

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American Academy of Neurology Professional Association BrainPAC

ADDRESS (number and street) 1501 M St. NW  
Seventh Floor  
Washington DC 20005

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00435933

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

|                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day PRE-Election Report for the:

|   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post -Election Report for the:

|  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 01 28 2010

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 Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 79294.00 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 110289.00               |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 55333.00                | 124313.00                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 165622.00               | 203607.00                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 44000.00                | 82985.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 121622.00               | 120622.00                         |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From:    To:

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. 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                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 55333.00                      | 124313.00                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 55333.00                      | 124313.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 55333.00                      | 124313.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 43500.00                              | 79500.00                                  |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 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                                   |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 44000.00                              | 82985.00                                  |
| 32. 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

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 55333.00                      | 124313.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 500.00                        | 3485.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 54833.00                      | 120828.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** 30153896

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City State Zip Code  
Hudson WI 54016-5824

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

Name of Employer Boston University Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
601.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** 30153900

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Donald S. Gervais, Jr.

Mailing Address 8120 Main St Ste 400

City State Zip Code  
Houma LA 70360-3403

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

Name of Employer Southeast Neuroscience Center of Excel Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2009

**Transaction ID:** 30182321

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code  
Mercer Island WA 98040-5121

FEC ID number of contributing federal political committee. C

Name of Employer Swedish Neurosci. Institute, Swedish H  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
07 / 15 / 2009

**Transaction ID:** 30242591

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen P. Ireland

Mailing Address Neurological Center  
2421 NE Doctors Dr

City State Zip Code  
Bend OR 97701-6031

FEC ID number of contributing federal political committee. C

Name of Employer Saint Charles Medical Center  
Occupation Neurologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 20 / 2009

**Transaction ID:** 30271039

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene May

Mailing Address 1919 Fairmount Ave SW

City State Zip Code  
Seattle WA 98126-2075

FEC ID number of contributing federal political committee. C

Name of Employer Seattle Radiologists  
Occupation Neuro-ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 21 / 2009

**Transaction ID:** 30302765

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 54  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Elliott G. Gross

Mailing Address 65 Horseshoe Hill Rd

City Pound Ridge State NY Zip Code 10576-1636

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

Name of Employer Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2009

Transaction ID: 30329618

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2009

Transaction ID: 30340514

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael A. Sloan

Mailing Address 1527 Pleasant Harbour Way

City Tampa State FL Zip Code 33602-5966

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

Name of Employer University of South Florida Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2009

Transaction ID: 30340936

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)  
Dr. William S. Gilmer

Mailing Address 2323 Dunstan Road

City State Zip Code  
Houston TX 77005-2613

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

Name of Employer  
Park Plaza Hospital and Medical Center

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: 30340938

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City State Zip Code  
Hudson WI 54016-5824

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

Name of Employer  
Boston University

Occupation  
Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
701.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 03 / 2009

Transaction ID: 30341455

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer  
Cleveland Clinic

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 03 / 2009

Transaction ID: 30341493

Amount of Each Receipt this Period

100.00

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

1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Cynthia L. Comella      |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 03 / 2009 |
|   | Mailing Address 7319 Holly Court                                       |                                    | <b>Transaction ID:</b> 30341765                     |
|   | City<br>River Forest   | State<br>IL                        | Zip Code<br>60305-1915                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Rush Presb St Lukes Med Ctr   |  | Occupation<br>Physician            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Robert T. Leshner       |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 03 / 2009 |
|   | Mailing Address 700 New Hampshire Ave NW Apt 1010                      |                                    | <b>Transaction ID:</b> 30341800                     |
|   | City<br>Washington   | State<br>DC                        | Zip Code<br>20037-2407                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>600.00        |
| Name of Employer<br>Children's National   |  | Occupation<br>Neurologist          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>700.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Arnold J. Aguilera      |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 03 / 2009 |
|   | Mailing Address 209 Braehead Dr  |                                    | <b>Transaction ID:</b> 30343641                     |
|   | City<br>Fredericksburg   | State<br>VA                        | Zip Code<br>22401-2209                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Neurology Associates of Fredericksburg  |  | Occupation<br>Physician            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. James M. Burke |                                     | Date of Receipt   |
|   | Mailing Address 2701 Blair Mill Rd Ste 8                      |                                     | <input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Willow Grove  | PA                                  | 19090-1041  |
|   | FEC ID number of contributing federal political committee.    |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Abington Neurological Associates, Ltd   |   | Occupation<br>Neurologist           | <b>Transaction ID:</b> 30343737   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="500.00"/> | <input type="text" value="500.00"/>   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Joel M. Dean |                                     | Date of Receipt   |
|   | Mailing Address 1060 Orchard Ave Unit G                     |                                     | <input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Grand Junction  | CO                                  | 81501-2997  |
|   | FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Community Health Providers  |   | Occupation<br>Physician             | <b>Transaction ID:</b> 30345822   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="500.00"/> | <input type="text" value="500.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Elliott A. Schulman |                                     | Date of Receipt   |
|   | Mailing Address 616 Greythorne Rd                                  |                                     | <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Wynnewood  | PA                                  | 19096-2509  |
|   | FEC ID number of contributing federal political committee.         |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Lankenau Hospital and Lankenau Institu  |  | Occupation<br>Neurologist           | <b>Transaction ID:</b> 30360516   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="250.00"/> | <input type="text" value="150.00"/>   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1150.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 12 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dominic Fee

Mailing Address 1224 Litchfield Lane

City Lexington State KY Zip Code 40513-1794

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

Name of Employer Univ of Wisconsin Hosp Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2009

**Transaction ID: 30360582**

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nancy L. Mueller

Mailing Address 610 E. Palisade Avenue

City Englewood Cliffs State NJ Zip Code 07632-1801

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2009

**Transaction ID: 30372645**

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brian N. Kirschner

Mailing Address 29946 Mayfair Drive

City Farmington Hills State MI Zip Code 48331-2152

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

Name of Employer Millennium Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2009

**Transaction ID: 30374328**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Jeremy M. Shefner  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 12 / 2009 |
| Mailing Address 7994 Everglades Drive   |                                     | <b>Transaction ID:</b> 30374333                     |
| City Manlius  | State NY                            | Zip Code 13104-8501                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>SUNY Upstate Medical University   | Occupation<br>Physician             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Richard L. Pantera, Jr.  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 19 / 2009 |
| Mailing Address 5344 W. Prospect Ct.  |                                     | <b>Transaction ID:</b> 30430029                     |
| City Visalia  | State CA                            | Zip Code 93291-9274                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Self  | Occupation<br>Physician             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Orly Avitzur   |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
| Mailing Address 815 Old Sleepy Hollow Road Extensi  |                                    | <b>Transaction ID:</b> 30452627                     |
| City Briarcliff   | State NY                           | Zip Code 10510-2521                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Physician            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 | Refunded: From Business Account                     |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard D. Brower

Mailing Address 1000 Madeline Drive

City State Zip Code  
El Paso TX 79902-2408

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

Name of Employer Texas Tech University HSC  
Dept. of Neu  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** 30454614

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jonathan P. Hosey

Mailing Address 100 N Academy Ave  
Neurology Dept, MC14-05

City State Zip Code  
Danville PA 17822-0001

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

Name of Employer Geisinger Medical Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2009

**Transaction ID:** 30466590

Amount of Each Receipt this Period  
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. **C**

Name of Employer Penobscot Bay Medical Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID:** 30468681

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Orly Avitzur

Mailing Address 815 Old Sleepy Hollow Road Extensi

City Briarcliff State NY Zip Code 10510-2521

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** 30469956

Amount of Each Receipt this Period 500.00

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

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** 30469985

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City Hudson State WI Zip Code 54016-5824

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

Name of Employer Boston University Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 801.00

Date of Receipt MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** 30469994

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** 30469996

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto

Mailing Address 100 Memorial Hospital Dr Ste 2A

City State Zip Code  
Mobile AL 36608-1199

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2009

**Transaction ID:** 30556791

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 6059

City State Zip Code  
Olympia WA 98507-6059

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

Name of Employer Occupation  
Madigan Army Medical Center / Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** 30603626

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Timothy A. Pedley    |                              | Date of Receipt   |
|   | Mailing Address 55 Grace Church Street                              |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 28 / 2009 |
|   | City  | State                        | Zip Code  |
|   | Rye   | NY                           | 10580-3926  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> 30603635   |
| Name of Employer<br>The Neurological Institute of NY  |   | Occupation<br>Physician      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/> 500.00   |
|   |   | <input type="text"/> 1000.00 |   |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Rita M. Richardson   |                              | Date of Receipt   |
|   | Mailing Address 5316 Belmont Road                                   |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 28 / 2009 |
|   | City  | State                        | Zip Code  |
|   | Grand Forks   | ND                           | 58201-8040  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> 30603636   |
| Name of Employer<br>Altru Health Systems  |   | Occupation<br>Neurologist    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/> 1000.00  |
|   |   | <input type="text"/> 1000.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Bruce Sigsbee        |                             | Date of Receipt   |
|   | Mailing Address 1199 Sennebec Rd                                    |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 30 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Union   | ME                          | 04862-4628  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 30616679   |
| Name of Employer<br>Penobscot Bay Medical Center  |   | Occupation<br>Physician     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 100.00   |
|   |   | <input type="text"/> 700.00 |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

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

Mailing Address 971 Lakeland Dr Ste 560

City State Zip Code  
Jackson MS 39216-4607

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

Name of Employer Occupation  
Muscle & Nerve, PA Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 30618455

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 282 Farmers Row  
P.O. Box 991

City State Zip Code  
Groton MA 01450-1848

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

Name of Employer Occupation  
Emerson Hospital Neurologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 30618460

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert S. Gould

Mailing Address 340 Dardanelli Ln Ste 22A

City State Zip Code  
Los Gatos CA 95032-1418

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 30618477

Amount of Each Receipt this Period

250.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Leonard Sahn

Mailing Address 29355 Northwestern Hwy, Suite 100

City State Zip Code  
Southfield MI 48034-1065

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

Name of Employer Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2009

Transaction ID: 30618482

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Sanjeevi C. Tivakaran

Mailing Address 2400 Hospital Dr Ste 310

City State Zip Code  
Bossier City LA 71111-2387

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

Name of Employer WK Bossier Health Ctr Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2009

Transaction ID: 30618657

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Laura B. Powers

Mailing Address 5629 Tazewell Pike

City State Zip Code  
Knoxville TN 37918-9264

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

Name of Employer Knoxville Neurology Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2009

Transaction ID: 30618663

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Edmund G. Grant

Mailing Address 13801 Bruce B Downs Blvd Ste 401

City Tampa State FL Zip Code 33613-3997

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

Name of Employer Winters Grant Mc Craney Tatum Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2009  
Transaction ID: 30618669  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Pushpa Narayanaswami

Mailing Address 506 Clinton Road

City Chestnut Hill State MA Zip Code 02467-1419

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

Name of Employer Beth Israel Deaconess Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2009  
Transaction ID: 30618694  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 01 / 2009  
Transaction ID: 30622989  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |  |                                     |   |  |  |
|---|--|-------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Bruce H. Cohen          |                                     | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |  |  |
|   | Mailing Address 3141 Neille Lane                                       |                                     | <b>Transaction ID:</b> 30622993                     |  |  |
|   | City<br>Twinsburg  | State<br>OH                         | Zip Code<br>44087-3808                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |   |  |  |
|   | Name of Employer<br>Cleveland Clinic                                   | Occupation<br>Physician             |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. David T. Greco          |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |  |  |
|   | Mailing Address 17 W Ridge Rd  |                                    | <b>Transaction ID:</b> 30622995                     |  |  |
|   | City<br>New Fairfield  | State<br>CT                        | Zip Code<br>06812-4904                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
|   | Name of Employer<br>Associated Neurologists, LP                        | Occupation<br>Neurologist          |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Anil K. Nair            |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |  |  |
|   | Mailing Address 2104 Hunter Hill Ct.                                   |                                    | <b>Transaction ID:</b> 30622997                     |  |  |
|   | City<br>Hudson   | State<br>WI                        | Zip Code<br>54016-5824                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
|   | Name of Employer<br>Boston University                                  | Occupation<br>Neurologist          |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>901.00 |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 22 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Meril S. Platzer

Mailing Address 28404 Foothill Dr

City State Zip Code  
Agoura CA 91301-2242

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 01 / 2009  
Transaction ID: 30623016  
Amount of Each Receipt this Period: 250.00

**B.** Full 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. **C**

Name of Employer RLT Neurologic Associates, Ltd Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 03 / 2009  
Transaction ID: 30623777  
Amount of Each Receipt this Period: 1000.00

**C.** 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. **C**

Name of Employer Baylor College Of Medicine Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 05 / 2009  
Transaction ID: 30635185  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas GianCarlo

Mailing Address 34025 Harper Ave

City State Zip Code  
Clinton Township MI 48035-3737

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

Name of Employer: Henry Ford Medical Center; Michigan Ne  
Occupation: Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 30651210

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 435 Lewelen Cir

City State Zip Code  
Englewood NJ 07631-2024

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

Name of Employer: Philip Ambulatory Care Ce-  
nter, Beth Is  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** 30683939

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Marcus C. Rice

Mailing Address 6161 Kempsville Cir Ste 315

City State Zip Code  
Norfolk VA 23502-3932

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

Name of Employer: Neuroconsultants of Tidew-  
ater  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** 30697368

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington Street

City State Zip Code  
Ann Arbor MI 48105-1435

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

Name of Employer Occupation  
Henry Ford Hospital Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** 30706238

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code  
Mercer Island WA 98040-5121

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

Name of Employer Occupation  
Swedish Neurosci. Institute, Swedish H Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** 30706240

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto

Mailing Address 100 Memorial Hospital Dr Ste 2A

City State Zip Code  
Mobile AL 36608-1199

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** 30706242

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. David S. Rozenfeld

Mailing Address 801 Macarthur Blvd Ste 404  
NWI Neurological Associates

City State Zip Code  
Munster IN 46321-2919

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

Name of Employer Occupation  
NWI Neurological Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 30726830

Amount of Each Receipt this Period

1000.00

**B.**

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. **C**

Name of Employer Occupation  
Penobscot Bay Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

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

Transaction ID: 30779197

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City State Zip Code  
Hudson WI 54016-5824

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

Name of Employer Occupation  
Boston University Neurologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1001.00

Date of Receipt

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

Transaction ID: 30785483

Amount of Each Receipt this Period

100.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

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

Mailing Address 806 Timber Hill Road

City State Zip Code  
Highland Park IL 60035-5121

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30785509

Amount of Each Receipt this Period

|        |
|--------|
| 250.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Elaine C. Jones

Mailing Address 212 Bay Spring Ave

City State Zip Code  
Barrington RI 02806-1332

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

Name of Employer Occupation  
Southern New England Neurology Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30785511

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30785515

Amount of Each Receipt this Period

|       |
|-------|
| 50.00 |
|-------|

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

|        |
|--------|
| 800.00 |
|--------|

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

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|  |
|--|

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Katherine A. Henry

Mailing Address 300 E 33rd St Apt 16M

City State Zip Code  
New York NY 10016-9419

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

Name of Employer Occupation  
NYU School of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 30785518

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Srinivasa Potluri

Mailing Address 24 Squirrel Dr

City State Zip Code  
Skillman NJ 08558-1669

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

Name of Employer Occupation  
Advanced Neurology Center, LLC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** 30810362

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington Street

City State Zip Code  
Ann Arbor MI 48105-1435

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

Name of Employer Occupation  
Henry Ford Hospital Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** 30857363

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto  
 Mailing Address 100 Memorial Hospital Dr Ste 2A  
 City State Zip Code  
 Mobile AL 36608-1199  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 9  
**Transaction ID:** 30857369  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology: Child and Adult, P.C. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nicholas L. Schlageter  
 Mailing Address 6N169 Woodview Ct  
 City State Zip Code  
 Saint Charles IL 60175-6266  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 9  
**Transaction ID:** 30858937  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tri-City Neurology, SC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Malcolm H. Gottesman  
 Mailing Address 200 Old Country Rd Ste 370  
 City State Zip Code  
 Mineola NY 11501-4240  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 9  
**Transaction ID:** 30858939  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop Univ Hosp/Division of Neuro Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Lindsey Lee Lair   |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 18 / 2009 |
| Mailing Address 139 E 33rd St Apt 14H<br>Apt. 14H   |                                    | <b>Transaction ID:</b> 30866571                     |
| City<br>New York  | State<br>NY                        | Zip Code<br>10016-5325                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Merck & Co. Inc.  | Occupation<br>Physician            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Carmel Armon   |                                     | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2009 |
| Mailing Address 99 Pinewood Drive   |                                     | <b>Transaction ID:</b> 30878048                     |
| City<br>Longmeadow  | State<br>MA                         | Zip Code<br>01106-1639                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Baystate Medical Center   | Occupation<br>Chief of Neurology    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Erik Kent St. Louis  |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 20 / 2009 |
| Mailing Address 1520 Monterey Ln SW   |                                    | <b>Transaction ID:</b> 30884545                     |
| City<br>Rochester   | State<br>MN                        | Zip Code<br>55902-1215                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Physician            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 30 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert A. Cambridge

Mailing Address 1011 Golfside Dr

City State Zip Code  
Winter Park FL 32792-5127

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

Name of Employer Occupation  
Neurology Care Center Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 30884550

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Catherine M Rydell

Mailing Address 3820 Grand Way, #309

City State Zip Code  
Saint Louis Park MN 55416-4961

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

Name of Employer Occupation  
American Academy of Neurology Executive Director/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 30906368

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ronald G. Emerson

Mailing Address 710 W 168th St  
Neurological Institute

City State Zip Code  
New York NY 10032-3726

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

Name of Employer Occupation  
Columbia-Presbyterian Med Ctr Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 30907907

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1565.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Sanjeevi C. Tivakaran

Mailing Address 2400 Hospital Dr Ste 310

City State Zip Code  
Bossier City LA 71111-2387

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

Name of Employer Occupation  
WK Bossier Health Ctr Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 30912584

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel H. Jacobs

Mailing Address 3849 Oakwater Cir

City State Zip Code  
Orlando FL 32806-6264

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

Name of Employer Occupation  
Neurological Services-Orlando Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 30912592

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen R. Hempelman

Mailing Address 13760 N 93rd Ave Ste 101  
Arizona Medical Clinic

City State Zip Code  
Peoria AZ 85381-4203

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

Name of Employer Occupation  
Arizona Medical Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 30912605

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mason C. Gasper

Mailing Address 14 Rose Court

City State Zip Code  
Providence RI 02860-4400

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

Name of Employer Occupation  
Memorial Hospital of Rhode Island Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 4 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30912619

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)

Dr. David S. Larsen

Mailing Address 511 East 3rd St

City State Zip Code  
Hinsdale IL 60521-4705

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

Name of Employer Occupation  
Hobson Medical Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 5 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30912652

Amount of Each Receipt this Period

|        |
|--------|
| 250.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)

Dr. James M. Goldring

Mailing Address 3009 N Ballas Rd Ste 209

City State Zip Code  
Saint Louis MO 63131-2323

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

Name of Employer Occupation  
Washington University of St. Louis Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 5 | / | 2 | 0 | 0 | 9 |

Transaction ID: 30916684

Amount of Each Receipt this Period

|        |
|--------|
| 300.00 |
|--------|

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

|         |
|---------|
| 1050.00 |
|---------|

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

|  |
|--|
|  |
|--|



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 54  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Aaron E. Miller

Mailing Address 55 E 86th St Apt 7B

City State Zip Code  
New York NY 10028-1059

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

Name of Employer Corrine Goldsmith Dickerson Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** 30916696

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Pedro W. Tirado

Mailing Address 2320 S Seacrest Blvd Suite 200

City State Zip Code  
Boynton Beach FL 33435-6516

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

Name of Employer Neurology Associates of Palm Beach, P.  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 9

**Transaction ID:** 30918363

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Preston E. Harrison, Jr.

Mailing Address 1301 Doctors Dr

City State Zip Code  
Tyler TX 75701-2239

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

Name of Employer Self  
Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

**Transaction ID:** 30918373

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Leslie A. Huszar |                                      | Date of Receipt   |
|   | Mailing Address 787 37th St Ste E120                            |                                      | <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
|   | City  | State                                | Zip Code  |
|   | Vero Beach  | FL                                   | 32960-7312  |
| FEC ID number of contributing federal political committee.  |   | <input type="text" value="C"/>       | <b>Transaction ID:</b> 30927964   |
| Name of Employer<br>Fellow Amer Academy-Neurology   |   | Occupation<br>Physician              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text" value="500.00"/>   |
|   |   | <input type="text" value="1000.00"/> |   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. P Scott Becker              |                                     | Date of Receipt   |
|   | Mailing Address Becker Neurological Institute<br>565 Centre View Boulevard |                                     | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Crestview Hills  | KY                                  | 41017-3444  |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>      | <b>Transaction ID:</b> 30930281   |
| Name of Employer<br>Becker Neurological Insti-tu  |  | Occupation<br>Physician             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | <input type="text" value="500.00"/>   |
|   |  | <input type="text" value="500.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Henry Hagenstein |                                     | Date of Receipt   |
|   | Mailing Address 9654 Burning Tree Dr                            |                                     | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Grand Blanc   | MI                                  | 48439-9568  |
| FEC ID number of contributing federal political committee.  |   | <input type="text" value="C"/>      | <b>Transaction ID:</b> 30933754   |
| Name of Employer<br>Genesys Masthead  |   | Occupation<br>Physician             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="250.00"/>   |
|   |   | <input type="text" value="250.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1250.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 35 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** 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. **C**

Name of Employer Penobscot Bay Medical Center  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** 30933831

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Baylor College of Medicine  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** 30933834

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dario M. Zagar

Mailing Address 75 Kings Highway Cutoff

City State Zip Code  
Fairfield CT 06824-5340

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

Name of Employer Associated Neurologists of So. Ct.  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

**Transaction ID:** 30935739

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mark S. Corazza

Mailing Address 2431 Castillo St

City State Zip Code  
Santa Barbara CA 93105-4301

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

Name of Employer Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**Transaction ID:** 30938964

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Kelly Sullivan

Mailing Address 49 Spring St

City State Zip Code  
Scarborough ME 04074-8926

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

Name of Employer Maine Neurology PA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 9

**Transaction ID:** 30940351

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 10550 Montgomery Rd Ste 33

City State Zip Code  
Cincinnati OH 45242-4422

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

Name of Employer Riverhills Healthcare Corp Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** 30942592

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 54  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

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

Mailing Address 7 Louis Dr

City State Zip Code  
Budd Lake NJ 07828-1434

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** 30951146

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington Street

City State Zip Code  
Ann Arbor MI 48105-1435

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

Name of Employer Occupation  
Henry Ford Hospital Neurologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** 31040248

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Minto

Mailing Address 100 Memorial Hospital Dr Ste 2A

City State Zip Code  
Mobile AL 36608-1199

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** 31040520

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 54

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen M. Sergay

Mailing Address 16233 Villarreal

City State Zip Code  
Tampa FL 33613

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

Name of Employer Occupation  
Tampa Neurology Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 31054789

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John G. Nutt

Mailing Address 3181 SW Sam Jackson Park Rd  
Department of Neurology OP-32

City State Zip Code  
Portland OR 97239-3011

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

Name of Employer Occupation  
Oregon Health Sci University Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 31063586

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Harris M. Hauser

Mailing Address 5555 Del Monte Drive

City State Zip Code  
Houston TX 77056-4100

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

Name of Employer Occupation  
Memorial Neurological Association Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 31063587

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address PO Box 6059

City Olympia State WA Zip Code 98507-6059

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

Name of Employer Madigan Army Medical Center / Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2009

Transaction ID: 31071921

Amount of Each Receipt this Period 250.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 31072964

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Orly Avitzur

Mailing Address 815 Old Sleepy Hollow Road Extensi

City Briarcliff State NY Zip Code 10510-2521

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2009

Transaction ID: 31230888

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$500.00 This changes the YTD Total to \$500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 350.00

**TOTAL** This Period (last page this line number only) ..... ▶ 40715.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw<br/>Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30182099</p> <p>Date of Disbursement<br/>07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LEAD PAC</p> <p>Mailing Address 228 South Washington Street<br/>Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 30182310</p> <p>Date of Disbursement<br/>07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Leadership PAC</p>        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Stabenow For Us Senate</p> <p>Mailing Address P.O. Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District:</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> 30182316</p> <p>Date of Disbursement<br/>07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 4000.00

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



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

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

FOR LINE NUMBER: (check only one)

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

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

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Pete Stark Re-Election Committee<br><hr/> Mailing Address P.O. Box 8331<br><hr/> City Fremont State CA Zip Code 94537<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Rep. Fortney Peter Stark<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 13<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30199750<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Campaign Contribution  |
|  | Category/<br>Type<br>011   |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Castor For Congress<br><hr/> Mailing Address 301 W. Platt Street #385<br><hr/> City Tampa State FL Zip Code 33606<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Rep. Katherine Castor<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 11<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30235620<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | Campaign Contribution  |
|   | Category/<br>Type<br>011   |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Matheson For Congress<br><hr/> Mailing Address P.O. Box 521048 Suite A<br><hr/> City Salt Lake City State UT Zip Code 84152<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Rep. James D. Matheson<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: 02<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30235632<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Campaign Contribution  |
|  | Category/<br>Type<br>011   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 03</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30235633</p> <p>Date of Disbursement<br/>07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p>             |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 08</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 30235645</p> <p>Date of Disbursement<br/>07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p>             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S. Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement National Party Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                           | <p><b>Transaction ID:</b> 30269190</p> <p>Date of Disbursement<br/>07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>National Party Contributi-<br/>on</p> |

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

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Charles A. Gonzalez Congressional Campaign<br>Mailing Address PO Box 12612<br>City San Antonio State TX Zip Code 78212<br>Purpose of Disbursement Campaign Contribution<br>Candidate Name Rep. Charles A. Gonzalez<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 20<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30269191<br>Date of Disbursement<br>07 / 20 / 2009          |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Adler For Congress<br>Mailing Address 14 Knightswood Drive<br>City Marlton State NJ Zip Code 08053<br>Purpose of Disbursement Campaign Contribution<br>Candidate Name Rep. John Herbert Adler<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 03<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30269194<br>Date of Disbursement<br>07 / 20 / 2009         |
|  | Amount of Each Disbursement this Period<br>500.00<br>Campaign Contribution |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Making Business Excel PAC<br>Mailing Address PO Box 3421<br>City Cheyenne State WY Zip Code 82003<br>Purpose of Disbursement Leadership PAC<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30269198<br>Date of Disbursement<br>07 / 20 / 2009   |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Leadership PAC |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2500.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369<br/>250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MN District: 03</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30309873<br/><b>Date of Disbursement</b><br/>07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 26</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 30314999<br/><b>Date of Disbursement</b><br/>07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 04</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 30590478<br/><b>Date of Disbursement</b><br/>09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p>  |

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 09</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 30590484<br/><b>Date of Disbursement</b><br/>09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Alamo PAC</p> <p>Mailing Address 1203 Portner Road</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 30590492<br/><b>Date of Disbursement</b><br/>09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Leadership PAC</p>        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 103 West Broadway St, P.O. Box 712<br/>200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 04</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30591658<br/><b>Date of Disbursement</b><br/>09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Texans For Henry Cuellar Congressional Campaign<br><hr/> Mailing Address 1519 Washington Street<br>Second Floor, Suite 200<br><hr/> City Laredo State TX Zip Code 78042<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Rep. Henry Cuellar<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 28<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30592117<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 18 / 2009 |
|  | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution               |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Dave Camp For Congress 2010<br><hr/> Mailing Address 5915 Eastman Avenue<br>Suite 100<br><hr/> City Midland State MI Zip Code 48640<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Rep. David Lee Camp<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 04<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30595292<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2009 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution               |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>People For Patty Murray<br><hr/> Mailing Address PO Box 3662<br><hr/> City Seattle State WA Zip Code 98124<br><hr/> Purpose of Disbursement<br>Campaign Contribution<br>Candidate Name<br>Sen. Patty Murray<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District:<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30595296<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2009 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution               |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code  
St. Louis MO 63143

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Rep. Russ Carnahan

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

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30595297  
Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)  
Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City State Zip Code  
Rockwall TX 75087

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Rep. Ralph M. Hall

Office Sought:  House  
 Senate  
 President  
State: TX District: 04

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30595300  
Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C.

Full Name (Last, First, Middle Initial)  
Prosperity PAC

Mailing Address 1006 Pendleton Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30595302  
Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Leadership PAC

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mccollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MN District: 04</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> 30595305<br/><b>Date of Disbursement</b><br/>09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Dennis Cardoza</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Dennis A. Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 18</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 30633402<br/><b>Date of Disbursement</b><br/>10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TN District: 07</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30725028<br/><b>Date of Disbursement</b><br/>10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |

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

3000.00

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



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

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Giffords For Congress<br>Mailing Address PO Box 12886<br>City Tucson State AZ Zip Code 85732<br>Purpose of Disbursement Campaign Contribution<br>Candidate Name Rep. Gabrielle Giffords<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 08<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30726970<br>Date of Disbursement<br>10 / 21 / 2009          |
|  | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Kent Conrad<br>Mailing Address PO Box 812<br>City Bismarck State ND Zip Code 58502<br>Purpose of Disbursement Campaign Contribution<br>Candidate Name Sen. Kent Conrad<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District:<br>Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30767213<br>Date of Disbursement<br>10 / 28 / 2009          |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Campaign Contribution |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>AMERIPAC<br>Mailing Address 499 S. Capitol SW Suite 414<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement Leadership PAC<br>Candidate Name AMERIPAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30787841<br>Date of Disbursement<br>11 / 03 / 2009   |
|   | Amount of Each Disbursement this Period<br>2500.00<br>Leadership PAC |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4500.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Rogers For Congress</p> <p>Mailing Address PO Box 581<br/>Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: MI District: 08</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 30788348<br/><b>Date of Disbursement</b><br/>11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Sam Johnson</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>Rep. Samuel Robert Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: TX District: 03</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 30858606<br/><b>Date of Disbursement</b><br/>11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street<br/>#264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30860065<br/><b>Date of Disbursement</b><br/>11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mikulski For Senate Committee</p> <p>Mailing Address P O B 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MD District:</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 30860716<br/><b>Date of Disbursement</b><br/>11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Freedom Project</p> <p>Mailing Address 631-B Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 30861070<br/><b>Date of Disbursement</b><br/>11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: FL District: 05</p> <p>Disbursement For: 2009<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 30861071<br/><b>Date of Disbursement</b><br/>11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Campaign Contribution</p> |

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 13</p> | <p><b>Transaction ID:</b> 30930366</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dirgo PAC</p> <p>Mailing Address Post Office Box 1355</p> <p>City Alexandria State VA Zip Code 22313-1355</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>  | <p><b>Transaction ID:</b> 30935423</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Leadership PAC</p>        |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p>             | <p><b>Transaction ID:</b> 31002960</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p> |

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 54

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

TOMPAC

Mailing Address 426 C STREET, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Leadership PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 31054485

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

Leadership PAC

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

1000.00

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

43500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 54

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. Orly Avitzur

Transaction ID: 30405420

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

Mailing Address 815 Old Sleepy Hollow Road Extensi

City Briarcliff State NY Zip Code 10510-2521

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement  
Refund of corporate check

|                   |
|-------------------|
| 010               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Refund of corporate check

State: District:

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

|        |
|--------|
| 500.00 |
|--------|

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

|        |
|--------|
| 500.00 |
|--------|