947.62
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	41347.02	41947.02
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 32

	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

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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 32
I	TEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Profe	essional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Judy S. Fine-Edelstein	Date of Receipt		
А.	Mailing Address 27 Saddle Club Rd			
	Maining Address 27 Saddle Club Hu			01 10 2010
	City	State	Zip Code	Transaction ID: 31121286
	Lexington	MA	02420-2121	Amount of Each Receipt this Period
	FEC ID number of contributing	•		500.00
	federal political committee.	С		500.00
	Name of Employer	Constant	<u></u>	
	Name of Employer Self	Occupation Neurolog		
	Receipt For:	+ `	e Year-to-Date 🔻	-1
	Primary General	Aggregat	e rear-lo-Dale 🔻	1
	Other (specify)		500.00	
		0.0		1
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Lynne P. Taylor			Date of Receipt
	Mailing Address 4229 NE 33rd Street			
	0.1	01-11-	7	01 10 2010
	City	State	Zip Code	Transaction ID: 31121289
	Seattle	WA	98105-5354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer Virginia Mason Medical Ce-	Occupatio	on	
	nter	Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1000.00	1
	Other (specify)			1
-	Full Name (Last, First, Middle Initial)	I		
C.	Dr. Mark S. Yerby			Date of Receipt
	Mailing Address 1233 SW 57th Avenue			M M / D D / Y Y Y Y
				01 14 2010
	City	State	Zip Code	Transaction ID: 31153399
	Portland	OR	97221-2507	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	-
	North Pacific Épilepsy Re- search	Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)	0.0	200.00	1
F				
				1750.00
	SUBTOTAL of Receipts This Page (optional)			1730.00
ſ				
	TOTAL This Period (last page this line number	only)		

	ILE A (FEC Form 3X) D RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comme	on copied from such Reports and rcial purposes, other than using t COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	n Academy of Neurology Pr	ofessional Ass	sociation BrainPAC	
Full Name	e (Last, First, Middle Initial) c Fee	Date of Receipt		
Mailing Ad		0 1 2 5 2 0 1 0		
City		State	Zip Code	Transaction ID: 31224956
Lexingto	n	KY	40513-1794	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		1000.00
Name of E Univ of W	mployer isconsin Hosp	Occupatio Neurolog		
Receipt Fo		Aggregate	e Year-to-Date 🔻	
Prim Othe	nary General er (specify) ▼	0 0	1000.00	
	e (Last, First, Middle Initial) a Narayanaswami			Date of Receipt
Mailing Ad	Mailing Address 506 Clinton Road			M M / D D / Y
City		State	Zip Code	Transaction ID: 31299122
<u>Chestnut</u>		MA	02467-1419	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of E Beth Israe ical Cente	el Deaconess Med-	Occupatio Physicia		
Receipt Fo	or:		e Year-to-Date 🔻	
Prim Othe	nary General er (specify) ▼	0 0	500.00]
	(Last, First, Middle Initial) hene E. Ubogu			Date of Receipt
Mailing Ad	Mailing Address 12009 Opal Creek Dr			M M / D D / Y Y Y Y 02 11 2010
City		State	Zip Code	Transaction ID: 31299355
<u>Pearlanc</u>		TX	77584-1648	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
	mployer llege of Med.	Occupatio Physicia		
Receipt Fo		Aggregate	e Year-to-Date 🔻	_
	er (specify) ▼	0 0	250.00	
SUBTOTAL	of Receipts This Page (optional))		1750.00
	Period (last page this line numb			

		[
SCHEDULE A (FEC Form 3	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/32				
ITEMIZED RECEIPTS	for each category of the	(check only one)				
	Detailed Summary Page	X 11a 11b 11c 12				
• • • • • • • • • • •		13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than usir	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full)						
	Professional Association BrainPAC					
Full Name (Last, First, Middle Initial) A. Dr. Joan Frances Puglia						
City	State Zip Code	0 2 1 1 2 0 1 0 Transaction ID: 31304630				
New Milford	CT 06776-3955	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		250.00				
Name of Employer Self - Northwest Hills Ne-	Occupation					
Self - Northwest Hills Ne- urology, P.C.	Neurologist					
Receipt For:	Aggregate Year-to-Date ▼]				
Primary General	250.00					
Other (specify)	250.00					
Full Name (Last, First, Middle Initial) Dr. Austin J. Sumner		Date of Receipt				
	Mailing Address 625 Saint Charles Ave Apt 11A					
City	State Zip Code					
New Orleans	· ·	Transaction ID: 31308251				
	LA 70130-3430	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer LSU Health Sci Ctr/Dept	Occupation	1				
LSU Health Sci Ctr/Dept of Neurology	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	500.00					
Other (specify)						
Full Name (Last, First, Middle Initial) Dr. Robert T. Leshner		Date of Receipt				
	ire Ave NW Apt 1010	02 11 2010				
City	State Zip Code	Transaction ID: 31308403				
Washington	DC 20037-2407	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Children's National	Occupation	-				
	Neurologist	4				
Receipt For:	Aggregate Year-to-Date 🔻					
Other (specify)	500.00					
	<u> </u>					
SUBTOTAL of Receipts This Page (option	nal)	1250.00				
TOTAL This Period (last page this line nu	mber 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) X X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Prot		
۷ A.	Full Name (Last, First, Middle Initial) Dr. Susan M. Naselli	Date of Receipt	
	Mailing Address 8813 Fawn Ridgy	M M / D D / Y Y Y Y 02 / 12 / 2010	
	City	State Zip Code	Transaction ID: 31308428
	Fort Myers	FL 33912-1480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer VA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date V]
	 Primary General Other (specify) ▼ 	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis		Date of Receipt
	Mailing Address 6934 Rosewood Stree	ot	02 / D D / Y Y Y Y 02 14 2010
	City	State Zip Code	Transaction ID: 31311647
	Pittsburgh	PA 15208-2639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Pittsburgh Neurology Ctr.	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier	1	Date of Receipt
	Mailing Address 1206 Manor Dr		02 / 16 / Y Y Y Y 02 116 2010
	City	State Zip Code	Transaction ID: 31312313
	<u>Wilmette</u>	IL 60091-1029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer University of IL at Chica- go	Occupation Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· ·····	1750.00
ľ	TOTAL This Period (last page this line number	r only)	

An or	y information copied from such Reports and for commercial purposes, other than using th		13 14 15 16 1
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions	
×	American Academy of Neurology Pro	fessional Association BrainPAC	
	Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley	Date of Receipt	
	Mailing Address 55 Grace Church Stre	M M / D D / Y Y Y Y 0 2 1 2 2 0 1 0	
	City	State Zip Code	Transaction ID: 31317949
	Rye	NY 10580-3926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer The Neurological Institute of NY	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III		Date of Receipt
	Mailing Address 1280 W Peachtree St 1280 West Suite 3904	4	0 2 / 1 2 / Y Y Y Y 0 2
	City Atlanta	State Zip Code GA 30309-3445	Transaction ID: 31318154 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Morehouse School of Medic- ine	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi		Date of Receipt
	Mailing Address 269 Broadway		M M / D D / Y Y Y Y 02 21 21 2010
	City	State Zip Code	Transaction ID: 31378803
	Norwich	CT 06360-3526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer NeuroDiagnostics LLC	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 1000.00	
s	UBTOTAL of Receipts This Page (optional) .	·····	2500.00

c	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/32	
			Use separate schedule(s) for each category of the	(check only one)	
	IEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
A	ny information copied from such Reports and S r for commercial purposes, other than using the	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology Profe				
۸.	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones	Date of Receipt			
	Mailing Address 212 Bay Spring Ave	0 2 2 4 2 0 1 0			
	City	State	Zip Code	Transaction ID: 31388584	
	Barrington	RI	02806-1332	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self	Occupatio			
	Receipt For:	Physicia	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date		
	Other (specify) ▼		250.00]	
	Full Name (Last, First, Middle Initial) Dr. Orly Avitzur	•		Date of Receipt	
	Mailing Address 815 Old Sleepy Hollow	02 25 2010			
	City	State	Zip Code	Transaction ID: 31395915	
	Briarcliff	NY	10510-2521	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupatio		—	
	Receipt For:	Physicia			
	Primary General	Aggregate	e Year-to-Date 🔻	1	
	Other (specify)	0 0	1000.00]	
;.	Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah	1		Date of Receipt	
	Mailing Address 725 River Rd Ste 106			0 2 2 7 2 0 1 0	
	City	State	Zip Code	Transaction ID: 31405222	
	Edgewater	NJ	07020-1170	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Riverfront Medical Associ-	Occupatio Physicia			
	ates Receipt For:	1	e Year-to-Date 🔻	-	
	Primary General Other (specify) ▼		1000.00]	
Γ	SUBTOTAL of Receipts This Page (optional)	<u>I</u>		2250.00	
Ľ	CODICIAL OF HECCIPIS THIS FAGE (OptiOnal)				
-	TOTAL This Period (last page this line number	only)			

		FOR LINE NUMBER: PAGE 12/32				
SCHEDULE A (FEC Form 3		(check only one)				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than usi	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)					
NAME OF COMMITTEE (In Full)						
American Academy of Neurology	Professional Association BrainPAC					
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan	Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan Mailing Address 1617 Sylvester St SW					
City	State Zip Code	Transaction ID: 31405665				
Olympia	WA 98501-2228	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Madigan Army Medical Cent-	Occupation	1				
er / Self	Physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary GeneralOther (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski		Date of Receipt				
Mailing Address 2307 Valley Broo	Mailing Address 2307 Valley Brook Road					
City	State Zip Code	Transaction ID: 31416681				
Nashville	TN 37215-2016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer St. Thomas Neurology Group	Occupation Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Mr. Rod Larson		Date of Receipt				
Mailing Address 4418 Xerxes Ave	nue South	0 3 0 5 2 0 1 0				
City	State Zip Code	Transaction ID: 31416682				
Minneapolis	MN 55410-1417	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer American Academy of Neuro-	Occupation	1				
logy	Deputy Exec. Director, Center for Heal	4				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	1000.00					
SURTOTAL of Respirate This Page (antio	nal)	2250.00				
	• • • • • • • • • • • • • • • • • • •					
TOTAL This Period (last page this line nu	umber only)					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/32 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology	Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Amie L. Peterson		Date of Receipt
Mailing Address 2555 NW Savier	St Apt 13	M M / D D / Y Y Y Y 03 08 2010
City	State Zip Code	Transaction ID: 31419411
Portland FEC ID number of contributing federal political committee.	OR 97210-2473	Amount of Each Receipt this Period 1000.00
Name of Employer OR Health & Sci Univ.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. O'Neill D'Cruz Mailing Address 825 Deseret Ln		Date of Receipt
City	State Zip Code	0 3 0 8 2 0 1 0 Transaction ID: 31419540
Chapel Hill	NC 27516-7856	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer UCB	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1001.00	
Full Name (Last, First, Middle Initial) Dr. Robert W. Hamill		Date of Receipt
Mailing Address 89 Beaumont Dr, Neurology Dept	Given C225	M M / D D / Y Y Y Y 03 12 2010
City Burlington	State Zip Code VT 05405-0001	Transaction ID: 31440724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer University of Vermont	Occupation Professor of Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	2251.00
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/32 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	American Academy of Neurology Pro	fessional Association BrainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Sara G. Austin	Date of Receipt	
	Mailing Address 3006 Loveland Cove		03 / D D / Y Y Y Y 03 / 12 / 2010
	City	State Zip Code	Transaction ID: 31441703
	Austin	TX 78746-7635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Jaime A. Boero		Date of Receipt
	Mailing Address 500 N. Schmidt		M M / D D / Y Y Y Y 03 12 2010
	City Marshfield	State Zip Code WI 54449-1741	Transaction ID: 31444320
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Marshfield Clinic	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Control of the specify in the specify in the specify in the specify in the specific	1000.00	
– c.	Full Name (Last, First, Middle Initial) Dr. Kathryn I. Florio	1	Date of Receipt
	Mailing Address 3557 South Spencer	Blvd	M M / D D / Y
	City	State Zip Code	Transaction ID: 31444620
	Sioux Falls	SD 57103-4654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Sanford Clinic	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	2500.00
F	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/32 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	American Academy of Neurology Prof	essional Association BrainPAC	
۱.	Full Name (Last, First, Middle Initial) Dr. Barry Kosofsky		Date of Receipt
	Mailing Address 70 Catherine Rd		M M / D D / Y Y Y Y Y 0 3 1 2 2 0 1 0
	City	State Zip Code	Transaction ID: 31445189
	Scarsdale	NY 10583-6917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Weill Cornell Physicians	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Stacy A. Rudnicki	•	Date of Receipt
	Mailing Address 236 Kingsrow Drive		M M / D D / Y Y Y Y 03 12 2010
	City	State Zip Code	Transaction ID: 31445474
	Little Rock	AR 72207-4117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ. of AR Med. Ctr.	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Thomas R. Vidic		Date of Receipt
	Mailing Address 22642 Remington Cou	ırt	M M / D D / Y Y Y Y 03 12 2010
	City	State Zip Code	Transaction ID: 31445639
	Elkhart	IN 46514-4674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Elkhart Clinic	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify)	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	l	1250.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 32 (check only one)	
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	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Prof	essional Ass	ociation BrainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler			Date of Receipt
	Mailing Address 58 Morton St			0 3 / D D / Y Y Y Y 1 2 / 2 0 1 0
	City	State	Zip Code	Transaction ID: 31445754
	Needham	MA	02494-1204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer BUMC Dept. of Neurology	Occupation Physician		
	Receipt For:	1 I	Year-to-Date V	
	Primary General		1000.00	1
_	Other (specify)	0.0		
в. –	Full Name (Last, First, Middle Initial) Dr. Thomas R. Vidic			Date of Receipt
	Mailing Address 22642 Remington Cou	urt		M M / D D / Y Y Y Y 03 12 2010
	City	State	Zip Code	Transaction ID: 31446092
	Elkhart	IN	46514-4674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Elkhart Clinic	Occupation		
	Receipt For:	Physician		
	Primary General	Aggregate	Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs	I		Date of Receipt
	Mailing Address 901 East Ave Apt A			M M / D D / Y Y Y Y 03 12 2010
	City	State	Zip Code	Transaction ID: 31446127
	Rochester	NY	14607-2271	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Rochester Sch of Med	Occupation Physician		-
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		2500.00
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	for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Academy of Neurology Pr Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance Mailing Address 2392 NW Hummingh City Corvallis FEC ID number of contributing		Date of Receipt
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pr Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance Mailing Address 2392 NW Humming! City Corvallis FEC ID number of contributing	ofessional Association BrainPAC bird Dr State Zip Code	Date of Receipt 0 3 / 1 2 / 2 0 1 0 Transaction ID: 31457248
	Dr. Richard A. Lafrance Mailing Address 2392 NW Humming City Corvallis FEC ID number of contributing	State Zip Code	M M / D J Y
	City Corvallis FEC ID number of contributing	State Zip Code	M M / D J Y
	Corvallis FEC ID number of contributing		
	FEC ID number of contributing	OR 9/330-3/58	• · · · · · · · · · · · · · · · · · · ·
	federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Corvalis Clinic	Occupation Physician	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Drasko Simovic	104	Date of Receipt
	Mailing Address 50 Prospect St Rm 4 EMG Laboratory		03 / 13 / Y Y Y Y 2010
	City Lawrence	State Zip Code MA 01841-2838	Transaction ID: 31457259 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Tufts University School of Medicine	Occupation Physician	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Eugene May		Date of Receipt
	Mailing Address 1919 Fairmount Ave	SW	M M / D D / Y Y Y Y 03 14 2010
	City	State Zip Code	Transaction ID: 31464232
	Seattle FEC ID number of contributing federal political committee.	WA 98126-2075	Amount of Each Receipt this Period
	Name of Employer Seattle Radiologists	Occupation Neuro-opthalmologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
sı	JBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 18 / 32 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	Detailed Summary Page		
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
American Academy of Neurology I	Professional Association BrainPAC		
Full Name (Last, First, Middle Initial) Dr. David L. Camenga		Date of Receipt	
Mailing Address 6 Glenwood Avenu		03 / 15 / Y Y Y Y 2010	
City	State Zip Code	Transaction ID: 31464240	
Augusta	ME 04330-6906	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Togus Veterans' Adm Med	Occupation	7	
Ctr	Neurologist	_	
Receipt For:	Aggregate Year-to-Date 🔻		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Dr. Debasish Mridha		Date of Receipt	
Mailing Address 27 Slate Stone Dr		0 3 1 5 2 0 1 0	
City	State Zip Code	Transaction ID: 31464800	
Saginaw	MI 48603-2891	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer MANC	Occupation Neurologist		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Dr. Lily Jung		Date of Receipt	
Mailing Address 9420 SE 54th St.		M M / D D / Y Y Y Y 03 15 2010	
City	State Zip Code	Transaction ID: 31464816	
Mercer Island	WA 98040-5121	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Swedish Neurosci. Institu- te. Swedish H	Occupation Physician		
Receipt For:	Aggregate Year-to-Date V	-	
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (option	al)	1000.00	
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TOTAL This Period (last page this line nur	nber only)		

ormation copied from such Reports and Sommercial purposes, other than using the AE OF COMMITTEE (In Full) erican Academy of Neurology Pro- Name (Last, First, Middle Initial) Glen R. Finney ing Address 9235 NW 26th Avenue inesville D number of contributing oral political committee.		13 14 15 16 1 son for the purpose of soliciting contributions o solicit contributions from such committee. 1 1 Date of Receipt 0 1 5 2 0 1 0 3 1 5 2 0 1 0 Transaction ID: 31464830 Amount of Each Receipt this Period 85.00 85.00
erican Academy of Neurology Pro Name (Last, First, Middle Initial) Glen R. Finney ing Address 9235 NW 26th Avenue inesville C ID number of contributing rral political committee. The of Employer A of FL Dept. of Neur- y eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	e State Zip Code FL 32606-9180 C Occupation Behavioral Neurology Aggregate Year-to-Date ▼	M 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
Glen R. Finney ing Address 9235 NW 26th Avenue inesville C ID number of contributing oral political committee. and of Employer V of FL Dept. of Neur- v eipt For: Primary General Other (specify) Name (Last, First, Middle Initial)	State Zip Code FL 32606-9180 C Occupation Behavioral Neurology Aggregate Year-to-Date	M M M / D D / Y Y Y Y 0 3 15 2 0 1 0 Transaction ID: 31464830 Amount of Each Receipt this Period
inesville C ID number of contributing pral political committee. The of Employer ✓ of FL Dept. of Neur- y eipt For: Primary General Other (specify) ▼	State Zip Code FL 32606-9180 C Occupation Behavioral Neurology Aggregate Year-to-Date	0 31 52 0 1 0Transaction ID: 31464830Amount of Each Receipt this Period
inesville C ID number of contributing ral political committee. The of Employer V. of FL Dept. of Neur- y eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	FL 32606-9180 C Occupation Behavioral Neurology Aggregate Year-to-Date	Amount of Each Receipt this Period
C ID number of contributing pral political committee. The of Employer A of FL Dept. of Neur- y eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	C Occupation Behavioral Neurology Aggregate Year-to-Date	
Aral political committee. The of Employer ✓ of FL Dept. of Neur- y eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	Occupation Behavioral Neurology Aggregate Year-to-Date	85.00
eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	Behavioral Neurology Aggregate Year-to-Date]
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Primary General Other (specify) ▼ Name (Last, First, Middle Initial)]
· · · · · /		
		Date of Receipt
ing Address 553 N. Mobile Street		M M / D D / Y Y Y Y 03 15 2010
	State Zip Code	Transaction ID: 31464832
rhope	AL 36608-1199	Amount of Each Receipt this Period
CID number of contributing ral political committee.	C	100.00
ne of Employer rology: Child and Adul- C.	Occupation Physician	
eipt For:	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Name (Last, First, Middle Initial) Bruce H. Cohen	1	Date of Receipt
ing Address 3141 Neille Lane		M M / D D / Y Y Y Y 0 3 15 2010
	State Zip Code	Transaction ID: 31464836
	OH 44087-3808	Amount of Each Receipt this Period
CID number of contributing ral political committee.		100.00
ne of Employer /eland Clinic	Occupation Physician	
eipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	300.00	
	1	285.00
	Bruce H. Cohen ng Address 3141 Neille Lane nsburg TD number of contributing ral political committee. e of Employer reland Clinic eipt For: Primary General Other (specify) ▼	Bruce H. Cohen ng Address 3141 Neille Lane State Zip Code OH 44087-3808 ID number of contributing ral political committee. C e of Employer reland Clinic Occupation Physician eipt For: Aggregate Year-to-Date ▼ Primary General

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each c	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) 11a X 11a 13 14
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold g the name and address of any p	or used by any pers political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology	Professional Association Br	rainPAC	
Full Name (Last, First, Middle Initial) Dr. Erik Perkins			Date of Receipt
Mailing Address 11660 Cypress Ca	inyon Road		M M / D D / Y Y Y Y 03 15 2010
City	State Zip Cod	le	Transaction ID: 31464885
San Diego	CA 92131-3	3756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Sharp-Rees-Stealy Medical	Occupation Physician		
Group Receipt For:	Aggregate Year-to-Date	e 🔻	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) Dr. James C. Stevens			Date of Receipt
Mailing Address 12112 Aboite Center Road			03 / D D / Y Y Y Y 03 16 2010
City	State Zip Cod		Transaction ID: 31465668
Fort Wayne	IN 46814-	9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Allied Physicians, Inc.	Occupation Physician		
Receipt For:	Aggregate Year-to-Date	e V	_
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Mrs. Catherine M Rydell			Date of Receipt
Mailing Address 3820 Grand Way,	#309		M M / D D / Y Y Y Y 03 18 2010
City	State Zip Cod	le	Transaction ID: 31502499
Saint Louis Park	<u>MN 55416-</u>	4961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer American Academy of Neuro- logy	Occupation Executive Director/C	CEO	
Receipt For:	Aggregate Year-to-Date		
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (option	al)		2500.00
TOTAL This Period (last page this line nu	·		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X X 11a 11b 11c 12 13 14
A 0	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	fessional As	sociation BrainPAC	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
	Mailing Address 1199 Sennebec Rd			M + M / D - D / Y - Y - Y Y Y - Y Y Y Y - Y Y
	City <u>Union</u>	State ME	Zip Code 04862-4628	Transaction ID: 31526385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Alexander Krob			Date of Receipt
	Mailing Address 2211 NE 139th St			M M / D D / Y Y Y Y 03 31 2010
	City Vancouver	State WA	Zip Code 98686-2742	Transaction ID: 31536744 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dept of Neurology Unc Hos- pitals	Occupatio Physicia		_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 250.00	

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

				FOR LINE NUMBER: PAGE 22/32
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 32 (check only one)
			for each category of the	\Box 11a \Box 11b \Box 11c \Box 12
			Detailed Summary Page	
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Pro	fossional Ass	ociation BrainPAC	
	American Academy of Neurology 110	iessional Ase		
Α.	Full Name (Last, First, Middle Initial) Lawrenceville Neurology Center, PA			Date of Receipt
	Mailing Address 3231 Princeton Pike			
	Bldg. 3, Suite 202	State	Zip Code	Transaction ID: 31437031
	Lawrenceville	NJ	08648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	
	Receipt For:	Angregate	Year-to-Date 🔻	
	Primary General	riggrogate		1
	Other (specify)	0 0	500.00]
-	Full Name (Last, First, Middle Initial)			Date of Descipt
В.	AAN/PA Transfer Account Mailing Address 1080 Montreal Ave			Date of Receipt
	Maning Address T080 Montreal Ave			03 30 2010
	City	State	Zip Code	Transaction ID: 31570005
	Saint Paul	MN	55116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4447.62
	Name of Employer	Occupatio	n	1
	Receipt For:	Aggregate	Year-to-Date	-
	Primary General		4447.62	Refund for Accidental Int-
	Other (specify)		4447.02	ernal Transfer on 3/2/2010

SUBTOTAL of Receipts This Page (optional)	►	4947.62
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	INE NUMBER:				PAGE 23/32				32	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		╞	21	b Ĺ	22 28a	X	1	3 Bb		24 28c		25 29	2
	y Information copied from such Reports and State for commercial purposes, other than using the na														<u> </u>
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology Profess	sional Association BrainP	AC												
<u> </u>	Full Name (Last, First, Middle Initial) Michael Burgess For Congress						Trans Date			urse	eme		921		
	Mailing Address PO Box 2334						0 ^M 1	М	/	^D 1	^р	/ 1	ž	0 Ì () ^Y
	City Denton	StateZip CodeTX76202					Amou	int c	of E	ach	Di	sburse	-	-	
	Purpose of Disbursement Campaign Contribution)11		L.,						10	00.00)
	Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: X House Disbur	sement For: 2009			egory/ ype										
		X Primary General Other (specify) ▼					Cam	baig	yn (Con	ntri	butior	ו		
	Full Name (Last, First, Middle Initial) Gingrey For Congress						Trans Date					31171 ent	865	;	
	Mailing Address PO Box U		^м 1	М	/	^D 1	^р 4	/)	ž	0 ľ () ^Y				
	City Marietta	State Zip Code GA 30060		Amou	int c	of E	ach	Di	sburse		-				
	Purpose of Disbursement Campaign Contribution Candidate Name			_)11 egory/		L.						10	00.00)
	Rep. Phil Gingrey, M.D.	sement For: 2009			ype										
		X Primary General Other (specify) ▼					Cam	baig	yn (Con	ntri	butior	ו		
	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress						Trans Date		isb	urse	eme		485	;	
	Mailing Address Post Office Box 9336						[™] 1	М	/	^D 2	^D 1	/)	ž	0 Ì () Y
	City Fargo	StateZip CodeND58106					Amou	int c	of E	ach	Di	sburse		-	
	Purpose of Disbursement Campaign Contribution)11		L.,						10	00.00)			
	Candidate Name Rep. Earl Pomeroy				egory/ ype										
	Office Sought: X House Disbur Senate President State: ND District: 01	sement For: 2010 Primary X General Other (specify) ▼				Campaign Contribution									
s	UBTOTAL of Disbursements This Page (optional	l)				▶						• •	30	00.00)
т	OTAL This Period (last page this line number onl	y)				•									
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	chedule(s) (check)			LINE NUMBER: ck only one)					PAGE 24/32		
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2	1b 7	22 28a		23 28b	24		25 29	\square	
y Information copied from such Reports and Stater											3	
for commercial purposes, other than using the nam	he and address of any political	l comm	littee	e to sol	cit contr	ibutio	ons fro	om suci	n com	imittee		
NAME OF COMMITTEE (In Full) American Academy of Neurology Professi	onal Association BrainPA											
American Academy of Neurology 1 Tolessi		-0										
Full Name (Last, First, Middle Initial) Friends For Harry Reid					Trans Date o			312 ⁻ ement	1915	5		
Mailing Address P.O. Box 19163					0 ^M 1	M /	۵	5	Y	²0ỉ() ^Y	
City Las Vegas	State Zip Code NV 89132				Amou	nt of	Each	Disbur	seme	nt this I	Perio	
Purpose of Disbursement		· ·	-						1	000.00)	
Campaign Contribution			11									
Candidate Name Sen. Harry Reid		Cate Ty	egor ype	y/								
Office Sought: House Disburst X Senate President State: NV District:	ement For: 2010 Primary X General Other (specify) ▼				Camp	aigr	ר Cor	ntributi	on			
Full Name (Last, First, Middle Initial)					T			0.1.0		0		
Klobuchar For Minnesota 2012					Date o		sburse				Y	
Mailing Address PO Box 4146		0 2		2	^D 4	<u> </u>	201()				
City St Paul	StateZip CodeMN55104				Amou	nt of	Each	Disbur		nt this I		
Purpose of Disbursement Campaign Contribution Candidate Name		- i	11		L				1	000.00	,	
Sen. Amy Klobuchar		Cate Ty	egor ype	y/								
	ement For: 2009 Primary General Other (specify)	. <u> </u>			Camp	aigr	ו Cor	ntributi	on			
Full Name (Last, First, Middle Initial) AMERIPAC					Trans Date o			3138 ement	3503	4		
Mailing Address 499 S. Capitol SW Suite 414					0 ^M 2	M /	^D 2	4	Y	²oì() ^Y	
City Washington		Amou	nt of	Each	Disbur		nt this I					
Purpose of Disbursement Leadership PAC		L.				2	500.00)				
Candidate Name AMERIPAC		Cate Ty	egor ype	y/								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				Leade	ershi	p PA	С				
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American Academy of Neurol	ogy Professiona	al Associ	iation BrainPA	٩C									
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SCHEDULE B (FEC Form 3X)			FO	R LINF	NUMBE	R:			PA	GE	27 / 3	32
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American Academy of Neurology Profession	onal Association BrainPA	AC										
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Mailing Address 320 First Street SE					03			11		2	0 ľ ()
City Washington	State Zip Code DC 20002				Amou	int o	f Each	h Dis	burse	nen	t this I	Period
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Mailing Address 1080 Montreal Ave		03	М	/ D.	11	/ Y	ž	0 Ì ()			
City Saint Paul	City State Zip Code Saint Paul MN 55116								burse	nen	t this I	Period
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Marsha Blackburn For Congress Inc.					Date		isburs	seme				Y
Mailing Address PO Box 682185					0 3			1 ^D		2	0 Ì () '
City Franklin	State Zip Code TN 37068				Amou	int o	f Each	h Dis	burse	men	t this I	Period
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Campaign Contribution Candidate Name Rep. Marsha Blackburn	Candidate Name Categ Rep. Marsha Blackburn Typ											
° 11	ement For: 2009 Primary General Other (specify)				Cam	baig	n Co	ontrik	oution	l		
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American Academy of Neurology Profess	ional Association BrainPA	AC										
Full Name (Last, First, Middle Initial) Tim Murphy For Congress					action I		31490 nent	078				
Mailing Address PO Box 24551				03	И / С	18	D / Y B	ž	0 ¹ 0	Y		
City Pttsburgh	State Zip Code PA 15234			Amour	nt of Ea	ch D	Disburse	-		-		
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City Springfield									this P	erio		
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Candidate Name Rep. John M. Shimkus		Catego Type										
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American Academy of Neurology Profes	sional Assoc	ciation BrainPA	AC													
Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010							Date	of D	isburs	sem		083				
Mailing Address 5915 Eastman Avenue Suite 100	9						03	М	/ D	18) / Y	2 2	0 Ì () Y		
City Midland	State MI	Zip Code 48640					Amou	int o	fEach	h D	isburse			-		
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Full Name (Last, First, Middle Initial)							Trop			.	31510	070				
Friends Of Ginny Brown-Waite			Date		isburs	sem	nent			Y						
Mailing Address PO Box 865		03			24		2	0 Ì ()							
City Brooksville	State FL	Zip Code 34605					Amou	int o	f Eacl	h D	isburse	-	t this f			
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Full Name (Last, First, Middle Initial)							Trans	acti	ion ID):	31510	885				
Charles Boustany Jr. Md For Congress,	Inc.								isburs							
Mailing Address PO Box 80126							0 [™] 3	М	/ D	24) / Y	2 2	0 Ì () Y		
City Lafayette	State Zip Code LA 70598							int o	fEacl	h D	isburse					
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American Academy of Neurology Profess	sional Assoc	ciation BrainPA	AC									
Full Name (Last, First, Middle Initial) Braley For Congress								sburse		889		
Mailing Address PO Box 390						^м З	M /	^D 2	^D 4	ź	οìο)
City Waterloo	State IA	Zip Code 50704				Amou	nt of	Each	Disburse	-		-
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Full Name (Last, First, Middle Initial) Wyoming Values PAC								on ID: sburse	31517 ment	761		
Mailing Address 406 Virgina Ave.						^м 3	M /	۵	5 /	ź	οťα) Y
City Alexandria	State VA	Zip Code 22302				Amou	nt of	Each	Disburse			
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Andy Harris For Congress								sburse				14
Mailing Address PO Box 1527						^м 3	M /	^D 2	5 /	ź	οìο) `
City Annapolis	State MD	Zip Code 21404				Amou	nt of	Each	Disburse			
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Candidate Name Mr. Andrew Harris			Ca	011 atego Type	-							
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Α.		Full Name (Last, First, Middle Initial) AANPA Soft Dollar Account Mailing Address 1080 Montreal A	Ave								Date		sburs	eme	14370 ent		0 ¹ 0	Y	
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			any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee				
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	fessional Association BrainPAC					
Α.	Full Name (Last, First, Middle Initial) AAN/PA Transfer Account Mailing Address 1080 Montreal Ave		Transaction ID: 31570006 Date of Disbursement]			
	City Saint Paul	State Zip Code MN 55116	Amount of Each Disbursement this Pe	riod			
	Purpose of Disbursement Accidental Internal Fund Transfer on 3/2/20	10	008				
	Candidate Name	C	Category/ Type				
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