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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Neurology Professional Association BrainPAC 1501 M St. NW ADDRESS (number and street) Seventh Floor Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00435933 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Timothy J. Engel Type or Print Name of Treasurer Electronically Filed by Mr. Timothy J. Engel 0 1 28 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2/54 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 79294.00 January 1 (b) Cash on Hand at 110289.00 Begining of Reporting Period ..... 55333.00 124313.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 165622.00 203607.00 6(a) and 6(c) for Column B) ..... 44000.00 82985.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 121622.00 120622.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed 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) 3 / 54

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From: 0 7

D D D

2009

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м м 1 2 D D 31

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	40715.00	89665.00
	(ii) Unitemized	14618.00	34648.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	55333.00	124313.00
(1	b) Political Party Committees	0.00	0.00
•	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55333.00	124313.00
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>P</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	55333.00	124313.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	55333.00	124313.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 54

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	43500.00	79500.00
Independent Expenditure	10000.00	7000.00
(use Schedule E)	0.00	0.00
. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Г	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other	E00.00	2485.00
Than Political Committees	500.00	3485.00
(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))	500.00	3485.00
O. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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	0.00	2.22
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44000.00	82985.00
., = -, = -, = -, = -(0), = - 0.00 00(0))		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	44000.00	82985.00

## **DETAILED SUMMARY PAGE**

of Disbursements

	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)	55333.00	124313.00
34.	Total Contribution Refunds (from Line 28(d))	500.00	3485.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	54833.00	120828.00
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

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 54 (check only one)    X
Ar	ny information copied from such Reports and the for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane City Twinsburg FEC ID number of contributing	State OH	Zip Code 44087-3808	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary  Other (specify) ▼	Occupation Physicial Aggregate		
— В.	Full Name (Last, First, Middle Initial) Dr. Anil K. Nair  Mailing Address 2104 Hunter Hill Ct.  City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Hudson FEC ID number of contributing federal political committee.  Name of Employer	C Occupatio	54016-5824	Amount of Each Receipt this Period
	Boston University  Receipt For:  Primary General  Other (specify) ▼	Neurolog		
 C.	Full Name (Last, First, Middle Initial) Dr. Donald S. Gervais, Jr.  Mailing Address 8120 Main St Ste 400			Date of Receipt  0 7 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 30182321
	Houma FEC ID number of contributing federal political committee.	C	70360-3403	Amount of Each Receipt this Period  1000.00
	Name of Employer Southeast Neuroscience Ce- nter of Excel	Occupatio Neurolog	jist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
s	SUBTOTAL of Receipts This Page (optional) .			1200.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>(X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/54   (check only one)		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress 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 Neurology		· ·			
Full Name (Last, First, Middle Initial) Dr. Lily Jung			Date of Receipt		
Mailing Address 9420 SE 54th St.					
City Mercer Island	State WA	Zip Code 98040-5121	Transaction ID: 30242591		
FEC ID number of contributing federal political committee.	C	90040-5121	Amount of Each Receipt this Period  250.00		
Name of Employer Swedish Neurosci. Institute, Swedish H Receipt For:  Primary  General	Occupation Physician Aggregate	n e Year-to-Date ▼	1		
Other (specify)  Full Name (Last, First, Middle Initial)	0 0	750.00			
Dr. Stephen P. Ireland  Mailing Address Neurological Center  2421 NE Doctors I	Date of Receipt  0 7 2 0 2 0 9				
City Bend	State OR	Zip Code 97701-6031	Transaction ID: 30271039		
FEC ID number of contributing federal political committee.	C	3//01-0031	Amount of Each Receipt this Period 300.00		
Name of Employer Saint Charles Medical Cen-	Occupation Neurolog				
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Dr. Eugene May			Date of Receipt		
City Seattle	State WA	Zip Code 98126-2075	Transaction ID: 30302765  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30120-2073	250.00		
Name of Employer Seattle Radiologists	Occupation Neuro-or	n othalmologist			
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (option	nal)		800.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	· )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8 / 54   (check only one)	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress 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 Neurology Pr	rofessional Ass	sociation BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Elliott G. Gross			Date of Receipt	
Mailing Address 65 Horseshoe Hill R	Rd		07 28 2009	
City Pound Ridge	State NY	Zip Code 10576-1636	Transaction ID: 30329618	
FEC ID number of contributing federal political committee.	C	10370-1030	Amount of Each Receipt this Period  1000.00	
Name of Employer Self	Occupatio Neurolog			
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt	
Mailing Address 1199 Sennebec Rd	07 31 7 2009			
City Union	State ME	Zip Code 04862-4628	Transaction ID: 30340514	
FEC ID number of contributing federal political committee.	C	04002-4020	Amount of Each Receipt this Period	
Name of Employer Penobscot Bay Medical Cen-	Occupatio Physicia			
ter Receipt For: Primary General	_ , '	e Year-to-Date ▼		
Other (specify)		500.00		
Full Name (Last, First, Middle Initial) Dr. Michael A. Sloan			Date of Receipt	
Mailing Address 1527 Pleasant Harb				
City Tampa	State FL	Zip Code	Transaction ID: 30340936	
FEC ID number of contributing federal political committee.	C	33602-5966	Amount of Each Receipt this Period  1000.00	
Name of Employer University of South Flori- da	Occupatio Physicial			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional	l)		2100.00	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 54 (check only one)    X
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۸	full Name (Last, First, Middle Initial)  or. William S. Gilmer  Mailing Address 2323 Dunstan Road			Date of Receipt  0 7 3 1 2 0 0 9
	ity Houston	State TX	Zip Code 77005-2613	Transaction ID: 30340938  Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
<u>N</u>	lame of Employer Park Plaza Hospital and Medical Center Leceipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
B. <u> </u>	full Name (Last, First, Middle Initial) br. Anil K. Nair Mailing Address 2104 Hunter Hill Ct.			Date of Receipt  0 8 0 3 2 0 0 9
C	City	State	Zip Code	Transaction ID: 30341455
F	Hudson  EC ID number of contributing ederal political committee.	C	54016-5824	Amount of Each Receipt this Period
N E	lame of Employer Soston University	Occupatio Neurolog		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 701.00	
	ull Name (Last, First, Middle Initial) br. Bruce H. Cohen			Date of Receipt
N	Mailing Address 3141 Neille Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Sity	State OH	Zip Code	Transaction ID: 30341493
F	winsburg  EC ID number of contributing ederal political committee.	С	44087-3808	Amount of Each Receipt this Period
N	lame of Employer Develand Clinic	Occupatio Physicia		
F	Receipt For: Primary General Other (specify)	, t	e Year-to-Date ▼ 800.00	
SUI	BTOTAL of Receipts This Page (optional)		<b>1</b>	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 54   (check only one)   X   11a		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress 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 Neurology F	Professional Ass	sociation BrainPAC			
Full Name (Last, First, Middle Initial) Dr. Cynthia L. Comella			Date of Receipt		
Mailing Address 7319 Holly Court					
City River Forest	State IL	Zip Code 60305-1915	Transaction ID: 30341765  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00000 1010	500.00		
Name of Employer Rush Presb St Lukes Med Ctr	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Robert T. Leshner			Date of Receipt		
Mailing Address 700 New Hampshir	08 / 03 / Y Y Y Y Y				
City Washington	State DC	Zip Code 20037-2407	Transaction ID: 30341800  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20007 2407	600.00		
Name of Employer Children's National	Occupation Neurolog				
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	e Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initial) Dr. Arnold J. Aguilera			Date of Receipt		
Mailing Address 209 Braehead Dr			0 8 0 3 2 0 0 9		
City Fredericksburg	State VA	Zip Code	Transaction ID: 30343641		
FEC ID number of contributing federal political committee.	C	22401-2209	Amount of Each Receipt this Period 250.00		
Name of Employer Neurology Associates of Fredericksburg	Occupation Physician	n			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	<b> </b>		1350.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 54 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Neurology F	nd Statements may not be sold or used by any pe the name and address of any political committee Professional Association BrainPAC	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James M. Burke Mailing Address 2701 Blair Mill Rd 3	Ste 8	Date of Receipt
City Willow Grove	State Zip Code PA 19090-1041	Transaction ID: 30343737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Abington Neurological Associates, Ltd Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr. Joel M. Dean Mailing Address 1060 Orchard Ave	Unit G	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30345822
Grand Junction  FEC ID number of contributing federal political committee.	CO 81501-2997	Amount of Each Receipt this Period 500.00
Name of Employer Community Health Providers	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Elliott A. Schulman		Date of Receipt
Mailing Address 616 Greythorne Ro		08 08 Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30360516
Wynnewood  FEC ID number of contributing federal political committee.	PA 19096-2509	Amount of Each Receipt this Period  150.00
Name of Employer Lankenau Hospital and Lan- kenau Institu	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/54   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Neurology P	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Dominic Fee			Date of Receipt
Mailing Address 1224 Litchfield Land	е		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Lexington	State KY	Zip Code 40513-1794	Transaction ID: 30360582  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Univ of Wisconsin Hosp	Occupation Neurolog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller			Date of Receipt
Mailing Address 610 E. Palisade Avo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Transaction ID: 30372645	
Englewood Cliffs  FEC ID number of contributing federal political committee.	NJ C	07632-1801	Amount of Each Receipt this Period  1000.00
Name of Employer Self	Occupation Physician		
Receipt For:  Primary General  Other (specify)	<del></del>	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Brian N. Kirschner			Date of Receipt
Mailing Address 29946 Mayfair Drive	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Farmington Hills	State MI	Zip Code 48331-2152	Transaction ID: 30374328  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100012102	500.00
Name of Employer Millennium Medical Group	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 54 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per	to collect contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	to solicit contributions from such committee.
American Academy of Neurology Prof	essional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner		Date of Receipt
Mailing Address 7994 Everglades Drive		08 12 2009
City Manlius	State Zip Code NY 13104-8501	Transaction ID: 30374333
FEC ID number of contributing federal political committee.	NY 13104-8501	Amount of Each Receipt this Period  1000.00
Name of Employer SUNY Upstate Medical Univ-	Occupation Physician	
ersity Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera, Jr.	l	Date of Receipt
Mailing Address 5344 W. Prospect Ct.	08 / 19 / Y Y Y Y Y	
City	State Zip Code	Transaction ID: 30430029
Visalia	CA 93291-9274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Orly Avitzur	<u> </u>	Date of Receipt
Mailing Address 815 Old Sleepy Hollov	v Road Extensi	08 10 7 2009
City	State Zip Code	Transaction ID: 30452627
Briarcliff	NY 10510-2521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	Refunded: From Business
Other (specify) ▼	500.00	Account
CURTOTAL of Possints This Poss (antique)		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 54 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Neurology Programments (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to rofessional Association BrainPAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard D. Brower  Mailing Address 1000 Madeline Drive  City El Paso  FEC ID number of contributing federal political committee.  Name of Employer Texas Tech University HSC	State Zip Code TX 79902-2408  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dept. of Neu Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan P. Hosey  Mailing Address 100 N Academy Ave Neurology Dept, MC  City  Danville		Date of Receipt    M M M
Receipt For:  Primary General  Other (consist)	Occupation Physician  Aggregate Year-to-Date ▼	1000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd		Date of Receipt
City Union  FEC ID number of contributing federal political committee.	State Zip Code ME 04862-4628  C	Transaction ID: 30468681  Amount of Each Receipt this Period  100.00
Name of Employer Penobscot Bay Medical Center Receipt For:  Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optional	)	1600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Orly Avitzur			Date of Receipt
	Mailing Address 815 Old Sleepy Hollo	09 01 2009		
	City	State	Zip Code	Transaction ID: 30469956
	Briarcliff	NY	10510-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
	Mailing Address 3141 Neille Lane	09 / 01 / 4 4 4 4		
	City	State	Zip Code	Transaction ID: 30469985
	Twinsburg	OH	44087-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cleveland Clinic	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		900.00	
_ ).	Full Name (Last, First, Middle Initial) Dr. Anil K. Nair			Date of Receipt
	Mailing Address 2104 Hunter Hill Ct.	09 / 01 / 2009		
	City	State	Zip Code	Transaction ID: 30469994
	Hudson	WI	54016-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Boston University	Occupation Neurolog	gist	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 801.00	1
	Other (specify) ▼	0 0	801.00	
	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line numbe	er only)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 54 (check only one)  X 11a 11b 11c 12  13 14 15 16			
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	Statements may not be sold or used by any persone name and address of any political committee to				
Full Name (Last, First, Middle Initial)	DESSIONAL ASSOCIATION DIAMPRAC	1			
Dr. Joseph Kass  Mailing Address 4929 Valerie		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y			
City	State Zip Code	Transaction ID: 30469996			
Bellaire	TX 77401-5707	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Baylor College of Medicine	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto		Date of Receipt			
City	State Zip Code	0 9 1 5 2 0 0 9 Transaction ID: 30556791			
Mobile	AL 36608-1199	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Neurology: Child and Adul- t. P.C.	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00				
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt			
Mailing Address PO Box 6059		0 9 2 8 2 0 0 9			
City	State Zip Code	Transaction ID: 30603626			
Olympia	WA 98507-6059	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Madigan Army Medical Cent- er / Self	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
SUBTOTAL of Receipts This Page (optional)		400.00			

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

Mailing Address 5316 Belmont Road  City State Zip Code Grand Forks ND 58201-8040  FEC ID number of contributing federal political committee.  Name of Employer Altru Health Systems  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Primary Mo 9 28 7 2009  Transaction ID: 30603636  Amount of Each Receipt this Period  1000.00	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Dr. Timothy A. Pedely  Mailing Address 55 Grace Church Street  City State Zip Code Ry 10580.9926  FEC ID number of contributing federal political committee.  Name of Employer Albumber of contributing federal political committee.  B. Dr. Rink Michaerdson  Mailing Address 5316 Belmont Road  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  Date of Receipt Transaction ID: 30603635  Amount of Each Receipt this Period  FULL Name (Last, First, Middle Initial)  Dr. Rink Michaerdson  Mailing Address 5316 Belmont Road  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  Name of Employer Album Alatility Systems  Receipt For: Primary General Other (specity) ▼  Full Name (Last, First, Middle Initial) Dr. Bruce Sigbbee  Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  City State Zip Code Mailing Address 1199 Sennebec Rd  Amount of Each Receipt Missertic Name Amount of Each Receipt Name Amount of E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	ldress of any political committee to	solicit contributions from such committee.
City State Zip Code NY 10580-3926  FEC ID number of contributing federal political committee.  Name of Employer The Neurological Institute of NY Receipt For:  Primary General Other (specify) ▼ 1000.00  Date of Receipt Transaction ID 30603635  Grand Forks ND 58201-8040  FEC ID number of contributing federal political committee.  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  City State Zip Code Neurologist Neurologist Receipt To 1000.00  FUII Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd  City State Zip Code Neurologist Neurolo	∠ <b>A</b> .	Dr. Timothy A. Pedley	at .		<b>─</b>
Rive					
FEC ID number of contributing toderal political committee.   C					
of NY Receipt For: Primary		FEC ID number of contributing		10380-3926	
Primary General Other (specify) ▼ 1000.00    Post of Receipt   Date of Receipt		of NY	Physicia	ın	
Date of Receipt  Mailing Address 5316 Belmont Road  City State Zip Code Grand Forks ND 58201-8040  FEC ID number of contributing federal political committee.  C. Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd  City State Zip Code Neurologist  Aggregate Year-to-Date ▼  Transaction ID: 30603636  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 30603636  Amount of Each Receipt this Period  Date of Receipt  M. M. M. D.		Primary General	Aggregat	1000.00	
City Grand Forks  FEC ID number of contributing federal political committee.  Name of Employer Altru Health Systems  Receipt For: Primary General Other (specify) ▼  City Union  Name of Employer Altru Health Systems  City Union  FEC ID number of contributing federal political committee.  City Union  FEC ID number of contributing federal political committee.  City Union  FEC ID number of contributing federal political committee.  City Union  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Physician  Aggregate Year-to-Date ▼	– В.	Dr. Rita M. Richardson			Date of Receipt
City State Zip Code ND 58201-8040  FEC ID number of contributing federal political committee.  Name of Employer Altru Health Systems  Receipt For:		Mailing Address 5316 Belmont Road			
FEC ID number of contributing federal political committee.  Name of Employer Altru Health Systems  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd  City State Zip Code ME 04862-4628  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼  Occupation Physician  Aggregate Year-to-Date ▼  Cocupation Physician  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		City	State	Zip Code	
Name of Employer Altru Health Systems  Receipt For:  Primary General Other (specify) ▼  C.  Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd  City State Zip Code Union ME 04862-4628  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M J J D D J J J J J J J J J J J J J		Grand Forks	ND	58201-8040	Amount of Each Receipt this Period
Receipt For:    Primary   General			C		1000.00
Primary General Other (specify) ▼ 1000.00  C. Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd  City State Zip Code Union ME 04862-4628  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		-			
Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd  City  Union  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center  Receipt For:  Primary  General  Other (specify) ▼  Date of Receipt  Transaction ID: 30616679  Amount of Each Receipt this Period  Transaction ID: 30616679  Amount of Each Receipt this Period  100.00		Primary General	Aggregat	1 1 1 1 1 1 1	
City Union  State  Vip Code ME  04862-4628  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For: Primary Other (specify) ▼  Occupation Physician  Aggregate Year-to-Date  700.00	- C.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
City Union  State  Zip Code ME  04862-4628  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center Receipt For: Primary Other (specify) ▼  State  Zip Code ME  04862-4628  Amount of Each Receipt this Period  100.00  Aggregate Year-to-Date  700.00		Mailing Address 1199 Sennebec Rd			
FEC ID number of contributing federal political committee.  Name of Employer Penobscot Bay Medical Center  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  700.00		City	State	Zip Code	
Name of Employer Penobscot Bay Medical Center Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  700.00		<u>Union</u>	ME	04862-4628	Amount of Each Receipt this Period
ter Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  700.00			C		100.00
Primary General Other (specify) ▼  700.00		ter	Physicia	n	
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregat		
		SUBTOTAL of Receipts This Page (optional)			1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 54 (check only one)    X			
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to Professional Association BrainPAC				
Full Name (Last, First, Middle Initial) Dr. Michael C. Graeber  Mailing Address 971 Lakeland Dr S		Date of Receipt			
City Jackson	State Zip Code MS 39216-4607	Transaction ID: 30618455  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer Muscle & Nerve, PA	Occupation Physician	500.00			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Gary L. Stanton  Mailing Address 282 Farmers Row P.O. Box 991		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code MA 01450-1848	Transaction ID: 30618460			
Groton  FEC ID number of contributing federal political committee.	MA 01450-1848	Amount of Each Receipt this Period  300.00			
Name of Employer Emerson Hospital	Occupation Neurologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Dr. Robert S. Gould		Date of Receipt			
Mailing Address 340 Dardanelli Ln	Mailing Address 340 Dardanelli Ln Ste 22A				
City Los Gatos	State Zip Code CA 95032-1418	Transaction ID: 30618477  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (option:	al)	1050.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/_</u>	Full Name (Last, First, Middle Initial) Dr. Leonard Sahn			Date of Receipt
	Mailing Address 29355 Northwestern F	Hwy, Suite 10		09 / 30 / 2009
	City Southfield	State MI	Zip Code	Transaction ID: 30618482
	FEC ID number of contributing federal political committee.	C	48034-1065	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupatio Neurolog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Sanjeevi C. Tivakaran  Mailing Address 2400 Hospital Dr Ste	310		Date of Receipt
			7in Onda	09 30 2009
	City Bossier City	State LA	Zip Code 71111-2387	Transaction ID: 30618657  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WK Bossier Health Ctr	Occupatio Neurolog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Laura B. Powers Mailing Address 5629 Tazewell Pike			Date of Receipt
				09 30 2009
	City Knoxville	State TN	Zip Code 37918-9264	Transaction ID: 30618663  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37310-3204	250.00
	Name of Employer Knoxville Neurology Clinic	Occupatio Physicial		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 20 / 54   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Neurology I	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Edmund G. Grant			Date of Receipt
Mailing Address 13801 Bruce B Do	wns Blvd Ste 40	1	09 30 2009
City Tampa	State FL	Zip Code 33613-3997	Transaction ID: 30618669  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Winters Grant Mc Craney Tatum	Occupation Neurolog	jist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Pushpa Narayanaswami			Date of Receipt
Mailing Address 506 Clinton Road	10 01 7 2009		
City	State	Zip Code	Transaction ID: 30618694
Chestnut Hill  FEC ID number of contributing federal political committee.	MA C	02467-1419	Amount of Each Receipt this Period 500.00
Name of Employer Beth Israel Deaconess Med- ical Center	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Joseph Kass			Date of Receipt
Mailing Address 4929 Valerie			10 01 2009
City	State	Zip Code	Transaction ID: 30622989
Bellaire	TX	77401-5707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Baylor College of Medicine	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (option	al)		800.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee Professional Association BrainPAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane City Twinsburg FEC ID number of contributing federal political committee.  Name of Employer Cleveland Clinic	State Zip Code OH 44087-3808  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. David T. Greco  Mailing Address 17 W Ridge Rd  City	State Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
New Fairfield  FEC ID number of contributing federal political committee.	CT 06812-4904	Amount of Each Receipt this Period  500.00
Name of Employer Associated Neurologists, LP Receipt For: Primary General Other (specify)	Occupation Neurologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. Anil K. Nair Mailing Address 2104 Hunter Hill	Ct.	Date of Receipt
City Hudson	State Zip Code WI 54016-5824	Transaction ID: 30622997  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Boston University	Occupation	100.00
Receipt For: Primary General Other (specify)	Neurologist  Aggregate Year-to-Date ▼  901.00	
SUBTOTAL of Receipts This Page (option	nal)	700.00

City Agoura CA 91301-2242  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify) ▼  FIII Name (Last, First, Middle Initial) Dr. John R. Wilson  Mailing Address FEC ID number of contributing federal political committee.  FIII Name (Last, First, Middle Initial) Dr. John R. Wilson  Malling Address FEC ID number of contributing federal political committee.  C  Date of Receipt  Transaction ID: 30623016  Amount of Each Receipt this Petrol Political  Transaction ID: 30623016  Amount of Each Receipt this Petrol Political  Transaction ID: 30623016  Amount of Each Receipt this Petrol Political  Transaction ID: 30623016  Amount of Each Receipt this Petrol Political  Transaction ID: 30623777  Amount of Each Receipt this Petrol Political  Transaction ID: 30623777  Amount of Each Receipt this Petrol Political  Transaction ID: 30623777  Amount of Each Receipt this Petrol Political  Transaction ID: 30635185  Transaction ID: 30635185  Amount of Each Receipt this Petrol Political  Transaction ID: 30635185  Transaction ID: 30635185  Transaction ID: 30635185	12 16  11		Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			
American Academy of Neurology Professional Association BrainPAC  Full Name (Last, First, Middle Initial) Dr. Meril S. Platzer  Malling Address 28404 Foothill Dr  City State Zip Code Agoura CA 91301-2242  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Dr. John R. Wilson  Malling Address 675 W North Ave Ste 608 Neurology Clinical Neurophysiology  City State Zip Code Neurology Clinical Neurophysiology  FEC ID number of contributing federal political committee.  Perimary General State Zip Code Neurology Clinical Neurophysiology  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼ 1000.00  Tansaction ID: 30623777  Amount of Each Receipt this Pc  Transaction ID: 30623777  Amount of Each Receipt this Pc  Transaction ID: 30623777  Amount of Each Receipt this Pc  Transaction ID: 30623717  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Amount of Each Receipt this Pc  Transaction ID: 30635185  Transaction ID:	utions nittee.	for the purpose of soliciting contribution olicit contributions from such committee	y not be sold or used by any person dress of any political committee to s	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			
Dr. Maril S. Platzer  Mailing Address 28404 Foothill Dr  City State Zip Code CA 91301-2242  FEC ID number of contributing federal political committee.  Name of Employer Series Aggregate Year-to-Date ▼  Primary General Occupation Physician  Mailing Address 675 W North Ave Ste 608 Neurology Clinical Neurophysiology  City State Zip Code IL 60160-1627  FEC ID number of contributing federal political committee.  Date of Receipt Tor:  Aggregate Year-to-Date ▼  Transaction ID: 30623016  Amount of Each Receipt this Pe  250.00  Date of Receipt  M W W D D D V Y D  Transaction ID: 30623016  Amount of Each Receipt this Pe  Transaction ID: 30623777  Amount of Each Receipt this Pe  Transaction ID: 30623777  Amount of Each Receipt this Pe  Transaction ID: 30623777  Amount of Each Receipt this Pe  Transaction ID: 30623777  Amount of Each Receipt this Pe  Transaction ID: 30623777  Amount of Each Receipt this Pe  Transaction ID: 30635185  Anount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Amount of Each Receipt this Pe  Transaction ID: 30635185  Tr			sociation BrainPAC	` '			
Mailling Address 28404 Foothill Dr  City State Zip Code CA 91301-2242  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼		Date of Receipt					
City State Zip Code CA 91301-2242  FEC ID number of contributing federal political committee.  Name of Employer Self Primary General Other (specify) ▼	009	M M / D D / Y Y Y					
FEC ID number of contributing federal political committee.  Name of Employer Self Primary General Occupation Physician  Receipt For: Primary General Other (specify) ▼ 250.00   Pull Name (Last, First, Middle Initial) Dr. John R. Wilson  Mailing Address 675 W North Ave Ste 608 Neurology Clinical Neurophysiology City State Zip Code Melrose Park IL 60160-1627  FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Id Receipt For: Primary General Other (specify) ▼ 1000.00  Full Name (Last, First, Middle Initial) Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology City State Zip Code TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Initial State Typ Code TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Receipt For: PEC ID number of contributing federal political committee.  Name of Employer Receipt For: Permary General Occupation Neurologist Receipt For: Primary General Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Part of Receipt For: Primary General Aggregate Year-to-Date ▼  Primary General Aggregate Year-to-Date ▼  Primary General Aggregate Year-to-Date ▼			Zip Code	-			
Name of Employer   Self   Physician   Aggregate Year-to-Date   Physician	'eriod	Amount of Each Receipt this Period	91301-2242	<u>Agoura</u> CA			
Physician   Receipt For:	50.00	250.0					
Primary General Other (specify) ▼				Solf			
Dite of Receipt  Mailing Address 675 W North Ave Ste 608 Neurology Clinical Neurophysiology  City State Zip Code IL 60160-1627  FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Ltd Receipt For: Primary General Other (specify) ▼  Papartment of Neurology  City State Zip Code Physician Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 30623777  Amount of Each Receipt this Period Neurology  Date of Receipt  Transaction ID: 30623777  Amount of Each Receipt this Period Neurology  Date of Receipt  Transaction ID: 30623777  Amount of Each Receipt this Period Neurology  Date of Receipt  Date of Receipt  Transaction ID: 30635185  Amount of Each Receipt this Period Neurology  Date of Receipt  Transaction ID: 30635185  Amount of Each Receipt this Period Neurology  City State Zip Code Houston TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Neurologist  Receipt For: Primary General  Date of Receipt  Amount of Each Receipt this Period Neurology  Coccupation Neurologist  Aggregate Year-to-Date ▼				Primary General			
City State Zip Code Transaction ID: 30623777  Melrose Park IL 60160-1627  FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Ltd Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Department of Neurology  City State Zip Code Transaction ID: 30623777  Amount of Each Receipt this Petalogous Today Transaction ID: 30623777  Amount of Each Receipt this Petalogous Today Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Amount of Each Receipt this Petalogous Transaction ID: 30635185  Am		Date of Receipt					
Melrose Park  IL 60160-1627  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Ltd.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For:  Primary General Occupation Neurologist  Receipt For:  Aggregate Year-to-Date ▼  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Primary General Occupation  Neurologist  Aggregate Year-to-Date ▼	0 0 9		Neurology Clinical Neurophysiology				
FEC ID number of contributing federal political committee.  Name of Employer RLT Neurologic Associates, Ltd Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Name of Employer Baylor College Of Medicine  Receipt For:  Primary General  Occupation Neurologist  Aggregate Year-to-Date ▼  100  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			·				
Name of Employer RLT Neurologic Associates, Ltd Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code Houston TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For: Primary General  Occupation Neurologist  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D / Y Y Y 10 0 5 / 2  Transaction ID: 30635185  Amount of Each Receipt this Permanagement of Neurologist  Receipt For: Aggregate Year-to-Date ▼	'eriod	Amount of Each Receipt this Period	60160-1627				
Receipt For:	00.00	1000.0					
Receipt For:     Primary				Name of Employer RLT Neurologic Associates, Ind.  Occupation Physicial			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code Houston TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For:  Primary General  Date of Receipt  M M / D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1	e Year-to-Date ▼				
Dr. Joseph Jankovic  Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code Houston TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt Transaction ID: 30635185  Amount of Each Receipt this Peter State Primary General  Occupation Neurologist  Aggregate Year-to-Date ▼			1000.00				
Mailing Address 6550 Fannin St Ste 1801 Department of Neurology  City State Zip Code Houston TX 77030-2744  FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For: Primary General  Aggregate Year-to-Date ▼		Date of Receipt					
Houston  TX 77030-2744  Amount of Each Receipt this Perfederal political committee.  C  Name of Employer Baylor College Of Medicine  Receipt For:  Primary  General  Amount of Each Receipt this Perfederal Primary  Amount o	009						
FEC ID number of contributing federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For:  Primary General  C  Occupation Neurologist  Aggregate Year-to-Date ▼			•	•			
federal political committee.  Name of Employer Baylor College Of Medicine  Receipt For:  Primary General  Occupation Neurologist  Aggregate Year-to-Date ▼	'eriod	Amount of Each Receipt this Period	//030-2/44				
Receipt For:  Primary  General  Aggregate Year-to-Date ▼	00.00	100.0		federal political committee.			
Primary General G00.00				INEUTOTO			
600 00			Year-to-Date ▼	7.99.09a.0			
			600.00				
SUBTOTAL of Receipts This Page (optional)	50.00	1350.0	<b>.</b>	SUBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 54 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Ful American Academy of Neur	an using the name and ac	ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. Thomas GianCarlo Mailing Address 34025 Harp  City Clinton Township  FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Medical Center; Michigan Ne Receipt For: Primary General Other (specify)	er Ave  State MI  C  Occupation Neurological		Date of Receipt    M   M   D   D   2009   Transaction ID: 30651210   Amount of Each Receipt this Period   500.00
Full Name (Last, First, Middle Initial Dr. Susan B. Bressman Mailing Address 435 Lewele  City  Englewood  FEC ID number of contributing federal political committee.  Name of Employer Philip Ambulatory Care Center, Beth Is Receipt For:  Primary General Other (specify)	State NJ  C  Occupation Physicia		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Dr. Marcus C. Rice  Mailing Address 6161 Kemp  City  Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Neuroconsultants of Tidewater  Receipt For:  Primary General Other (specify)	State VA  C  Occupatic Physicia		Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page TOTAL This Period (last page this			2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 24/54   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persodress 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 Neurology	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley			Date of Receipt
Mailing Address 2890 Burlington Si	treet		10 15 2009
City Ann Arbor	State MI	Zip Code 48105-1435	Transaction ID: 30706238
FEC ID number of contributing federal political committee.	C	40100-1430	Amount of Each Receipt this Period 300.00
Name of Employer Henry Ford Hospital	Occupation Neurolog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Lily Jung			Date of Receipt
Mailing Address 9420 SE 54th St.	10 15 2009		
City Margar Island	State WA	Zip Code	Transaction ID: 30706240
Mercer Island  FEC ID number of contributing federal political committee.	C	98040-5121	Amount of Each Receipt this Period 250.00
Name of Employer Swedish Neurosci. Institu-	Occupation Physician		
te, Swedish H Receipt For:	<del></del>	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto			Date of Receipt
Mailing Address 100 Memorial Hos	pital Dr Ste 2A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30706242
Mobile  FEC ID number of contributing federal political committee.	C	36608-1199	Amount of Each Receipt this Period  100.00
Name of Employer Neurology: Child and Adul- t. P.C.	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	]
			650.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress 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 Neurology Pro	ofessional Ass	ociation BrainPAC	
	Full Name (Last, First, Middle Initial) Dr. David S. Rozenfeld			Date of Receipt
	Mailing Address 801 Macarthur Blvd S NWI Neurological Ass			10 21 2009
	City	State	Zip Code	Transaction ID: 30726830
	Munster	IN	46321-2919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NWI Neurological Associat- es	Occupation Physician		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
	Mailing Address 1199 Sennebec Rd	10 30 7 9 2009		
	City	State	Zip Code	Transaction ID: 30779197
	Union	ME	04862-4628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Dr. Anil K. Nair			Date of Receipt
	Mailing Address 2104 Hunter Hill Ct.			1 1 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 30785483
	Hudson	WI	54016-5824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Boston University	Occupation Neurolog		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼	0 0	1001.00	
Г		1		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 54 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Professions	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Mailing Address 806 Timber Hill Road  City Highland Park  FEC ID number of contributing federal political committee.  Name of Employer Rush Univ. Med. Ctr.  Receipt For: Primary General Other (specify)	State IL C Occupatio Physician	Zip Code 60035-5121	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones  Mailing Address 212 Bay Spring Ave  City Barrington  FEC ID number of contributing federal political committee.  Name of Employer Southern New England Neurology Receipt For:  Primary General Other (specify)	State RI  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 0 2 2 2 0 0 9  Transaction ID: 30785511  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Joseph Kass Mailing Address 4929 Valerie  City Bellaire  FEC ID number of contributing federal political committee.  Name of Employer Baylor College of Medicine  Receipt For: Primary General Other (specify)	State TX  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 54 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
American Academy of Neurology Profe	essional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry			Date of Receipt
Mailing Address 300 E 33rd St Apt 16M	1		11 02 7 2009
City	State	Zip Code	Transaction ID: 30785518
New York	NY	10016-9419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NYU School of Medicine	Occupation Physicia		
Receipt For:	<del>, '                                   </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	39. 39	1000.00	
Full Name (Last, First, Middle Initial) Dr. Srinivasa Potluri	1		Date of Receipt
Mailing Address 24 Squirrel Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30810362
Skillman	NJ	08558-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Advanced Neurology Center, LLC	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley			Date of Receipt
Mailing Address 2890 Burlington Street			1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 30857363
Ann Arbor	MI	48105-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Henry Ford Hospital	Occupation Neurolog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		900.00	
SUBTOTAL of Receipts This Page (optional)	l	······	1050.00

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 54 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Prof	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto  Mailing Address 100 Memorial Hospita			Date of Receipt  1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 30857369
Mobile  FEC ID number of contributing federal political committee.	C	36608-1199	Amount of Each Receipt this Period  100.00
Name of Employer Neurology: Child and Adultt, P.C. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Nicholas L. Schlageter Mailing Address 6N169 Woodview Ct			Date of Receipt  1 1 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 30858937
Saint Charles	IL	60175-6266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Tri-City Neurology, SC	Occupation Physician		
Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Malcolm H. Gottesman	1		Date of Receipt
Mailing Address 200 Old Country Rd S			11 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30858939
Mineola	NY	11501-4240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Winthrop Univ Hosp/Division of Neuro Receipt For: Primary General	Occupation Physician Aggregate		1
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 54 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Dr. Lindsey Lee Lair Mailing Address 139 E 33rd St Apt 14H Apt. 14H City	Dr. Lindsey Lee Lair  Mailing Address 139 E 33rd St Apt 14H  Apt. 14H			
New York  FEC ID number of contributing federal political committee.	NY C	10016-5325	Amount of Each Receipt this Period 250.00	
Name of Employer Merck & Co. Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Physicial Aggregate		]	
Full Name (Last, First, Middle Initial) Dr. Carmel Armon Mailing Address 99 Pinewood Drive	Dr. Carmel Armon			
City	State	Zip Code	1 1 1 9 2 0 0 9 Transaction ID: 30878048	
Longmeadow	MA	01106-1639	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Baystate Medical Center		Neurology		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Dr. Erik Kent St. Louis			Date of Receipt	
Mailing Address 1520 Monterey Ln SW	V		11 20 2009	
City	State	Zip Code	Transaction ID: 30884545	
Rochester  FEC ID number of contributing federal political committee.	MN C	55902-1215	Amount of Each Receipt this Period  500.00	
Name of Employer Self	Occupatio Physicia			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional) .			1750.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	gy Professional Association BrainPAC				
Full Name (Last, First, Middle Initial) Dr. Robert A. Cambridge  Mailing Address 1011 Golfside [	Dr. Robert A. Cambridge				
City	State Zip Code	1 1 2 0 2 0 0 9  Transaction ID: 30884550			
Winter Park	FL 32792-5127	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer Neurology Care Center	Occupation Neurologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial)  Mrs. Catherine M Rydell	Mrs. Catherine M Rydell				
Mailing Address 3820 Grand Wa	Mailing Address 3820 Grand Way, #309				
City	State Zip Code	Transaction ID: 30906368			
Saint Louis Park	MN 55416-4961	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer American Academy of Neuro- logy	Occupation Executive Director/CEO				
Receipt For:	Aggregate Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	1100.00				
Full Name (Last, First, Middle Initial) Dr. Ronald G. Emerson	1	Date of Receipt			
Mailing Address 710 W 168th S Neurological In:		11 24 4 2009			
City	State Zip Code	Transaction ID: 30907907			
New York  FEC ID number of contributing	NY 10032-3726	Amount of Each Receipt this Period 200.00			
federal political committee.	<b>U</b>	200.00			
Name of Employer Columbia-Presbyterian Med Ctr	Occupation Neurologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (on	tional)	1565.00			
	number only)				

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 54 (check only one)    X
or for comme	on copied from such Reports and St rcial purposes, other than using the COMMITTEE (In Full) n Academy of Neurology Profe	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Sanjee  Mailing Ac  City  Bossier (	c (Last, First, Middle Initial) vi C. Tivakaran ddress 2400 Hospital Dr Ste 3  City  Limber of contributing litical committee.	State LA	Zip Code 71111-2387	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of E WK Bossi Receipt Fo	Employer ier Health Ctr or:	Occupation Neurolog		
B. Dr. Daniel	e (Last, First, Middle Initial) H. Jacobs ddress 3849 Oakwater Cir			Date of Receipt  1 1 2 4 2 0 0 9
Name of E Neurologic ando Receipt Fo		State FL  C  Occupation Physician Aggregate		Amount of Each Receipt this Period  300.00
	er (specify)   (Last, First, Middle Initial)	0 0	300.00	]
Dr. Stephe  Mailing Ac  City  Peoria  FEC ID nu	n R. Hempelman	State AZ	Zip Code 85381-4203	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of E Arizona M	Employer ledical Clinic	Occupation Physician		
Receipt For Prim Other		Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL	of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/54   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress 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 Neurology P	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Mason C. Gasper			Date of Receipt
Mailing Address 14 Rose Court	1 1 2 4 2 0 0 9		
City Providence	State RI	Zip Code 02860-4400	Transaction ID: 30912619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02000 1100	500.00
Name of Employer Memorial Hospital of Rhode Island	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David S. Larsen	I		Date of Receipt
Mailing Address 511 East 3rd St			11 25 YYYYY
City	State	Zip Code	Transaction ID: 30912652
Hinsdale  FEC ID number of contributing federal political committee.	C	60521-4705	Amount of Each Receipt this Period 250.00
Name of Employer Hobson Medical	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James M. Goldring			Date of Receipt
Mailing Address 3009 N Ballas Rd S	Ste 209		1 1 2 5 2 0 0 9
City Saint Louis	State MO	Zip Code 63131-2323	Transaction ID: 30916684  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00101 2020	300.00
Name of Employer Washington University of St. Louis	Occupation Physician	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Neurology F	nd Statements may not be sold or used by any person the name and address of any political committee the Professional Association BrainPAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Aaron E. Miller Mailing Address 55 E 86th St Apt 71	В	Date of Receipt  1 1 2 5 2 0 0 9
City New York	State Zip Code NY 10028-1059	Transaction ID: 30916696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	1000.00
Name of Employer Corrine Goldsmith Dickers- on Center Receipt For:  Primary  General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. Pedro W. Tirado Mailing Address 2320 S Seacrest B	lvd Suite 200	Date of Receipt  1 1 2 6 2 0 0 9
City	State Zip Code	Transaction ID: 30918363
Boynton Beach	FL 33435-6516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Neurology Associates of Palm Beach, P. Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼  500.00	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Preston E. Harrison, Jr.	300.00	Date of Receipt
Mailing Address 1301 Doctors Dr		11 27 2009
City _Tyler	State Zip Code TX 75701-2239	Transaction ID: 30918373  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self	Occupation Neurologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)	1700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using t	Statements may not be sold or used by any personal statements may not be sold or used by any personal he 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 Neurology Pr	ofessional Association BrainPAC				
Full Name (Last, First, Middle Initial) Dr. Leslie A. Huszar  Milling Address 707,0741, Oth Ct. 510	Dr. Leslie A. Huszar				
	Mailing Address 787 37th St Ste E120  City State Zip Code				
Vero Beach	FL 32960-7312	Transaction ID: 30927964  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Fellow Amer Academy-Neuro- logy	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Dr. P Scott Becker					
565 Centre View Bou	Mailing Address Becker Neurological Institute 565 Centre View Boulevard				
City Crestview Hills	State Zip Code KY 41017-3444	Transaction ID: 30930281			
FEC ID number of contributing federal political committee.	C 41017-3444	Amount of Each Receipt this Period 500.00			
Name of Employer Becker Neurological Insti-	Occupation Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. Henry Hagenstein					
Mailing Address 9654 Burning Tree D	11 30 7 2009				
City	State Zip Code	Transaction ID: 30933754			
Grand Blanc FEC ID number of contributing federal political committee.	MI 48439-9568	Amount of Each Receipt this Period  250.00			
Name of Employer Genesys Masthead	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		1250.00			
TOTAL This Period (last page this line numb	•				

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 54 (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 to NAME OF COMMITTEE (In Full)  American Academy of Neurology Pr	d Statements may not be sold or used by any pe he name and address of any political committee ofessional Association BrainPAC	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)	oloosional Association Braini Ao	
۱.	Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd	Date of Receipt  1 2 0 1 2 0 0 9	
	City	State Zip Code	Transaction ID: 30933831
	Union	ME 04862-4628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
. –	Full Name (Last, First, Middle Initial) Dr. Joseph Kass		Date of Receipt
	Mailing Address 4929 Valerie	12 01 7 9 9	
	City	State Zip Code	Transaction ID: 30933834
	Bellaire	TX 77401-5707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Baylor College of Medicine	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
. –	Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar	Date of Receipt	
	Mailing Address 75 Kings Highway C	12 02 2009	
	City	State Zip Code	Transaction ID: 30935739
	Fairfield	CT 06824-5340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
Г			650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 54 (check only one)    X   11a
_	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Prof	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Mark S. Corazza  Mailing Address 2431 Castillo St  City Santa Barbara	State CA	Zip Code 93105-4301	Date of Receipt  1 2 0 3 2 0 0 9  Transaction ID: 30938964  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self	Occupation Neurolog		500.00
_	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John Kelly Sullivan  Mailing Address 49 Spring St	Date of Receipt  1 2 0 6 2 0 0 9		
	City	State	Zip Code	Transaction ID: 30940351
	Scarborough FEC ID number of contributing federal political committee.	C	04074-8926	Amount of Each Receipt this Period 250.00
	Name of Employer Maine Neurology PA	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	, ' · ·	e Year-to-Date ▼ 250.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Marvin H. Rorick			Date of Receipt
	Mailing Address 10550 Montgomery R	12 07 2009		
	City	State OH	Zip Code	Transaction ID: 30942592
	Cincinnati  FEC ID number of contributing federal political committee.	C	45242-4422	Amount of Each Receipt this Period 300.00
	Name of Employer Riverhills Healthcare Corp	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			1050.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 37/54   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress 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 Neurology F	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Eric S. Englestein			Date of Receipt
Mailing Address 7 Louis Dr			12 09 2009
City Budd Lake	State NJ	Zip Code 07828-1434	Transaction ID: 30951146  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,010	200.00
Name of Employer Neuro Specialist of Morri- s-Sussex, PA Receipt For: Primary General	Occupation Physician Aggregate	1 Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Gregory L. Barkley		300.00	Date of Receipt
Mailing Address 2890 Burlington Str		7in Codo	12 15 2009
City Ann Arbor	State MI	Zip Code 48105-1435	Transaction ID: 31040248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101001100	300.00
Name of Employer Henry Ford Hospital	Occupation Neurolog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ '</del>	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto	<u> </u>		Date of Receipt
Mailing Address 100 Memorial Hosp	oital Dr Ste 2A		12 15 2009
City Mobile	State AL	Zip Code 36608-1199	Transaction ID: 31040520  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000-1199	100.00
Name of Employer Neurology: Child and Adul- t, P.C.	Occupation Physician	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 38 / 54   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress 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 Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Stephen M. Sergay			Date of Receipt
Mailing Address 16233 Villarreal			12 15 2009
City	State	Zip Code	Transaction ID: 31054789
<u>Tampa</u>	<u> </u>	33613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tampa Neurology Associates	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John G. Nutt			Date of Receipt
Mailing Address 3181 SW Sam Jack Department of Neur	ology OP-32		12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portland	State OR	Zip Code	Transaction ID: 31063586
FEC ID number of contributing federal political committee.	C	97239-3011	Amount of Each Receipt this Period 500.00
Name of Employer Oregon Health Sci Univers- ity	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Harris M. Hauser			Date of Receipt
Mailing Address 5555 Del Monte Dri	ve		12 22 2009
City	State	Zip Code	Transaction ID: 31063587
<u>Houston</u>	TX	77056-4100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Memorial Neurological Ass- ociation	Occupation Physician	า	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00	]
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to y Professional Association BrainPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt
Mailing Address PO Box 6059  City	State Zip Code	1 2 2 9 2 0 0 9  Transaction ID: 31071921
Olympia  FEC ID number of contributing federal political committee.	WA 98507-6059	Amount of Each Receipt this Period 250.00
Name of Employer Madigan Army Medical Center / Self Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec		Date of Receipt
City	State Zip Code	1 2 3 0 2 0 0 9 Transaction ID: 31072964
Union  FEC ID number of contributing federal political committee.	ME 04862-4628	Amount of Each Receipt this Period  100.00
Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Orly Avitzur	I	Date of Receipt
Mailing Address 815 Old Sleepy I	Hollow Road Extensi	09 / 01 / 4 2009
City <u>Briarcliff</u>	State Zip Code NY 10510-2521	Transaction ID: 31230888  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Self	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-0.00
SUBTOTAL of Receipts This Page (opti	onal)	350.00
TOTAL This Period (last page this line n	tumber only)	40715.00

# SCHEDULE B (FEC Form 3X)

	CHEDOLL B (I LC I OIIII 3X)	Use separate schedule(s	) [		heck on	: NUMBE lv one)				. ,		40 / 3	<del></del>
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b		24 28c		25 29	2 3
	y Information copied from such Reports and Stat for commercial purposes, other than using the na												
$\backslash$	NAME OF COMMITTEE (In Full)												
$\mathbb{Z}$	American Academy of Neurology Profes	ional Association BrainPa	AC										
	Full Name (Last, First, Middle Initial) John D. Dingell For Congress						of D	isburs	seme				
	Mailing Address 607 14th Street, Nw Suite 800					0 <sup>M</sup> 7			8 0	/ L		o ŏ s	
	City Washington	State Zip Code DC 20005				Amou	unt c	f Eac	h Dis	burse	men	t this F	Period
	Purpose of Disbursement Campaign Contribution			01	11	<u> </u>	-	_			10	00.00	)
	Candidate Name Rep. John D. Dingell		C	-	gory/								
	Office Sought:  X House Senate President State: MI District: 15	sement For: 2009  K Primary General  Other (specify)				Camı	paig	ın Co	ontrik	oution	า		
	Full Name (Last, First, Middle Initial) LEAD PAC					<b>Trans</b> Date	of D	isburs	_		310		
	Mailing Address 228 South Washington Suite 115	Street				0 <sup>M</sup> 7	М	/ D	0 8	/	ž	o ŏ s	Y
	City Alexandria	State Zip Code VA 22314				Amou	unt c	f Eac	h Dis	burse	-	t this F	
	Purpose of Disbursement Leadership PAC			01	11			-			20	00.00	
	Candidate Name			ate Ty	gory/ pe								
	Office Sought:  Senate President State:  Disbut	sement For: Primary General Other (specify) ▼				Lead	ersh	nip P	AC				
	Full Name (Last, First, Middle Initial) Stabenow For Us Senate					Trans Date	of D	isburs	seme	· · · -			
	Mailing Address P.O. Box 4945					0 <sup>M</sup> 7	М	/ D	0 8		ž	0 0 5	Y
	City East Lansing	State Zip Code MI 48826				Amou	unt c	f Eac	h Dis	burse	-	t this F	
	Purpose of Disbursement Campaign Contribution			01	11	<u>L.</u>					10	00.00	
	Candidate Name Sen. Debbie Stabenow			ate Ty	gory/ pe								
	X Senate President	sement For: 2009  ✓ Primary General  Other (specify) ▼				Cam	paig	ın Cc	ontrik	oution	า		
	State: MI District:												
	UBTOTAL of Disbursements This Page (optional					1 '		-	-	_	400	0.00	

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 54 (check only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee
/ American Academy of Neurology Profes	sional Association BrainPAC	
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee		Transaction ID: 30199750 Date of Disbursement  0 7 M
Mailing Address P.O. Box 8331		07 10 2003
City Fremont	State Zip Code CA 94537	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution Candidate Name	Cat	egory/
X	sement For: 2009  X Primary General  Other (specify)	Campaign Contribution
Full Name (Last, First, Middle Initial) Castor For Congress		Transaction ID: 30235620 Date of Disbursement
Mailing Address 301 W. Platt Street #38	25	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Tampa	State Zip Code FL 33606	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		1000.00
Candidate Name Rep. Katherine Castor	Cat	egory/ ype
9 17	sement For: 2009  X Primary General  Other (specify)	Campaign Contribution
Full Name (Last, First, Middle Initial) Matheson For Congress		Transaction ID: 30235632 Date of Disbursement
Mailing Address P.O. Box 521048 Suite A		077 / 14 / Y 2009
City Salt Lake City	State Zip Code UT 84152	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		1000.00
Candidate Name Rep. James D. Matheson	Т	egory/ ype
9 1	sement For: 2009  X Primary General  Other (specify)	Campaign Contribution
State. O1 DISTIBLE U2		
	)	▶ 3000.00

CHEDULE B (FEC FOIII)	<ul> <li>Use separate sched</li> </ul>	iule(s)   (check or	E NUMBER: PAGE 42 / 54
TEMIZED DISBURSEMEN	Detailed Summary F	Page 21b 27	22 X 23 24 25 28a 28b 28c 29
r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any p	olitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee
American Academy of Neurology	Professional Association Br	ampac	
Full Name (Last, First, Middle Initial) Blumenauer For Congress			Transaction ID: 30235633 Date of Disbursement  0 7 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 830 Ne Hollada	y, #105		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O \end{smallmatrix} \end{bmatrix} $
City Portland	State Zip Code OR 97232	,	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution Candidate Name		011 Category/	1000.00
Rep. Earl Blumenauer		Type	
Office Sought: X House Senate President	Disbursement For: 2009  X Primary Ger  Other (specify)	) neral	Campaign Contribution
State: OR District: 03  Full Name (Last, First, Middle Initial)			
Pascrell For Congress			Transaction ID: 30235645  Date of Disbursement
Mailing Address P.O. Box 640			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $
City Totowa	State Zip Code NJ 07511	·	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution Candidate Name		011 Category/	1000.00
Rep. William J. Pascrell, Jr.		Type	
Office Sought:  X House Senate President State: NJ District: 08	Disbursement For: 2009  X Primary Ger  Other (specify) ▼	eral	Campaign Contribution
Full Name (Last, First, Middle Initial) Democratic Congressional Camp	aign Committee		Transaction ID: 30269190 Date of Disbursement
Mailing Address 430 S. Capitol	Street, SE		$\begin{bmatrix} 0 & 7 & M & / & D & 2 & 0 & / & 2 & 0 & 0 & 9 \end{bmatrix}$
City Washington	State Zip Code DC 20003	,	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement National Party Contribution		011	1000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For:  Primary Ger  Other (specify) ▼	neral	National Party Contribution
State: District:			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		NE NUMBER: PAGE 43 / 54 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
$\sum_{i}$	NAME OF COMMITTEE (In Full)  American Academy of Neurology Profess			Solidit Contributions from Such Committee
<u>/</u>	Full Name (Last, First, Middle Initial)			Transaction ID: 30269191
	Charles A. Gonzalez Congressional Camp  Mailing Address PO Box 12612	Jaign		Date of Disbursement  O 7 M / D 2 O / Y Y Y O Y 9
	City	State Zip Code		Amount of Each Disbursement this Period
	San Antonio Purpose of Disbursement	TX 78212	Ī	1000.00
	Campaign Contribution Candidate Name		011 Category/	
	X X	ement For: 2009  ( Primary General Other (specify)	Туре	Campaign Contribution
	Full Name (Last, First, Middle Initial) Adler For Congress			Transaction ID: 30269194 Date of Disbursement
	Mailing Address 14 Knightswood Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Marlton	State Zip Code NJ 08053		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution		011	500.00
	Candidate Name Rep. John Herbert Adler		Category/ Type	
	9 1	ement For: 2009  Primary General Other (specify)	•	Campaign Contribution
	Full Name (Last, First, Middle Initial) Making Business Excel PAC			Transaction ID: 30269198 Date of Disbursement
	Mailing Address PO Box 3421			07
	City Cheyenne	State Zip Code WY 82003		Amount of Each Disbursement this Perio
	Purpose of Disbursement Leadership PAC		011	1000.00
	Candidate Name		Category/ Type	
			•	7
	Office Sought:    House   Disburs	ement For: Primary General Other (specify)		Leadership PAC

		O (FEC FOIIII )	•		arate schedule(s)			R LINE	NUMBE v one)	R:		PAG	= 44/	54
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		ed from such Reports poses, other than usin												s
\		AITTEE (In Full) demy of Neurology	Professio	nal Assoc	ciation BrainPA	AC								
	Name (Last, nds Of Eril	First, Middle Initial)								action I			3	
Maili	ng Address	P.O. Box 44369 250 Prairie Cen							0 <sup>M</sup> 7	M / [	23	/ Y	ž 0 ŏ s	9 <sup>Y</sup>
City Ede	n Prairie	2001 14.110 0011	5	State MN	Zip Code 55344				Amou	nt of Ea	ch Disb	-		
Cam	ose of Disbu paign Contri						01		L.			1	00.00	)
Rep	didate Name . Erik P. Pa		Levi		2000		ateg Typ	- 1						
	e Sought:	X House Senate President	Disburser X	ment For: Primary Other (spe	2009 General				Camp	aign C	ontribu	ution		
Full		District: 03 First, Middle Initial) ss For Congress								action I			9	
Mailii	ng Address	PO Box 2334							0 <sup>M</sup> 7	M / [	27	Y	ž 0 ŏ s	9 <sup>Y</sup>
City Den	ton			State TX	Zip Code 76202				Amou	nt of Ea	ch Disb	urseme	nt this	Perio
Cam	ose of Disbu paign Contri						01		L.			1	00.00	)
Rep		C. Burgess, M.D.	l				ateg Typ	-						
	e Sought:	X House Senate President District: 26	Disburser X	ment For: Primary Other (spe	2009 General				Camp	aign C	ontribu	ution		
	Name (Last, zens For Al	First, Middle Initial) tmire							Date	action I	semen	t		
Mailii	ng Address	P.O. Box 1776							0 9	M / [	18	/ L	žoós	9 <sup>Y</sup>
City Free	edom			State PA	Zip Code 15042				Amou	nt of Ea	ch Disb	-		
Cam	ose of Disbu paign Contrib						01						500.00	ָ
Rep	didate Name Jason Alt		Disburser	mont For	2009		ateg Typ	- 1						
	e Sought:	X House Senate President		ment For: Primary Other (spe	General				Camp	aign C	ontribu	ıtion		
State	e: PA	District: 04												

CHEDULE B (FEC Form 3X)	Use sep	parate schedule(s)		FOR L		NUMBE one)	R:			PAGE	45 /	54
EMIZED DISBURSEMENTS		category of the Summary Page		21 27		22 28a	X	23 28b	24		25 29	
ny Information copied from such Reports and State for commercial purposes, other than using the national states.												S
NAME OF COMMITTEE (In Full)	Tie and addre	55 of any pointed to			.0 30	iicit coriti	ibuti	0115 110	JIII Suc	II COIII	millee	
American Academy of Neurology Profess	sional Asso	ciation BrainPA	С									
Full Name (Last, First, Middle Initial)						Trans	aati	on ID:	205	0049	1	
Sue Myrick For Congress						Date of	of Di	sburse	ement	3040-	†	
Mailing Address P.O. Box 37091						0 <sup>M</sup> 9	M	1	8 /	YZ	ž o ŏ s	9 <sup>Y</sup>
City Charlotte	State NC	Zip Code 28237				Amou	nt o	f Each	Disbu	rsemer	nt this I	Peric
Purpose of Disbursement			$\overline{}$		7					10	00.00	)
Campaign Contribution Candidate Name			_	011 ategory/	4							
Rep. Sue Wilkins Myrick				Type								
Senate	sement For:	2009 General				Camp	aig	n Cor	ıtribut	ion		
State: NC District: 09	Other (sp	ecify)										
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	305	90492	2	
Alamo PAC								sburse			_	
Mailing Address 1203 Portner Road						0 <sup>M</sup> 9	M	<b>1</b>	<b>8</b> /	YZ	Ý 0 Ď 9	9 <sup>Y</sup>
City	State	Zip Code				Amou	nt o	f Each	Disbu	rsemer	nt this I	Perio
Alexandria Purpose of Disbursement	VA	22314	_		_					10	00.00	)
Leadership PAC			L	011								
Candidate Name				ategory/ Type								
Office Sought: House Disbur	sement For:			1 1 1 1		Londo	roh	in DA	<u></u>			
Senate	Primary Other (an	General				Leade	1011	ih LY	J			
State: President  District:	Other (sp	еспу) 🔻										
Full Name (Last, First, Middle Initial)						Trans				91658	3	
Hoosiers Supporting Buyer For Congress	•						of Di м	sburse		γ ,	Y * Y *	Υ
Mailing Address 103 West Broadway St 200 North Main St. P.C		712				0 9		1	8 /	2	ž o ŏ s	€ 1
City Monticello	State IN	Zip Code 47960				Amou	nt o	f Each	Disbu	rsemer	nt this I	Perio
Purpose of Disbursement Campaign Contribution			Г	011	7					10	00.00	)
Candidate Name Rep. Steve Buyer			Ca	ategory/ Type	_							
Senate	sement For: X Primary	2009 General				Camp	aig	n Cor	ıtribut	ion		
State: IN District: 04	Other (sp	ecify) 🔻										
Diamot VI							_				-	
SUBTOTAL of Disbursements This Page (optional	()				<b>•</b>					30	00.00	)

# SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 54 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee
American Academy of Neurology Pro	essional Association BrainPAC	
Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressio	nal Campaign	Transaction ID: 30592117  Date of Disbursement
Mailing Address 1519 Washington S Second Floor, Suite	reet 200	0 9 M / D 1 8 / Y Y Y O Y 9 Y
City Laredo	State Zip Code TX 78042	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution	C	1000.00
Candidate Name Rep. Henry Cuellar	Т	egory/ ype
Senate President	bursement For: 2009  X Primary General  Other (specify)	Campaign Contribution
State: TX District: 28  Full Name (Last, First, Middle Initial)  Dave Camp For Congress 2010		Transaction ID: 30595292 Date of Disbursement
Mailing Address 5915 Eastman Aver	ue	M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Midland	State Zip Code MI 48640	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		1000.00
Candidate Name Rep. David Lee Camp		egory/ ype
Office Sought:  X House Senate President State: MI District: 04	bursement For: 2009  X Primary General  Other (specify)	Campaign Contribution
Full Name (Last, First, Middle Initial) People For Patty Murray		Transaction ID: 30595296 Date of Disbursement
Mailing Address PO Box 3662		09 09 21 7 2009
City Seattle	State Zip Code WA 98124	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution	C	1000.00
Candidate Name Sen. Patty Murray		egory/ ype
Office Sought:    House   Dis     X   Senate     President     State: WA   District:	bursement For: 2009  X Primary General  Other (specify)	Campaign Contribution
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	) FOR LINE	E NUMBER: PAGE 47/54
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Academy of Neurology Profes			onoic contributions from such committee
Full Name (Last, First, Middle Initial)			
Carnahan In Congress			Transaction ID: 30595297 Date of Disbursement
Mailing Address 7370 Manchester Rd S	te 20		099 / 21 / 2009
City St. Louis	State Zip Code MO 63143		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		011	1000.00
Candidate Name Rep. Russ Carnahan		Category/ Type	
Senate President	x Primary General Other (specify)		Campaign Contribution
State: MO District: 03  Full Name (Last, First, Middle Initial)			T " ID 00505000
Hall For Congress Committee (Ralph Ha	II - Rockwall		Transaction ID: 30595300 Date of Disbursement
Mailing Address Post Office Box 711			$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 1 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Rockwall	State Zip Code TX 75087		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		011	1000.00
Candidate Name Rep. Ralph M. Hall		Category/ Type	
	sement For: 2009  X Primary General  Other (specify) ▼		Campaign Contribution
Full Name (Last, First, Middle Initial) Prosperity PAC			Transaction ID: 30595302 Date of Disbursement
Mailing Address 1006 Pendleton Street			$\begin{bmatrix} \begin{smallmatrix} M \\ 9 \end{smallmatrix} \end{bmatrix}^M \ / \ \begin{bmatrix} D \\ 2 \end{smallmatrix} \end{bmatrix}^D \ / \ \begin{bmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement Leadership PAC		011	1000.00
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify)	•	Leadership PAC
State: District:			
			3000.00

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211	b 22 X 23 24 25 28 28 28 29
	y Information copied from such Reports and Stat or commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology Profes	sional Association BrainP	AC	
<u>/</u>	Full Name (Last, First, Middle Initial)			Transaction ID: 30595305
	Mailing Address P.O. Box 14131			Date of Disbursement  0 9 2 1 2 0 0 9
		01-1- 7'- 0-1-		
	City St. Paul	State Zip Code MN 55114		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution		011	1000.00
	Candidate Name Rep. Betty McCollum		Category/ Type	
	Senate President	rsement For: 2009  X Primary General  Other (specify) ▼		Campaign Contribution
	State: MN District: 04 Full Name (Last, First, Middle Initial)			T ID .00000400
	Friends Of Dennis Cardoza			Transaction ID: 30633402 Date of Disbursement
	Mailing Address PO Box 2749			10 M / D D / Y 2 0 0 9 Y
	City Merced	State Zip Code CA 95340		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution		011	1000.00
	Candidate Name Rep. Dennis A. Cardoza		Category/ Type	
	Office Sought:  X House Senate President  State: CA District: 18	rsement For: 2009  X Primary General  Other (specify) ▼		Campaign Contribution
	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.			Transaction ID: 30725028 Date of Disbursement
	Mailing Address PO Box 682185			M M / D D V Y Y O O 9
	City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution		011	1000.00
	Candidate Name Rep. Marsha Blackburn		Category/ Type	
	Office Sought: X House Disbu Senate President	x Primary General Other (specify)	1 . , , pc	Campaign Contribution
_	State: TN District: 07			3000.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Academy of Neurology Professional Association BrainPAC  Full Name (Last, First, Middle Initial)  Giffords For Congress  Mailing Address PO Box 12886  City State Zip Code AZ 85732  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Gabritot: 08  Full Name (Last, First, Middle Initial)  State: AZ District: 08  Full Name (Last, First, Middle Initial)  Friends Of Kent Conrad  Mailing Address PO Box 812  City State Zip Code Senate President State: ND 58502  Purpose of Disbursement For: 2009  City State Zip Code Senate President State: AZ District: 08  Full Name (Last, First, Middle Initial)  Candidate Name Senate President State: ND 58502  Purpose of Disbursement For: 2009  City State Zip Code Senate President State: ND 58502  Purpose of Disbursement For: 2009  City State Zip Code Senate President State: ND 58502  Purpose of Disbursement For: 2009  Cardidate Name Senate President Senate Pr	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 49 / 54
NAME OF COMMITTEE (In Full)  American Academy of Neurology Professional Association BrainPAC  Full Name (Last, First, Middle Initial) Giffords For Congress  Mailing Address PO Box 12886  City State Zip Code AZ 85732  Purpose of Disbursement Campaign Contribution  Gradidate Name (Last, First, Middle Initial) Friends Of Kent Conrad  Mailing Address PO Box 812  City State Zip Code AZ 85732  Transaction ID: 30726970 Date of Disbursement Initial	TEMIZED DISBURSEMENTS	, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) Giffords For Congress  Mailing Address PO Box 12886  City Tucson AZ 85732  Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gabrielle Giffords Office Sought: X House President State: AZ District: 08  Full Name (Last, First, Middle Initial) Friends Of Kent Conrad  Mailing Address PO Box 812  City Bismarck City Bismarck ND 58502  Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought: House President State: ND District: Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought: House President State: ND District: City Bismarck ND 58502  Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought: House President State: ND District: City City Senate President Other (specify) ▼  Amount of Each Disbursement In Disb	or for commercial purposes, other than using the na			
Giffords For Congress  Mailing Address PO Box 12886  City State Zip Code Tucson AZ 85732  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Gabrielle Giffords  Office Sought: X House Senate President State: AZ District: 08  Full Name (Last, First, Middle Initial) Friends Of Kent Conrad  Mailing Address PO Box 812  City State Zip Code Seneral President State: AZ District: 08  Full Name (Last, First, Middle Initial) Friends Of Kent Conrad  Mailing Address PO Box 812  City State Zip Code Bismarck  ND 58502  Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Kent Conrad  Disbursement For: 2009  X Primary General President State: ND District:  Full Name (Last, First, Middle Initial) AMERIPAC  Mailing Address A99 S. Capitol SW Suite 414  City State Zip Code Disbursement For: 2009  X Primary General Other (specify) ▼  Campaign Contribution  Amount of Each Disbursement this Peri Category' Type  Campaign Contribution  Category' Type  Campaign Contribution  Category' Type  Category' Type  Campaign Contribution  Category' Type  Category' Type  Category' Type  Campaign Contribution  Category' Type  Category' Type  Category' Type  Campaign Contribution  Category' Type  Category' Type  Campaign Contribution  Category' Type  Category' Type  Category' Type  Campaign Contribution  Category' Type  Campaign Contribution	American Academy of Neurology Profes	sional Association BrainPA	AC .	
City State Zip Code AZ 85732  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Gabrielle Giffords  Office Sought:	,			Date of Disbursement
Tucson AZ 85732  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Gabrielle Giffords  Office Sought:	Mailing Address PO Box 12886			10 21 2009
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Rep. Gabrielle Giffords  Office Sought:	Campaign Contribution			1000.00
Friends Of Kent Conrad  Mailing Address PO Box 812  City State Zip Code Bismarck ND 58502  Purpose of Disbursement Campaign Contribution Candidate Name Sen. Kent Conrad  Office Sought: House President President State: ND District:  Full Name (Last, First, Middle Initial) AMERIPAC  Mailing Address 499 S. Capittol SW Suite 414  City Washington DC 20003  Purpose of Disbursement Leadership PAC Candidate Name AMERIPAC  Office Sought: State Zip Code DC 20003  Purpose of Disbursement Leadership PAC Candidate Name AMERIPAC  District: Disbursement Leadership PAC Candidate Name AMERIPAC  Office Sought: President Disbursement For: Senate Primary General Disbursement Unit PAC  Candidate Name AMERIPAC  Disbursement For: Senate Primary General Disbursement For: Leadership PAC  Candidate Name AMERIPAC  Other (specify) ▼  Leadership PAC  Leadership PAC  Leadership PAC  Leadership PAC  Leadership PAC  Leadership PAC	Office Sought: X House Disbut Senate President	X Primary General		Campaign Contribution
City Bismarck ND 58502  Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought: House President President State: ND District:  Full Name (Last, First, Middle Initial) AMERIPAC  Mailing Address 499 S. Capitol SW Suite 414  City State Zip Code Washington DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Disbursement For: 2009  Campaign Contribution  Transaction ID: 30787841  Date of Disbursement  M1 M / D 0 3 / Y 2 0 0 9  Amount of Each Disbursement this Peri  Transaction ID: 30787841  Date of Disbursement  M1 M / D 0 3 / Y 2 0 0 9  Amount of Each Disbursement this Peri  M2 Disbursement Tor: Category/ Type  Candidate Name AMERIPAC  Office Sought: House Primary General Other (specify) ▼  Leadership PAC  Office Sought: House Primary General Other (specify) ▼  Leadership PAC	Friends Of Kent Conrad			Date of Disbursement
Bismarck  ND 58502  Purpose of Disbursement Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought:  I House President  State: ND District:  Full Name (Last, First, Middle Initial) AMERIPAC  Mailing Address 499 S. Capitol SW Suite 414  City Washington  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Disbursement  State Zip Code Washington  DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Office Sought: House Disbursement For:  Senate Primary General  Other (specify)  Transaction ID: 30787841  Date of Disbursement  1 1 1 1				10 20 2009
Campaign Contribution  Candidate Name Sen. Kent Conrad  Office Sought: House Senate President State: ND District:  Full Name (Last, First, Middle Initial) AMERIPAC  Mailing Address 499 S. Capitol SW Suite 414  City State Zip Code Washington DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Office Sought: House Disbursement For:  Category/ Type  Campaign Contribution  Category/ Type  Campaign Contribution  Transaction ID: 30787841 Date of Disbursement  Mi M / D 0 3 / Y 2 0 0 9 Y  Amount of Each Disbursement this Perion of Category/ Type  Office Sought: House Disbursement For:  Office Sought: House Disbursement For:  Category/ Type  Leadership PAC  Leadership PAC  Leadership PAC	,			Amount of Each Disbursement this Period
Office Sought:  House  X Senate  President  Other (specify)  V  State: ND District:	Campaign Contribution  Candidate Name		Category/	1000.00
AMERIPAC  Mailing Address 499 S. Capitol SW Suite 414  City State Zip Code Washington DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement   Amount of Each Disbursement this Period Primary General Other (specify) ▼  Leadership PAC  Leadership PAC  Leadership PAC	Office Sought:    House   Disbute	X Primary General	Туре	Campaign Contribution
Suite 414  City State Zip Code Washington DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Office Sought: House Senate Primary General President Other (specify)   State Zip Code Amount of Each Disbursement this Peri  Category/ Type  Leadership PAC  Leadership PAC	,			Date of Disbursement
Washington DC 20003  Purpose of Disbursement Leadership PAC  Candidate Name AMERIPAC  Office Sought: House Senate Primary General President Other (specify) ▼  Leadership PAC  Leadership PAC  Leadership PAC				111
Leadership PAC  Candidate Name AMERIPAC  Office Sought:  House Senate Primary Other (specify)  Category/ Type  Leadership PAC  Leadership PAC	Washington			Amount of Each Disbursement this Perio
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CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	E NUMBER: PAGE 50 / 54
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) Rogers For Congress			Transaction ID: 30788348 Date of Disbursement  11 1 0 0 4 2 0 0 9
Mailing Address PO Box 581 Post Office Box 581			11 04 2009
City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		011	500.00
Candidate Name Rep. Michael J. Rogers		Category/ Type	
Senate President	x Primary General Other (specify) ▼		Campaign Contribution
State: MI District: 08			
Full Name (Last, First, Middle Initial) Friends Of Sam Johnson			Transaction ID: 30858606  Date of Disbursement
Mailing Address P.O. Box 860096			111 7 7 2009
City Plano	State Zip Code TX 75086		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		011	1000.00
Candidate Name Rep. Samuel Robert Johnson		Category/ Type	
	x Primary General Other (specify)	1,160	Campaign Contribution
Full Name (Last, First, Middle Initial) Perlmutter For Congress			Transaction ID: 30860065 Date of Disbursement
Mailing Address 3440 Youngfield Stree #264	t		111 D 17 Y 2009
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		011	1000.00
Candidate Name Rep. Edwin Perlmutter		Category/ Type	
Senate President	x Primary General Other (specify) ▼	•	Campaign Contribution
State: CO District: 07			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 51 / 54 neck only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
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Full Name (Lest First Middle Initial)		
Full Name (Last, First, Middle Initial) Mikulski For Senate Committee		Transaction ID: 30860716  Date of Disbursement  1 1 7
Mailing Address P O B 13147		11 17 2000
City Baltimore	State Zip Code MD 21203	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution Candidate Name	01 Categ	1.
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Full Name (Last, First, Middle Initial) The Freedom Project		Transaction ID: 30861070 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 631-B Pennsylvania Av	enue, SE	11 17 2009
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name	01 Categ Typ	ory/
Office Sought:  Senate  President  State:  Disbur	sement For: Primary General Other (specify) ▼	Campaign Contribution
Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite		Transaction ID: 30861071 Date of Disbursement
Mailing Address PO Box 865		M M / D D / Y Y Y O O 9
City Brooksville	State Zip Code FL 34605	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution	01:	
Candidate Name Rep. Virginia Brown-Waite	Categ Typ	
Senate President	sement For: 2009  X Primary General  Other (specify)	Campaign Contribution
State: FL District: 05		
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# SCHEDULE B (FEC Form 3X)

ITEMIZED DISCUIDSEMENTS		Use separate schedule(s)	FOR LINE NUMBER:   PAGE 52/54   (check only one)
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	NAME OF COMMITTEE (In Full) American Academy of Neurology Profes	sional Association BrainPAC	
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress  Mailing Address P.O. Box 2232		Transaction ID: 30930366  Date of Disbursement  M M M / D 3 D / Y 2 0 0 9 Y
	City Jenkintown	State Zip Code PA 19046	Amount of Each Disbursement this Per
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Allyson Y. Schwartz		011 Category/ Type
	Office Sought:  X House Senate President State: PA District: 13	sement For: 2009  X Primary General  Other (specify)	Campaign Contribution
	Full Name (Last, First, Middle Initial) Dirgo PAC  Mailing Address Post Office Box 1355		Transaction ID: 30935423 Date of Disbursement  12  O 0 2  Y 2 0 0 9
	City Alexandria Purpose of Disbursement Leadership PAC	State Zip Code VA 22313-1355	Amount of Each Disbursement this Per 2500.00
	Candidate Name  Office Sought: House Senate President  State: District:	sement For: Primary General Other (specify)	Category/ Type  Leadership PAC
	Full Name (Last, First, Middle Initial) Grassley Committee Inc		Transaction ID: 31002960 Date of Disbursement
	Mailing Address PO Box 1000		1 2 M / D 1 4 / Y 2 0 0 9 Y
	City Des Moines	State Zip Code IA 50304	Amount of Each Disbursement this Per
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Charles E. Grassley		011 Category/
		sement For: 2009 X Primary General Other (specify)	Type  Campaign Contribution
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check of	IE NUMBER: PAGE 53 / 54
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) American Academy of Neurology Professio	nal Association BrainPAC	
Full Name (Last, First, Middle Initial) TOMPAC  Mailing Address 426 C STREET, NE		Transaction ID: 31054485 Date of Disbursement    Max   Max
,	State Zip Code DC 20002 011 Category/	Amount of Each Disbursement this Period  1000.00
Office Sought: House Disburser Senate President State: District:	Type nent For: Primary General Other (specify) ▼	Leadership PAC

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	y Information copied from such Reports and St for commercial purposes, other than using the						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	American Academy of Neurology Profe	ssional Association BrainPAC					
	Full Name (Last, First, Middle Initial)			Transaction ID:	30405420		
	Dr. Orly Avitzur			Date of Disburse	ement		
	Mailing Address 815 Old Sleepy Hollo	w Road Extensi		08 / 1	7 / Y 2	009	
	City Briarcliff	State Zip Code NY 10510-2521		Amount of Each			riod
	Purpose of Disbursement Refund of corporate check		010		5	00.00	
	Candidate Name	С	ategory/ Type				
	Office Sought: House Disk Senate President	ursement For: Primary General Other (specify)		Refund of corp	orate check		
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TOTAL This Period (last page this line number only)	<b>•</b>	500.00