Image# 13944077149 PAGE 1 / 27

## 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 PRIN		ample: If typir r the lines.	ng, type	12FE4M5		
Α	merican Academy of I	Neurology I	BrainPAC					1
_								
AD	DRESS (number and street)	401 C St NE						
r	Check if different							
ŀ	than previously reported. (ACC)	Washington				DC	20002	
2.	FEC IDENTIFICATION NU	MBER ▼	CITY ▲		S	STATE 🛦	ZIP CO	DE 🛦
	C C00435933		3. IS THIS REPORT		NEW OR	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	1	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9) ×	Dec 20 (M12) (Non-Election Year Only)
			Apr 20 (M4)	П	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (Q	(c) 12-l	Day	Primary (12P	)	General (	12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	PRI	E-Election					11011011 (1211)
	October 15	Rep	port for the:	Convention (	12C)	Special (	12S)	
	Quarterly Report (Q3  January 31  Year-End Report (YE		Election on	M   M /	D D /	Y	in the State o	of
	July 31 Mid-Year Report (Non-election	(d) 30-I						2 11 (222)
	Year Only) (MY)		ST-Election oort for the:	General (300	i)	Runoff (3	OR)	Special (30S)
	Termination Report (TER)		Election on	M = M /	D = D /	Y	in the State o	of
5.	Covering Period 11	01	2013	through	11	/ 30 /	2013	
l c	ertify that I have examined this	s Report and to	the best of my kno	wledge and b	pelief it is true	e, correct and	I complete.	
Тур	pe or Print Name of Treasurer	Mr. Timothy J	l. Engel					
Sig	gnature of Treasurer Mr. Ti	mothy J. Engel		[Electronically	, Filed] Da	ate 12	18	2013
NO	TE: Submission of false, errone	ous, or incomple	ete information mav su	ubject the pers	son signina thi	is Report to th	e penalties of 2	U.S.C. §437a.
	Office	, 11		, , ,	3 3	,	FEC FOR	
ı	Use Only						Rev. 12/2	

## SUMMARY PAGE

Write or Type Committee Name

American Academy of Neurology BrainPAC

American Academy of Neurology BrainPAC 2013 30 2013 Report Covering the Period: From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 127133.00 January 1, 2013 (b) Cash on Hand at 109638.00 Beginning of Reporting Period..... 264128.00 19823.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 129461.00 391261.00 6(a) and 6(c) for Column B)..... 21000.00 282800.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 108461.00 108461.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

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

## For further information contact:

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

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

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## American Academy of Neurology BrainPAC

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10863.00	183657.00
(i) Itemized (use Schedule A)	10003.00	100037.00
(ii) Unitemized	8960.00	75471.00
(iii) TOTAL (add	, 0000.00	
Lines 11(a)(i) and (ii)▶	19823.00	259128.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	19823.00	259128.00
Totals to Line 33, page 5)  Transfers From Affiliated/Other	10020.00	
Party Committees	0.00	0.00
Tary Committeecommunication	5.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	5000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Scriedule 113)	0.00	0.00
(b) Lovin France (france Cabadyda 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(5) 15tal Transiero (ada 15(a) ana 15(5))	7	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	19823.00	264128.00
Table to the Residen		
Total Federal Receipts	40000 00	201102.01
(subtract Line 18(c) from Line 19)▶	19823.00	264128.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Op (a)	erating Expenditures:  Allocated Federal/Non-Federal		Calonida Tour to Dute
	Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
	(i) Federal Share	7 7	7 7
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	0.00	0.00
(c)	1 9 1	0.00	0.00
Tro	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	mmittees	0.00	0.00
Coi	ntributions to		
	deral Candidates/Committees  d Other Political Committees	21000.00	282500.00
Ind	ependent Expenditures		
(us Co	e Schedule E)ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
(us	e Schedule F)	3.00	0.00
Los	an Repayments Made	0.00	0.00
	Tropaymente Made		
	ans Made	0.00	0.00
Ref	funds of Contributions To: Individuals/Persons Other		
(4)	Than Political Committees	0.00	300.00
		0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
	(30011 d3 1 A03)	3.00	
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	300.00
Oth	ner Disbursements	0.00	0.00
Eor	deral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
(α)	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	ř		0.00
	(ii) "Levin" Share	0.00	0.00
(b)	,	0.00	0.00
(0)	With Federal Funds  Total Federal Election Activity (add	0.00	0.00
(c)	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
		7	7
Tota	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	21000.00	282800.00
	L.	7	
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)	24,000,00	202000 00
iror	m Line 31)▶	21000.00	282800.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 19823.00 259128.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 300.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 19823.00 258828.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b)) ........▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36) .....

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

FOF	FOR LINE NUMBER:				PAGE	6	OF	27	
(check only one)									
X	11a		11b		11c	12			
	13		14		15	16		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Janice M. Massey  Mailing Address 3001 STEPPING STONE LA	ANE	Date of Receipt
City	State 7:n Code	11 03 2013
City DURHAM	State Zip Code NC 27705-9118	Transaction ID : 36583868
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer  Duke University Medical Center	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Dr. Linda A. Hershey  Mailing Address 2442 to 1. 2		Date of Receipt
Mailing Address 3116 Ash Grove Rd  City	State Zip Code	11 01 2013
Edmond	OK 73003-1044	Transaction ID : 36583894  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer VAMC & U at Buffalo	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)  Dr. Faisal M. Qazi		Date of Receipt
Mailing Address 1240 West Valencia Mesa E		11 05 2013
City Fullerton	State Zip Code CA 92833-2221	Transaction ID : 36584153
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  75.00
Name of Employer	Occupation	_
Inland Neurologic Consultants	Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		475.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	FOR LINE NUMBER:			27				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Alexander Krob  Mailing Address 31121 NE 75th PL		Date of Receipt
Maining Address STIZTINE / SUITE		11 05 2013
City	State Zip Code	Transaction ID : 36584154
La Center	WA 98629-2348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	-
Dept of Neurology Unc Hospitals	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	336.00	
Full Name (Last, First, Middle Initial)  Dr. Nicholas L. Schlageter	•	Date of Receipt
Mailing Address 6N169 Woodview Ct.		11 05 2013
City	State Zip Code	Transaction ID : 36602280
Saint Charles	IL 60175-6266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Tri-City Neurology, SC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) C. Dr. Robert J. Varipapa	1	Date of Receipt
Mailing Address 1074 S State St		11 05 2013
City	State Zip Code	Transaction ID: 36602284
Dover	DE 19901-6925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
CNMRI	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		284.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE	NUMBER	: PAGE	8 OF	27
(check on	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Decis DAO	
American Academy of Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Kimberly E. Monday		Date of Receipt
Mailing Address 4141 Vista Rd		11 07 2013
City	State Zip Code	Transaction ID : 36603853
Pasadena	TX 77504-2113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Memorial Hermann Southeast Hospital	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Ronald G. Emerson		Date of Receipt
Mailing Address 525 East 71st Street		M = M / D = D / Y = Y = Y
Belaire Building, 5th Floor		11 07 2013
City	State Zip Code	Transaction ID: 36603939
New York	NY 10021-4839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Columbia-Presbyterian Med Ctr	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Yung K. Kho		Date of Receipt
Mailing Address 3267 New Hope Rd		11 07 2013
City	State Zip Code	Transaction ID : 36604149
Grants Pass	OR 97527-9030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	
Self	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
CURTOTAL of Provints Tid 20 1 1 1 2		1600.00
SUBTUTAL of Receipts This Page (optional).	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) for each category of the Detailed Summary Page

•	TOTAL TROMBETT				•	•			
(0	che	ck only	or	ıe)					
	X	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology		to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Dr. David C. Good  Mailing Address PO Box 859  Neurology Dept, 30 Hope Dr  City  Hershey  FEC ID number of contributing federal political committee.  Name of Employer  Penn State Hershey Med Center  Receipt For:  Primary  General  Other (specify)		Date of Receipt  11 06 2013  Transaction ID: 36604186  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Dr. Edward F. Good  Mailing Address 1529 Barton Springs Rd  #30  City  Austin  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78704-1021  C  Occupation Neurologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  11 07 2013  Transaction ID: 36604317  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Dr. Lyell K. Jones  Mailing Address 200 1st St SW  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer  Mayo MN  Receipt For:  Primary Other (specify)   General	State Zip Code MN 55905-0002  C  Occupation Neurologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  11 13 2013  Transaction ID: 36612932  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	700.00

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c

27

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Brian A. Trimble Date of Receipt Mailing Address 19430 Upper Skyline Dr. 2013 09 City Zip Code State Transaction ID: 36613135 Eagle River ΑK 99577-7922 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Alaska Native Medical Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William J. Hamilton Date of Receipt Mailing Address 7100 Carson Lane 11 2013 14 City State Zip Code Transaction ID: 36615604 Spanish Fort ΑL 36527-7043 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Volunteer Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Nilay R. Shah Date of Receipt Mailing Address 160 W. 66th St Apt. 22J 2013 11 14 City Zip Code State Transaction ID: 36616207 NY New York 10023-6558 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 3200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 27 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Amie L. Peterson Date of Receipt Mailing Address 3846 SE Alder St 2013 City Zip Code State Transaction ID: 36616252 OR Portland 97214-3226 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Portland VA / OHSO Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Tara Cook Date of Receipt Mailing Address 70 Birch Hill Drive 11 15 2013 City State Zip Code Transaction ID: 36616255 ΑK Jber 99505-1009 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation United States Air Force Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 11 15 2013 City Zip Code State Transaction ID: 36616256 OH Twinsburg 44087-3808 Amount of Each Receipt this Period FEC ID number of contributing 175.00 С federal political committee. Name of Employer Occupation Physician Children's Hospital and Med. Center of Receipt For: Aggregate Year-to-Date ▼ Primary General 1925.00 Other (specify) 245.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

27

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Mr. David A. Evans Date of Receipt Mailing Address 715 Kessler Woods Trail 2013 City Zip Code State Transaction ID: 36616257 75208-5610 TX Dallas Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Texas Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 11 15 2013 City State Zip Code Transaction ID: 36616258 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 924.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 11 15 2013 City Zip Code State **Transaction ID: 36616259** TX Houston 77005-2613 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 935.00 Other (specify) 269.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Madeleine Geraghty Date of Receipt Mailing Address 1803 E Westminster Lane 2013 City Zip Code State Transaction ID: 36616260 WA Spokane 99223-8406 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Providence Stroke and TIA Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 11 15 2013 City State Zip Code **Transaction ID: 36616261** IL Chicago 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Uma Menon Date of Receipt Mailing Address 777 7th St. NW, Apt 732 11 15 2013 City Zip Code State Transaction ID: 36616262 DC Washington 20001-5707 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation George Washington Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	14 OI	F	27
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Nancy L. Mueller  Mailing Address 24 Starthers In Book		Date of Receipt
Mailing Address 34 Stonybrook Road		11 15 2013
City	State Zip Code	Transaction ID: 36616263
Tenafly	NJ 07670-1118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	415.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4565.00	
Full Name (Last, First, Middle Initial)  3. Dr. Gregory L. Barkley  Mailing Address, ages D. Visches Queen		Date of Receipt
Mailing Address 2890 Burlington St		11 15 _2013 _
City	State Zip Code	Transaction ID: 36616264
Ann Arbor	MI 48105-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Henry Ford Hospital	Neurologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) C. Dr. Dario M. Zagar	•	Date of Receipt
Mailing Address 201 Fairmount Terrace		11 15 2013
City Fairfield	State Zip Code CT 06825-1758	Transaction ID : 36616265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Associated Neurologists of So. Ct.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)	•	565.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 15 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John M. Hannam Date of Receipt Mailing Address 17030 Lakeside Hills Plz Ste 202 2013 City Zip Code State Transaction ID: 36622905 ΝE 68130-2396 Omaha Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Omaha Neurological Clinic, Inc. Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Shiv U. Navada Date of Receipt Mailing Address 527 Medical Park Dr Ste 107 11 15 2013 City State Zip Code Transaction ID: 36622914 WV Bridgeport 26330-9009 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation United Hospital Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Rajpaul Singh Date of Receipt Mailing Address 193-15 Hillside Ave 11 16 2013 City Zip Code State Transaction ID: 36642852 NY Hollis 11423-2011 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Hillside Neurology Care, P.C. Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 465.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

27

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. James D. Nelson Date of Receipt Mailing Address PO Box 8739 20 2013 City Zip Code State Transaction ID: 36652217 VΙ St Thomas 00801-1739 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation VI Neurological Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 465.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Eric B. Geller Date of Receipt Mailing Address 200 S Orange Ave Ste 101 11 22 2013 City State Zip Code Transaction ID: 36656954 NJ 07039-5817 Livingston Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St Barnabas Inst of Neurology and Neur Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jennifer J. Majersik Date of Receipt Mailing Address 1746 Yalecrest Ave 11 25 2013 City State Zip Code Transaction ID: 36660352 UT Salt Lake City 84108-1840 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation University of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Date of Receipt Mailing Address 1 Avery Street Apt 19A 2013 25 City Zip Code State Transaction ID: 36660353 **Boston** MA 02111-1025 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Virginia Mason Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Laura Nist Date of Receipt Mailing Address 26042 Reynolds St 11 25 2013 City State Zip Code Transaction ID: 36660354 CA Loma Linda 92354-3961 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Loma Linda University Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert H. Ackerman Date of Receipt Mailing Address 1010 Memorial Dr Apt 18C 11 25 2013 City Zip Code State Transaction ID: 36662343 MA Cambridge 02138-4857 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Cambridge Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use for ea Detail

separate schedule(s)	(check only one)							_
ach category of the led Summary Page	<b>X</b> 1	1a	11b	11c	1	12		
carrinaly rage	1	3	14	15		16	17	,

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Elizabeth Minto  Mailing Address 553 N. Mobile Street		Date of Receipt
		11 27 2013
City	State Zip Code	Transaction ID: 36663159
Fairhope	AL 36532-2609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Neurology: Child and Adult, P.C.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial)  Dr. Matthew J. Murnane		Date of Receipt
Mailing Address 47 New Scotland Ave  MC-70, Dept of Neurology	Chata 7in Cada	11 27 2013
City Albany	State Zip Code NY 12208-3479	Transaction ID : 36663161
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Albany Medical College	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) C. Dr. Jorge L. Marcos		Date of Receipt
Mailing Address 1711 Country Club Prado		11 27 2013
City Coral Gables	State Zip Code FL 33134-2189	Transaction ID : 36663163
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Neuroscience Consultants	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		835.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

27

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass Date of Receipt Mailing Address 4903 Valerie 2013 28 City Zip Code State Transaction ID: 36663428 77401-5707 TX Bellaire Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Baylor College of Medicine** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bibhuti Mishra Date of Receipt Mailing Address 5801 Potomac Ave NW 11 28 2013 City State Zip Code Transaction ID: 36663429 DC Washington 20016-2517 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Inova Fairfax Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory T. Pupillo Date of Receipt Mailing Address 225 9th Street S, 11 28 2013 City Zip Code State Transaction ID: 36663432 WI La Crosse 54601-4145 Amount of Each Receipt this Period FEC ID number of contributing 45.00 С federal political committee. Name of Employer Occupation Franciscan-Skemp Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 495.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

27

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Amy E. Sanders Date of Receipt Mailing Address 4588 Cascades Drive 2013 City Zip Code State Transaction ID: 36663434 NY Manlius 13104-2369 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Mmc Medical Center** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 11 28 2013 City State Zip Code Transaction ID: 36663435 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 11 28 2013 City State Zip Code Transaction ID: 36663436 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

27

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Date of Receipt Mailing Address 4732 Lost Creek Lane 2013 28 City Zip Code State Transaction ID: 36663437 98229-2574 WA Bellingham Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carmel Armon Date of Receipt Mailing Address 99 Pinewood Drive 11 29 2013 City State Zip Code Transaction ID: 36663443 MA Longmeadow 01106 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation **Baystate Medical Center** Chief of Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 10863.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 22 OF 27	,
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
		27	28a 28b 28c 29 30	b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)				
A. Renee Ellmers For Congress Com	mittee		Date of Disbursement	
Mailing Address PO Box 99567			11 13 2013	
City	State Zip Code		Transaction ID : 36612985	
Raleigh	NC 27624		11alisaction ib . 30012303	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Renee Ellmers RN		Туре	1000.00	
Senate President	nent For: 2014  Primary General  Other (specify)		Campaign Contribution	
State: NC District: 02				_
Full Name (Last, First, Middle Initial)			Data of Dishursoment	
B. Matsui For Congress			Date of Disbursement	
Mailing Address PO Box 1738			11 13 2013	
City Sacramento	State Zip Code CA 95812		Transaction ID: 36612986	_
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	4500.00	
Rep. Doris Matsui		Type	1500.00	L
	nent For: 2014  Primary General  Other (specify)		Campaign Contribution	
Full Name (Last, First, Middle Initial)				
C. Kinzinger For Congress			Date of Disbursement	
Mailing Address PO Box 2365			11 13 2013	
City S	State Zip Code IL 61350		Transaction ID : 36612987	
Purpose of Disbursement Campaign Contribution		011		
Candidate Name			Amount of Each Disbursement this Period	
Rep. Adam Kinzinger		Category/ Type	1000.00	
Senate President	nent For: 2014 Primary General Other (specify)		Campaign Contribution	
State: IL District: 16				_
SUBTOTAL of Disbursements This Page (optional)		······	3500.00	
TOTAL This Period (last page this line number only)		······		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 27					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBEN.				
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26				
		27	28a 28b 28c 29 30b				
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
$ \; angle$ American Academy of Neurology B	rainPAC						
Full Name (Last, First, Middle Initial)							
A. People For Patty Murray			Date of Disbursement				
i copic i oi i atty ividitay			M M / D D / Y Y Y Y				
Mailing Address PO Box 3662			11 13 2013				
,	tate Zip Code		Transaction ID : 36612988				
Seattle Purpose of Disbursement	WA 98124						
Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name			S				
Sen. Patty Murray		Category/ Type	1000.00				
	nent For: 2016		,				
∑ Senate	Primary General		Campaign Contribution				
President	Other (specify) ▼						
State: WA District:							
Full Name (Last, First, Middle Initial)			Data of Diehumannant				
B. Dave Camp For Congress			Date of Disbursement				
Mailing Address 5915 Eastman Avenue			11 13 2013				
Suite 100			10 2010				
City	tate Zip Code		Transaction ID : 36613111				
Midland	MI 48640		11411343431112 : 30010111				
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Lacif Disbursement this Period				
Rep. David Lee Camp		Category/ Type	2500.00				
	ent For: 2014	.,,,,,	,				
Senate	Primary General		Campaign Contribution				
President	Other (specify) ▼		. 0				
State: MI District: 04							
Full Name (Last, First, Middle Initial)			B (B)				
C. Friends Of Todd Young, Inc.			Date of Disbursement				
Mailing Address PO Box 1053			11 19 2013				
Mailing Address PO Box 1053			11 19 2013				
City	tate Zip Code		Transaction ID : 36644681				
Bloomington	IN 47402		11a11SaCtion ID . 30044081				
Purpose of Disbursement Campaign Contribution	T	044					
Candidate Name		011	Amount of Each Disbursement this Period				
Rep. Todd Young		Category/ Type	0.00				
. •	ent For: 2014	турс					
	Primary General		Campaign Contribution				
President	Other (specify) ▼		Campaign Contribution				
State: IN District: 09							
SUBTOTAL of Disbursements This Page (optional)			3500.00				
TOTAL This Period (last nage this line number only)							

SCHEDULE B (FEC Form 3X)			E NUMBER: PAGE 24 OF 27				
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(check only	one)				
	Detailed Summary Pag		22 X 23 24 25 26 28a 28b 28c 29 30				
Any information copied from such Reports and State	ments may not be sold or						
or for commercial purposes, other than using the na	me and address of any po	plitical committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Academy of Neurology I	BrainPAC						
/ Full Name (Leat First Middle Initial)							
Full Name (Last, First, Middle Initial)  A. Marsha Blackburn For Congress,	Inc		Date of Disbursement				
" Waisha blackbum For Congress,	IIIC.		M M / D D / Y Y Y Y				
Mailing Address PO Box 3750			11 19 2013				
City	State Zip Code						
Brentwood	TN 37024		Transaction ID: 36644682				
Purpose of Disbursement							
		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. Marsha Blackburn  Office Sought: House Disburse	ment For: 2014	Туре	111100				
Senate Sought.	Primary Genera	ı					
President	Other (specify)						
State: TN District: 07	(-						
Full Name (Last, First, Middle Initial)							
3. Lynn Jenkins For Congress			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address PO Box 1441			11 19 2013				
City	State Zip Code		Transaction ID: 36644684				
Topeka Purpose of Disbursement	KS 66601						
ruipose oi Dispuisement		011	Amount of Each Disbursement this Period				
Candidate Name			carr or Each Biodulotticit the Follow				
Rep. Lynn Jenkins		Category/ Type	1500.00				
	ment For: 2014	- 7	,				
Senate	Primary Genera	d					
President	Other (specify) ▼						
State: KS District: 02							
Full Name (Last, First, Middle Initial)			B + (B)				
C. Charles Boustany Jr. Md For Cong	gress, Inc.		Date of Disbursement				
Mailing Address PO Box 80126			11 19 2013				
Mailing Address FO Box 80120			11 10 2010				
City	State Zip Code		Transaction ID : 26644696				
Lafayette	LA 70598		Transaction ID: 36644686				
Purpose of Disbursement		1					
Candidate Name		011	Amount of Each Disbursement this Period				
		Category/	1500.00				
Rep. Charles W. Boustany Jr.  Office Sought:  House Disburse	ment For: 2014	Туре					
Senate Disburse	Primary Genera	ıl					
President	Other (specify)						
State: LA District: 03	, , , , , <del>,</del> , , , , , , , , , , , , ,						
SUBTOTAL of Disbursements This Page (optional).			4000.00				
<u> </u>							
TOTAL This Period (last page this line number only	')						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)				
	Detailed Summary Page	21b	22 🗙 23 24 25				
Γ		27	28a 28b 28c 29				
Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)	and address of any pointer		The second secon				
American Academy of Neurolo	ogy BrainPAC						
/							
Full Name (Last, First, Middle Initial)			Data of Distance				
A. Friends Of Joe Pitts			Date of Disbursement				
Mailing Address PO Box 775			11 19 2013				
The state of the s							
City	State Zip Code		Transaction ID : 36644688				
Unionville	PA 19375		Transaction is . 50077000				
Purpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name			S. Laci Biodiscincia and Follow				
Rep. Joe R. Pitts		Category/ Type	2500.00				
•	sbursement For: 2014						
Senate	Y Primary General						
President	Other (specify) ▼						
State: PA District: 16							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
B. Keystone America PAC			M M / D D / Y Y Y Y				
Mailing Address PO Box 58746			11 19 2013				
City	State Zip Code		Transaction ID : 36644699				
Philadelphia Purpose of Disbursement	PA 19102						
Leadership PAC contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	2500.00				
	sbursement For:						
Senate President	Primary General		Leadership PAC contribution				
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. Whitfield For Congress Comm	ittee		Date of Disbursement				
	<del>-</del>		M M / D D / Y Y Y Y				
Mailing Address P.O. Box 391			11 19 2013				
City	State Zip Code						
Hopkinsville	KY 42241		Transaction ID: 36644701				
Purpose of Disbursement							
Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. Edward Whitfield  Office Sought:  House Dis	sbursement For: 2014	Туре					
Senate	Primary General		Compaign Contribution				
President	Other (specify)		Campaign Contribution				
State: KY District: 01							
SUBTOTAL of Disbursements This Page (opti	onal)		6000.00				
TOTAL This Period (last page this line number	r only)	••••••	7 7 7				

SCHEDULE B (FEC Form 3X)		EOR LINE	NUMBER: PAGE 26 OF 27				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:				
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26				
		27	28a 28b 28c 29 30l				
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and address of any politic	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	D D.A.O.						
American Academy of Neurology	BrainPAC						
Full Name (Last, First, Middle Initial)							
A. Yarmuth For Congress			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 1815 Brownsboro Road			11 19 2013				
City	State Zip Code						
Louisville	KY 40202		Transaction ID: 36644706				
Purpose of Disbursement							
Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. John A. Yarmuth		Type	1000.00				
	ment For: 2014						
Senate Yresident	Primary General  Other (specify)		Campaign Contribution				
State: KY District: 03	Other (specify)						
Full Name (Last, First, Middle Initial)							
B. Friends Of Todd Young, Inc.			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address PO Box 1053			11 19 2013				
0"	O: -:						
City Bloomington	State Zip Code IN 47402		Transaction ID: 36644716				
Purpose of Disbursement	11402						
Void - Friends Of Todd Young, Inc.		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	0.00				
Rep. Todd Young		Туре	0.00				
	ment For: 2014						
Senate President	Primary General Other (specify) ▼		Void - Friends Of Todd Young, Inc.				
State: IN District: 09	Other (specify)						
Full Name (Last, First, Middle Initial)							
C. Friends Of Todd Young, Inc.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address PO Box 1053			11 19 2013				
City	State Zip Code						
Bloomington	IN 47402		Transaction ID: 36644717				
Purpose of Disbursement							
Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. Todd Young		Туре	1000.00				
	ment For: 2014						
Senate President	Primary General  Other (specify)		Campaign Contribution				
State: IN District: 09	Other (Specify)						
2.5 03							
SUBTOTAL of Disbursements This Page (optional).			2000.00				
TOTAL This Period (last page this line number only	·)						

SCHEDULE B (FEC Form 3X)	Hee con	arate schedule(s) FOR LINE NUMBER:				PAGE 27 OF 27		
ITEMIZED DISBURSEMENTS	for each	category of the	(check only	one)	<b>X</b> 23	24	25	<u> </u>
	Detailed	Summary Page	27	28a	28b	28c	29	30
Any information copied from such Reports and States								
or for commercial purposes, other than using the nar	me and add	lress of any polition	cal committee to	solicit co	ntributions	from such	committe	ee.
NAME OF COMMITTEE (In Full)	) # C ! r D ^	0						
American Academy of Neurology E	BrainPA	C						
Full Name (Last, First, Middle Initial)				F :	. Divi			
A. Fleming For Congress					Disburser			
Mailing Address PO Box 1236				M M	19		2013	Y
•	State	Zip Code		Trans	action ID :	36644720		
Minden Purpose of Disbursement	LA	71058		IIalis	action ib .	30044720		
Campaign Contribution			011	Amoun	t of Each [	Disburseme	nt this P	eriod
Candidate Name			Category/				1000.	00
Rep. John C. Fleming MD  Office Sought:   W   House   Disburse			Type				1000.	.00
	ment For: Primary	2014 General		Compoi	an Contribu	ıtion		
President	Other (spe			Campai	gn Contribu	JUI I		
State: LA District: 04								
Full Name (Last, First, Middle Initial)				Б.	. Dist			
B. Collins For Congress					Disburser			
Mailing Address PO Box 1295				11	19		2013	Y
City	State	Zip Code		Trans	action ID	36644729		
Gainesville Purpose of Disbursement	GA	30503		riune		. 500 171 20		
Fulpose of Disbulsement			011	Amoun	t of Each [	Disburseme	nt this P	eriod
Candidate Name			Category/			1 1 1		_
Rep. Doug Collins			Type				1000	.00
	ment For:							
Senate President	Primary Other (spe	General						
State: GA District: 09	Other (ope	,ony) <b>\</b>						
Full Name (Last, First, Middle Initial)								
C.				Date of	Disburser			
Mailing Address				M M	/ D I	D / Y	Y	Y
	State	Zip Code						_
•								
Purpose of Disbursement								
Candidate Name				Amoun	t of Each [	Disburseme	nt this P	eriod
Canadate Name			Category/ Type					
Office Sought: House Disburser	ment For:	I			,	,		
Senate	Primary	General						
State: District:	Other (spe	ecity) 🔻						
State: District:								
SUBTOTAL of Disbursements This Page (optional)							2000.	00
				-				=
TOTAL This Period (last page this line number only)	)			Ι.	1 (0) 7		21000.	00