

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Academy of Neurology BrainPAC

ADDRESS (number and street)
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>	<input type="text" value="120622.00"/>	<input type="text" value="120622.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="112165.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8279.00"/>	<input type="text" value="151854.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="120444.00"/>	<input type="text" value="272476.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="155032.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="118444.00"/>	<input type="text" value="117444.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

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).....	5539.00	100813.00
(ii) Unitemized	2740.00	45944.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8279.00	146757.00
(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)	8279.00	146757.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5097.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8279.00	151854.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8279.00	151854.62

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	650.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	149500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	435.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	435.00
29. Other Disbursements	0.00	4447.62
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	155032.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	155032.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8279.00	146757.00
34. Total Contribution Refunds (from Line 28(d))	0.00	435.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8279.00	146322.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Changed distribution to Sen. Amy Klobuchar from 'general' to 'primary' election.

Form/Schedule:
Transaction ID:

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

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

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

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

A. Dr. Aaron E. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 E 86th St Apt 7B
 City New York State NY Zip Code 10028-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2010
Transaction ID : 32368702
 Amount of Each Receipt this Period
 1000.00

B. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2010
Transaction ID : 32368927
 Amount of Each Receipt this Period
 250.00

c. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address 4929 Valerie
 City Bellaire State TX Zip Code 77401-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2010
Transaction ID : 32368929
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **947.00**

Date of Receipt **10 / 01 / 2010**

Transaction ID : 32368931

Amount of Each Receipt this Period **89.00**

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

Mailing Address PO Box 6059
1617 Sylvester St SW

City Olympia State WA Zip Code 98501-2228

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

Name of Employer Madigan Army Medical Center / Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 02 / 2010**

Transaction ID : 32369676

Amount of Each Receipt this Period **500.00**

C. Dr. John E. Robinton
Full Name (Last, First, Middle Initial)

Mailing Address 33 N Fullerton Ave

City Montclair State NJ Zip Code 07042-3412

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

Name of Employer John E Robinton MD PA Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 03 / 2010**

Transaction ID : 32374655

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	839.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Marvin H. Rorick
Full Name (Last, First, Middle Initial)

Mailing Address 10550 Montgomery Rd Ste 33

City	State	Zip Code
Cincinnati	OH	45242-4422

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

Name of Employer	Occupation
Riverhills Healthcare Corp	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2010

Transaction ID : 32380872

Amount of Each Receipt this Period
500.00

B. Dr. Susan J. Sicotte
Full Name (Last, First, Middle Initial)

Mailing Address 3340 Oak Park Ave Ste 200 Ste 200

City	State	Zip Code
Berwyn	IL	60402-3483

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

Name of Employer	Occupation
Neurologic Care Associates, PC	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2010

Transaction ID : 32417810

Amount of Each Receipt this Period
250.00

C. Dr. Azreena B. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 7711 Louis Pasteur Dr Ste 914

City	State	Zip Code
San Antonio	TX	78229-3424

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2010

Transaction ID : 32420092

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. William G. Preston
Full Name (Last, First, Middle Initial)

Mailing Address 232 Emerald Bay

City Laguna Beach	State CA	Zip Code 92651-1267
----------------------	-------------	------------------------

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

Name of Employer Saddleback Valley Neurosci. Med. Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2010

Transaction ID : 32420736

Amount of Each Receipt this Period
1000.00

B. Dr. David A. Josephson
Full Name (Last, First, Middle Initial)

Mailing Address 10915 Lakeview Dr

City Carmel	State IN	Zip Code 46033-3936
----------------	-------------	------------------------

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

Name of Employer JWM Neurology PC	Occupation Physician
--------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2010

Transaction ID : 32422666

Amount of Each Receipt this Period
250.00

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

Mailing Address 7510 N 1st St

City Phoenix	State AZ	Zip Code 85020-4001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Neurologists Ltd	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2010

Transaction ID : 32422672

Amount of Each Receipt this Period
250.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Eric S. Englestein

Mailing Address 7 Louis Dr

City State Zip Code
 Budd Lake NJ 07828-1434

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

Name of Employer Occupation
 Neuro Specialist of Morris-Sussex, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2010
Transaction ID : 32422674

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Dr. Gary L. Stanton

Mailing Address 131 Old Road To 9 Acre Cor Ste 600

City State Zip Code
 Concord MA 01742-4191

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

Name of Employer Occupation
 Emerson Hospital Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2010
Transaction ID : 32431827

Amount of Each Receipt this Period
 600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	5539.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Richard Burr Committee; The		Date of Disbursement MM / DD / YYYY 10 / 04 / 2010
Mailing Address Post Office Box 5928		Transaction ID : 32377112
City Winston-Salem	State NC	
Purpose of Disbursement Void - Richard Burr Committee; The		Amount of Each Disbursement this Period -1000.00
Candidate Name Sen. Richard M. Burr		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: NC	District:	Void - Richard Burr Committee; The

Full Name (Last, First, Middle Initial) B. Paul Broun Committee		Date of Disbursement MM / DD / YYYY 10 / 05 / 2010
Mailing Address P.O. Box 6337		Transaction ID : 32378476
City Athens	State GA	
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Paul C. Broun MD		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: GA	District: 10	Campaign Contribution

Full Name (Last, First, Middle Initial) C. Friends Of Schumer		Date of Disbursement MM / DD / YYYY 10 / 06 / 2010
Mailing Address 192 Lexington Avenue Suite 1001		Transaction ID : 32382364
City New York	State NY	
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. Charles E. Schumer		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: NY	District:	Campaign Contribution

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 06 / 2010

Transaction ID : 32382366

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

2000.00