



**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="2013"/>		127133.00
(b) Cash on Hand at Beginning of Reporting Period.....	109638.00	
(c) Total Receipts (from Line 19) .....	19823.00	264128.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	129461.00	391261.00
7. Total Disbursements (from Line 31).....	21000.00	282800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108461.00	108461.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	10863.00	183657.00
(ii) Unitemized .....	8960.00	75471.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19823.00	259128.00
(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) .....	19823.00	259128.00
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	19823.00	264128.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19823.00	264128.00

**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	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	282500.00
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	300.00
(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	300.00
29. Other Disbursements .....	0.00	0.00
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)) ..	21000.00	282800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	282800.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr. Janice M. Massey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 STEPPING STONE LANE  
 City DURHAM State NC Zip Code 27705-9118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 03 / 2013**  
**Transaction ID : 36583868**  
 Amount of Each Receipt this Period **300.00**

**B. Dr. Linda A. Hershey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3116 Ash Grove Rd  
 City Edmond State OK Zip Code 73003-1044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VAMC & U at Buffalo Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 01 / 2013**  
**Transaction ID : 36583894**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : 36584153**  
 Amount of Each Receipt this Period **75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>475.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 27
	(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"/> 12
		<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. Alexander Krob**  
Full Name (Last, First, Middle Initial)

Mailing Address 31121 NE 75th PL

City La Center	State WA	Zip Code 98629-2348
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dept of Neurology Unc Hospitals	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : 36584154**

Amount of Each Receipt this Period  

84.00
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**B. Dr. Nicholas L. Schlageter**  
Full Name (Last, First, Middle Initial)

Mailing Address 6N169 Woodview Ct.

City Saint Charles	State IL	Zip Code 60175-6266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tri-City Neurology, SC	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : 36602280**

Amount of Each Receipt this Period  

100.00
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**C. Dr. Robert J. Varipapa**  
Full Name (Last, First, Middle Initial)

Mailing Address 1074 S State St

City Dover	State DE	Zip Code 19901-6925
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FEC ID number of contributing federal political committee. **C**

Name of Employer CNMRI	Occupation Neurologist
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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
11	/	05	/	2013

**Transaction ID : 36602284**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>284.00</b>
<b>TOTAL</b> 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 27
	<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. Kimberly E. Monday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 Vista Rd  
 City Pasadena State TX Zip Code 77504-2113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hermann Southeast Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2013  
**Transaction ID : 36603853**  
 Amount of Each Receipt this Period 500.00

**B. Dr. Ronald G. Emerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 East 71st Street  
 Belaire Building, 5th Floor  
 City New York State NY Zip Code 10021-4839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia-Presbyterian Med Ctr Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2013  
**Transaction ID : 36603939**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Yung K. Kho**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3267 New Hope Rd  
 City Grants Pass State OR Zip Code 97527-9030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 07 / 2013  
**Transaction ID : 36604149**  
 Amount of Each Receipt this Period 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. David C. Good**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 859  
Neurology Dept, 30 Hope Dr, EC037

City Hershey State PA Zip Code 17033-0859

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

Name of Employer Penn State Hershey Med Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
11 / 06 / 2013  
Transaction ID : **36604186**

Amount of Each Receipt this Period  
100.00

**B. Dr. Edward F. Good**  
Full Name (Last, First, Middle Initial)

Mailing Address 1529 Barton Springs Rd #30

City Austin State TX Zip Code 78704-1021

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

Name of Employer Self Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 07 / 2013  
Transaction ID : **36604317**

Amount of Each Receipt this Period  
500.00

**C. Dr. Lyell K. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 1st St SW

City Rochester State MN Zip Code 55905-0002

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

Name of Employer Mayo MN Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 13 / 2013  
Transaction ID : **36612932**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Brian A. Trimble**  
Full Name (Last, First, Middle Initial)

Mailing Address 19430 Upper Skyline Dr.

City Eagle River State AK Zip Code 99577-7922

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

Name of Employer Alaska Native Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 09 / 2013**

**Transaction ID : 36613135**

Amount of Each Receipt this Period  
**100.00**

**B. Dr. William J. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 7100 Carson Lane

City Spanish Fort State AL Zip Code 36527-7043

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

Name of Employer Volunteer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**11 / 14 / 2013**

**Transaction ID : 36615604**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 160 W. 66th St Apt. 22J

City New York State NY Zip Code 10023-6558

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**11 / 14 / 2013**

**Transaction ID : 36616207**

Amount of Each Receipt this Period  
**3000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3200.00</b>
<b>TOTAL</b> 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 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Amie L. Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3846 SE Alder St

City Portland	State OR	Zip Code 97214-3226
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FEC ID number of contributing federal political committee. **C**

Name of Employer Portland VA / OHSO	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : 36616252**

Amount of Each Receipt this Period  
200.00

**B. Dr. Tara Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 Birch Hill Drive

City Jber	State AK	Zip Code 99505-1009
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FEC ID number of contributing federal political committee. **C**

Name of Employer United States Air Force	Occupation Neurologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : 36616255**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital and Med. Center of	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : 36616256**

Amount of Each Receipt this Period  
175.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	245.00
<b>TOTAL</b> 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 12 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David A. Evans</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : 36616257</b>
Mailing Address 715 Kessler Woods Trail		Amount of Each Receipt this Period 100.00
City Dallas	State TX	
Zip Code 75208-5610		Aggregate Year-to-Date ▼ 1100.00
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Neurology	Occupation COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Dr. Glen R. Finney</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : 36616258</b>
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 84.00
City Gainesville	State FL	
Zip Code 32606-9180		Aggregate Year-to-Date ▼ 924.00
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dr. William S. Gilmer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : 36616259</b>
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 85.00
City Houston	State TX	
Zip Code 77005-2613		Aggregate Year-to-Date ▼ 935.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.00
<b>TOTAL</b> 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 13 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Madeleine Geraghty**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 E Westminster Lane

City Spokane State WA Zip Code 99223-8406

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

Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **11 / 15 / 2013**

**Transaction ID : 36616260**

Amount of Each Receipt this Period **100.00**

**B. Dr. Steven L. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt **11 / 15 / 2013**

**Transaction ID : 36616261**

Amount of Each Receipt this Period **150.00**

**C. Dr. Uma Menon**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 7th St. NW, Apt 732

City Washington State DC Zip Code 20001-5707

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

Name of Employer George Washington Hospital Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 15 / 2013**

**Transaction ID : 36616262**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**

**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 14 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Nancy L. Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Stonybrook Road  
 City Tenaflly State NJ Zip Code 07670-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4565.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : 36616263**  
 Amount of Each Receipt this Period  
 415.00

**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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : 36616264**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Dario M. Zagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Fairmount Terrace  
 City Fairfield State CT Zip Code 06825-1758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : 36616265**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<b>TOTAL</b> 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 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. John M. Hannam**  
Full Name (Last, First, Middle Initial)

Mailing Address 17030 Lakeside Hills Plz Ste 202

City Omaha	State NE	Zip Code 68130-2396
---------------	-------------	------------------------

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

Name of Employer Omaha Neurological Clinic, Inc.	Occupation Neurologist
---	---------------------------

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
11	/	15	/	2013

**Transaction ID : 36622905**

Amount of Each Receipt this Period  
250.00

**B. Dr. Shiv U. Navada**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Medical Park Dr Ste 107

City Bridgeport	State WV	Zip Code 26330-9009
--------------------	-------------	------------------------

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

Name of Employer United Hospital Center	Occupation Neurologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : 36622914**

Amount of Each Receipt this Period  
100.00

**C. Dr. Rajpaul Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 193-15 Hillside Ave

City Hollis	State NY	Zip Code 11423-2011
----------------	-------------	------------------------

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

Name of Employer Hillside Neurology Care, P.C.	Occupation Neurologist
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2013

**Transaction ID : 36642852**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. James D. Nelson</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 <b>Transaction ID : 36652217</b>
Mailing Address PO Box 8739		Amount of Each Receipt this Period 100.00
City St Thomas	State VI	Zip Code 00801-1739
FEC ID number of contributing federal political committee. C	Name of Employer VI Neurological Medical Group	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Eric B. Geller</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 <b>Transaction ID : 36656954</b>
Mailing Address 200 S Orange Ave Ste 101		Amount of Each Receipt this Period 500.00
City Livingston	State NJ	Zip Code 07039-5817
FEC ID number of contributing federal political committee. C	Name of Employer St Barnabas Inst of Neurology and Neur	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jennifer J. Majersik</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : 36660352</b>
Mailing Address 1746 Yalecrest Ave		Amount of Each Receipt this Period 100.00
City Salt Lake City	State UT	Zip Code 84108-1840
FEC ID number of contributing federal political committee. C	Name of Employer University of Utah	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Lynne P. Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : 36660353</b>
Mailing Address 1 Avery Street Apt 19A		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02111-1025
FEC ID number of contributing federal political committee. C		
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Laura Nist</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : 36660354</b>
Mailing Address 26042 Reynolds St		Amount of Each Receipt this Period 100.00
City Loma Linda	State CA	Zip Code 92354-3961
FEC ID number of contributing federal political committee. C		
Name of Employer Loma Linda University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert H. Ackerman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : 36662343</b>
Mailing Address 1010 Memorial Dr Apt 18C		Amount of Each Receipt this Period 100.00
City Cambridge	State MA	Zip Code 02138-4857
FEC ID number of contributing federal political committee. C		
Name of Employer Cambridge	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 18 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elizabeth Minto**  
Full Name (Last, First, Middle Initial)

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532-2609

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

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : 36663159**

Amount of Each Receipt this Period 85.00

**B. Dr. Matthew J. Murnane**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 New Scotland Ave  
MC-70, Dept of Neurology

City Albany State NY Zip Code 12208-3479

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

Name of Employer Albany Medical College Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : 36663161**

Amount of Each Receipt this Period 500.00

**C. Dr. Jorge L. Marcos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Country Club Prado

City Coral Gables State FL Zip Code 33134-2189

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

Name of Employer Neuroscience Consultants Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : 36663163**

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	835.00
<b>TOTAL</b> 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 19 OF 27
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph S. Kass</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 <b>Transaction ID : 36663428</b>
Mailing Address 4903 Valerie		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bibhuti Mishra</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 <b>Transaction ID : 36663429</b>
Mailing Address 5801 Potomac Ave NW		Amount of Each Receipt this Period 75.00
City Washington	State DC	Zip Code 20016-2517
FEC ID number of contributing federal political committee. C		
Name of Employer Inova Fairfax Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Gregory T. Pupillo</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 <b>Transaction ID : 36663432</b>
Mailing Address 225 9th Street S,		Amount of Each Receipt this Period 45.00
City La Crosse	State WI	Zip Code 54601-4145
FEC ID number of contributing federal political committee. C		
Name of Employer Franciscan-Skemp Healthcare	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 36663434**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 36663435**

Amount of Each Receipt this Period  
 200.00

**c. Dr. Sarah Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 36663436**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 21 OF 27
	<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. Carolyn L. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4732 Lost Creek Lane  
 City Bellingham State WA Zip Code 98229-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2013  
**Transaction ID : 36663437**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Carmel Armon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 Pinewood Drive  
 City Longmeadow State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baystate Medical Center Occupation Chief of Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 29 / 2013  
**Transaction ID : 36663443**  
 Amount of Each Receipt this Period 400.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10863.00

**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. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2013			

**Transaction ID : 36612985**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Doris Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2013			

**Transaction ID : 36612986**

Amount of Each Disbursement this Period

1500.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Adam Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2013			

**Transaction ID : 36612987**

Amount of Each Disbursement this Period

1000.00
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Campaign Contribution

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

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. People For Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

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

**Transaction ID : 36612988**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

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

**Transaction ID : 36613111**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Todd Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

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

**Transaction ID : 36644681**

Amount of Each Disbursement this Period

0	0	0	0	0	0	0	0	0	0

Campaign Contribution

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

**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. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

011

Candidate Name  
**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : 36644682**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City State Zip Code  
Topeka KS 66601

Purpose of Disbursement

011

Candidate Name  
**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : 36644684**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

011

Candidate Name  
**Rep. Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : 36644686**

Amount of Each Disbursement this Period

1500.00
---------

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

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

4000.00
---------

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**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. Friends Of Joe Pitts**

Mailing Address PO Box 775

City State Zip Code  
Unionville PA 19375

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joe R. Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

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

**Transaction ID : 36644688**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Keystone America PAC**

Mailing Address PO Box 58746

City State Zip Code  
Philadelphia PA 19102

Purpose of Disbursement  
Leadership PAC contribution

011

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
1	1		1	9		2	0	1	3

**Transaction ID : 36644699**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

**C. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City State Zip Code  
Hopkinsville KY 42241

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Edward Whitfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

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

**Transaction ID : 36644701**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Campaign Contribution

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---



**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. Fleming For Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013

**Transaction ID : 36644720**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Collins For Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011

Candidate Name

**Rep. Doug Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013

**Transaction ID : 36644729**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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)..... ▶

2000.00

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

21000.00