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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Neurology Professional Association BrainPAC 1501 M St. NW ADDRESS (number and street) Seventh Floor Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00435933 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Timothy J. Engel Type or Print Name of Treasurer Electronically Filed by Mr. Timothy J. Engel 07 13 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 2/54

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC D D [®]D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 79294.00 January 1 (b) Cash on Hand at 80294.00 Begining of Reporting Period 68980.00 68980.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 149274.00 148274.00 6(a) and 6(c) for Column B) 38985.00 38985.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 110289.00 109289.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 54

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From:

^D 0 1

^Y 2009

To:

м м

^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	48950.00	48950.00
	(ii) Unitemized	20030.00	20030.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	68980.00	68980.00
(b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68980.00	68980.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers 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
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	68980.00	68980.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	68980.00	68980.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 54

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Shared Federal/Non-Federal		
(a	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	, ,	0.00	0.00
, ,	Expenditures	0.00	0.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Tr	ansfers to Affiliated/Other Party	0.00	0.00
	ommittees	0.00	0.00
Co	ontributions to		
an	ederal Candidates/Committeesd Other Political Committees	36000.00	36000.00
	dependent Expenditure	0.00	0.00
	se Schedule E) pordinated Expenditures Made by Party	0.00	0.00
Ç	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
(u	se Scriedule F)		
Lo	an Repayments Made	0.00	0.00
	i i		
_	ans Made	0.00	0.00
. Re (a)	efunds of Contributions To: Individuals/Persons Other	0005.00	2005.00
()	Than Political Committees	2985.00	2985.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
	(such as PACs)	0.00	0.00
(d)		0005.00	2005.00
	(add Lines 28(a), (b), and (c))	2985.00	2985.00
. Ot	her Disbursements	0.00	0.00
). Fe	ederal Election Activity (2 U.S.C 431(20))		
	a) Shared Federal Election Activity		
,,	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(l	b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
I. T	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	38985.00	38985.00
_	o, 1-, 10, 20, 27, 20(a), 23 and 50(b))		3333.00
. Т	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
•	rom Line 31)	38985.00	38985.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 54

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) n Line 11(d), page 3)	68980.00	68980.00
 al Contribution Refunds m Line 28(d))	2985.00	2985.00
Contributions (other than loans) otract Line 34 from Line 33)	65995.00	65995.00
al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b))	0.00	0.00
sets to Operating Expenditures m Line 15, page 3)	0.00	0.00
Operating Expenditures otract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional Ass	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Lily Jung			Date of Receipt
	Mailing Address 9420 SE 54th St.	01-1-	7'- 0-1-	01 15 2009
	City Mercer Island	State WA	Zip Code 98040-5121	Transaction ID: 29204728 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Swedish Neurosci. Institu- te, Swedish H	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
— В.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto			Date of Receipt
	Mailing Address 100 Memorial Hospita	01 13 2009		
	City	State	Zip Code	Transaction ID: 29206183
	Mobile FEC ID number of contributing federal political committee.	C	36608-1199	Amount of Each Receipt this Period 500.00
	Name of Employer Neurology: Child and Adul- t. P.C.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. John W. Henson			Date of Receipt
	Mailing Address 9420 SE 54th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 29206187
	Mercer Island FEC ID number of contributing federal political committee.	C	98040-5121	Amount of Each Receipt this Period 250.00
	Name of Employer Swedish Neuroscience Inst- itute	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	OTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 54 (check only one) X
4	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	ofessional Ass	sociation BrainPAC	
	Full Name (Last, First, Middle Initial) Dr. James C. Stevens			Date of Receipt
	Mailing Address 12112 Aboite Center	01 16 2009		
	City	State	Zip Code	Transaction ID: 29208459
	Fort Wayne	<u>IN</u>	46814-9528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Allied Physicians, Inc.	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi			Date of Receipt
	Mailing Address 269 Broadway			01 24 YYYY 2009
	City	State	Zip Code	Transaction ID: 29230604
	Norwich 550 IB and a first in the state of t	CT	06360-3526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NeuroDiagnostics LLC	Occupatio Physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella			Date of Receipt
	Mailing Address 235 Rosemont Aven	ue		0 1 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 29277670
	Saint Louis	MO	63119-2412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Forst Park Hospital	Occupatio Neurolog		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
Γ				3000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pretorius	D.		Date of Receipt
	Mailing Address 5201 Corinthian Bay		7: 0 !	02 06 2009
	City Plano	State TX	Zip Code 75093-4028	Transaction ID: 29330929 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Mark Pretorius, MD, P.A.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Massoud Bina	01. 400		Date of Receipt
	Mailing Address 18955 N Memorial D	02 12 2009		
	City Humble	State TX	Zip Code 77338-4264	Transaction ID: 29395054
	FEC ID number of contributing federal political committee.	C	77336-4204	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Joseph Jankovic			Date of Receipt
	Mailing Address 6550 Fannin St Ste 1 Department of Neuro	logy		02 12 2009
	City <u>Houston</u>	State TX	Zip Code 77030-2744	Transaction ID: 29395421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Baylor College Of Medicine	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 54 (check only one) X 11a		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology F	the name and address of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm EMG Laboratory	404	Date of Receipt 0 2 1 3 2 0 0 9		
City EMG Laboratory	State Zip Code	Transaction ID: 29404612		
Lawrence	MA 01841-2838	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Tufts University School of Medicine Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00			
Full Name (Last, First, Middle Initial) Dr. Robert S. Gould Mailing Address 340 Dardanelli Ln S	Ste 22A	Date of Receipt 0 2 1 5 2 0 0 9		
0.1	Other Tim Code			
City Los Gatos	State Zip Code CA 95032-1418	Transaction ID: 29406110 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C 33032-1410	250.00		
Name of Employer Self	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Michael W. Morse Mailing Address 1794 E Joyce Blvd	Dr. Michael W. Morse			
		02 15 2009		
City <u>Fayetteville</u>	State Zip Code AR 72703-5257	Transaction ID: 29406112 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Neurological Associates	Occupation Neurologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	al)	1500.00		
TOTAL This Period (last page this line num	nber only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 54 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman Mailing Address 6 Fenimore Road City	State	Zip Code	Date of Receipt M
	Worcester	MA	01609-1711	Transaction ID: 29411763 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01003 1711	250.00
	Name of Employer Lifespan	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Leslie A. Huszar Mailing Address 787 37th St Ste E120			Date of Receipt
	City	State	Zip Code	02 18 2009
	Vero Beach	State FL	32960-7312	Transaction ID: 29412457 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000 7072	500.00
	Name of Employer Fellow Amer Academy-Neuro- logy	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
- ;.	Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley			Date of Receipt
	Mailing Address 55 Grace Church Stre	et		02 17 YYYY 2009
	City	State	Zip Code	Transaction ID: 29420120
	Rye	NY	10580-3926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Neurological Institute of NY	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		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 11 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	fessional Ass	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Robin L. Brey			Date of Receipt
	Mailing Address 13618 Bluff Circle			02 20 7 2009
	City	State	Zip Code	Transaction ID: 29420625
	San Antonio FEC ID number of contributing	C	78216-1902	Amount of Each Receipt this Period 500.00
	federal political committee.			566.66
	Name of Employer University Texas Health Science Center	Occupation neurolog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
ь. В.	Full Name (Last, First, Middle Initial) Dr. Joan Frances Puglia			Date of Receipt
	Mailing Address 1 Windy Ridge Lane			02 23 2009
	City	State	Zip Code	Transaction ID: 29451417
	New Milford	CT	06776-3955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self - Northwest Hills Ne- urology, P.C.	Occupation Neurolog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Matthew J. Murnane			Date of Receipt
	Mailing Address 47 New Scotland Ave MC-70, Dept of Neuro			02 28 2009
	City	State	Zip Code	Transaction ID: 29454437
	Albany	NY	12208-3479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Albany Medical College	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
[SUBTOTAL of Receipts This Page (optional)			1250.00
}			<u> </u>	
	TOTAL This Period (last page this line number	oriiy)		

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology Pt	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Anil K. Nair Mailing Address 2104 Hunter Hill Ct.			Date of Receipt
City Hudson FEC ID number of contributing	State WI	Zip Code 54016-5824	Transaction ID: 29454573 Amount of Each Receipt this Period
federal political committee. Name of Employer Boston University Receipt For: Primary General	Occupation Neurolog Aggregate		100.00
Other (specify) Full Name (Last, First, Middle Initial) Dr. Glenn D. Graham Mailing Address 337 Whiteoaks Dr N	IE	201.00	Date of Receipt
City Albuquerque FEC ID number of contributing federal political committee.	State NM	Zip Code 87122-1410	Transaction ID: 29572611 Amount of Each Receipt this Period 500.00
Name of Employer VA Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Str	eet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsburgh FEC ID number of contributing federal political committee.	State PA	Zip Code 15208-2639	Transaction ID: 29580077 Amount of Each Receipt this Period 1000.00
Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 54 (check only one) X
	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurology Pr	ofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. David L. Camenga		Date of Receipt
Mailing Address 6 Glenwood Avenue		03 25 2009
City Augusta	State Zip Code ME 04330-6906	Transaction ID: 29583410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Togus Veterans' Adm Med Ctr	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John D. England		Date of Receipt
Mailing Address 4 Kinder Lane		03 25 2009
City	State Zip Code	Transaction ID: 29583414
River Ridge	LA 70123-2061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer LSUHSC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
Mailing Address 9235 NW 26th Aven	ue	03 25 2009
City	State Zip Code	Transaction ID: 29583418
Gainesville	FL 32606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neurology	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	300.00	
	•	2300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/54 (check only one)	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Academy of Neurology P	Professional Ass	sociation BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Kenneth H. Isaacs			Date of Receipt	
Mailing Address 110 N. Division			03 25 2009	
City Walla Walla	State WA	Zip Code 99362-2321	Transaction ID: 29583490	
FEC ID number of contributing federal political committee.	C	99302-2321	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella			Date of Receipt	
Mailing Address 235 Rosemont Ave	02 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City				
FEC ID number of contributing federal political committee.	C	63119-2412	Amount of Each Receipt this Period 1000.00	
Name of Employer Forst Park Hospital	Occupation Neurolog			
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 2000.00		
Full Name (Last, First, Middle Initial) Dr. Robert E. Shapiro			Date of Receipt	
Mailing Address 1256 Whalley Road	d		0 2 0 5 2 0 0 9	
City Charlotte	State VT	Zip Code	Transaction ID: 29587015	
FEC ID number of contributing federal political committee.	C	05445-9074	Amount of Each Receipt this Period 200.00	
Name of Employer U of VT	Occupation Physician			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00		
SUBTOTAL of Receipts This Page (optional			1450.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 54 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James C. Stevens Mailing Address 12112 Aboite Cente	or Pood		Date of Receipt
City	State	Zip Code	0 2 0 5 2 0 0 9 Transaction ID: 29587051
Fort Wayne FEC ID number of contributing federal political committee.	C	46814-9528	Amount of Each Receipt this Period 1000.00
Name of Employer Allied Physicians, Inc.	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Nancy Hammond Mailing Address 13230 Long Street			Date of Receipt 0 2 0 5 2 0 0 9
City	State	Zip Code	Transaction ID: 29587082
Overland Park	KS	66213-5030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer University of Kansas	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Marvin A. Rachelefsky			Date of Receipt
Mailing Address 5480 Errol Place			03 26 2009
City	State	Zip Code	Transaction ID: 29587374
Atlanta FEC ID number of contributing federal political committee.	GA C	30327-4869	Amount of Each Receipt this Period 500.00
Name of Employer NW Neurology	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	nd Statements may not be sold or used by any pethe name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan Mailing Address PO Box 6059 City Olympia FEC ID number of contributing federal political committee.	State Zip Code WA 98507-6059 C	Date of Receipt M M M / 26 / 2009 Transaction ID: 29587412 Amount of Each Receipt this Period 250.00
Name of Employer The Middleton Fndn. / Oly- mpia Neurolog Receipt For: Primary Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bennett L. Lavenstein Mailing Address 4210 Rosemary Str	reet	Date of Receipt 0 3 2 5 2 0 0 9
City	State Zip Code	Transaction ID: 29593889
Chevy Chase	MD 20815-5218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Childrens National Med Ctr	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John W. Henson		Date of Receipt
Mailing Address 9420 SE 54th Stree	et	03 / 25 / 2009
City	State Zip Code	Transaction ID: 29593891
Mercer Island FEC ID number of contributing federal political committee.	WA 98040-5121	Amount of Each Receipt this Period 250.00
Name of Employer Swedish Neuroscience Inst- itute	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)	1000.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and ad	ldress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address 212 Bay Spring Ave			Date of Receipt
	City Barrington	State RI	Zip Code 02806-1332	Transaction ID: 29593907 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southern New England Neur- ology Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicia Aggregate		
– В.	Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby Mailing Address 1233 SW 57th Avenue	9		Date of Receipt 0 3 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 29593974
	Portland FEC ID number of contributing federal political committee.	OR	97221-2507	Amount of Each Receipt this Period 250.00
	Name of Employer North Pacific Epilepsy Research Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physicia Aggregate		
С.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley Mailing Address 2890 Burlington Stree	t		Date of Receipt 0 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 29599194
	Ann Arbor FEC ID number of contributing federal political committee.	C	48105-1435	Amount of Each Receipt this Period 100.00
	Name of Employer Henry Ford Hospital	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · ·	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			600.00
	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 18 / 54 (check only one) X
\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and add	dress of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr. Anil K. Nair Mailing Address 2104 Hunter Hill Ct.			Date of Receipt
	2104 Hunter Hill Ot.			04 01 2009
	City	State	Zip Code	Transaction ID: 29603223
	Hudson FEC ID number of contributing federal political committee.	C	54016-5824	Amount of Each Receipt this Period 100.00
	Name of Employer Boston University	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 301.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Rod Larson			Date of Receipt
	Mailing Address 4418 Xerxes Avenue S	South		04 02 2009
	City	State	Zip Code	Transaction ID: 29680972
	Minneapolis FEC ID number of contributing federal political committee.	C	55410-1417	Amount of Each Receipt this Period 1000.00
	Name of Employer American Academy of Neuro- logy	Occupation Deputy E	n Exec. Director, Center for Hea	1
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. William G. Preston			Date of Receipt
	Mailing Address 232 Emerald Bay			0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 29709422
	Laguna Beach	CA	92651-1267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Saddleback Valley Neurosc- i. Med. Group	Occupation Physician	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2100.00
ŀ				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane			Date of Receipt
City Twinsburg FEC ID number of contributing	State OH	Zip Code 44087-3808	Transaction ID: 29712751 Amount of Each Receipt this Period
federal political committee. Name of Employer Cleveland Clinic	Occupation Physician		400.00
Receipt For: Primary General Other (specify) ▼	_ , '	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ms. Amy Kaloides Mailing Address 9650 Waterstone P Apt. 318	lace		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29737106
Minnetonka	MN	55305-5545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer American Academy of Neuro- logy, P.A. Receipt For:		dvocacy Manager	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lily Jung	•		Date of Receipt
Mailing Address 9420 SE 54th St.			04 15 2009
City	State	Zip Code	Transaction ID: 29777257
Mercer Island	WA	98040-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Swedish Neurosci. Institu- te, Swedish H Receipt For:	Occupation Physician	1	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)l)		900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 54 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology F	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Laura B. Powers			Date of Receipt
Mailing Address 5629 Tazewell Pike)		0 4 1 6 2 0 0 9
City Knoxville	State TN	Zip Code 37918-9264	Transaction ID: 29786069
FEC ID number of contributing federal political committee.	C	37910-9204	Amount of Each Receipt this Period 250.00
Name of Employer Knoxville Neurology Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Linda A. Hershey	 		Date of Receipt
Mailing Address 367 Lebrun Rd			0 4 2 1 2 0 0 9
City Amherst	State NY	Zip Code	Transaction ID: 29795727
FEC ID number of contributing federal political committee.	C	14226-4130	Amount of Each Receipt this Period 1000.00
Name of Employer VAMC & U at Buffalo	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Mark A. Kozinn			Date of Receipt
Mailing Address 3537 Knollwood Dr	NW		0 4 2 5 2 0 0 9
City Atlanta	State GA	Zip Code 30305-1021	Transaction ID: 29810221
FEC ID number of contributing federal political committee.	C	30303-1021	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
			2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 54 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenu City	ie State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Gainesville FEC ID number of contributing federal political committee.	FL C	32606-9180	Amount of Each Receipt this Period 200.00
	Name of Employer Univ. of FL Dept. of Neur- ology Receipt For: ☐ Primary ☐ General Other (specify) ▼		n ral Neurology e Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dr. Sandra F. Olson Mailing Address 220 E Walton PI Apt	6W		Date of Receipt 0 4 2 5 2 0 0 9
	City Chicago FEC ID number of contributing	State IL	Zip Code 60611-1649	Transaction ID: 29810227 Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupatio Neurolog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance Mailing Address 2392 NW Hummingb	ird Dr		Date of Receipt 0 4 2 6 2 0 0 9
	City Corvallis	State OR	Zip Code 97330-3758	Transaction ID: 29810245 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37330 3730	1000.00
	Name of Employer Corvalis Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2200.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Profesor Full Name (Last, First, Middle Initial) Dr. Thomas R. Swift Mailing Address 1120 15th St Dept of Neurology, Rm City Augusta FEC ID number of contributing federal political committee.	essional Association BrainPAC	Date of Receipt M M M / 26 / 2009 Transaction ID: 29810250 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Thomas R. Swift Mailing Address 1120 15th St Dept of Neurology, Rm City Augusta FEC ID number of contributing	B13078 State Zip Code GA 30912-0004	Transaction ID: 29810250 Amount of Each Receipt this Period
Mailing Address 1120 15th St Dept of Neurology, Rm City Augusta FEC ID number of contributing	State Zip Code GA 30912-0004	Transaction ID: 29810250 Amount of Each Receipt this Period
Augusta FEC ID number of contributing	GA 30912-0004	Amount of Each Receipt this Period
FEC ID number of contributing	C	
	Occupation	-
Name of Employer Medical College of Georgia	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Morteza Shamsnia Mailing Address 7 Holyland Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29810254
<u>Metairie</u>	LA 70006-1055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Tulane University	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Sara G. Austin		Date of Receipt
Mailing Address 3006 Loveland Cove		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29810652
Austin FEC ID number of contributing federal political committee.	TX 78746-7635	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 54 (check only one) X
or for	nformation copied from such Reports and Sta commercial purposes, other than using the r AME OF COMMITTEE (In Full) merican Academy of Neurology Profe	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr Ma	all Name (Last, First, Middle Initial) E. Katherine A. Henry ailing Address 300 E 33rd St Apt 16M ty ew York EC ID number of contributing deral political committee. Tame of Employer YU School of Medicine exceipt For:	State NY C Occupation Physician		Date of Receipt M M M / 28 / 2009 Transaction ID: 29816448 Amount of Each Receipt this Period 500.00
——Fu	Primary General Other (specify) Ill Name (Last, First, Middle Initial) Lindsey Lee Lair	Aggregate	500.00	Date of Receipt
Ci <u>N</u> FE fec Na M	ew York EC ID number of contributing deral political committee. The primary General Other (specify)	State NY C Occupation Physician Aggregate		Transaction ID: 29816452 Amount of Each Receipt this Period 250.00
C. Dr. Ma	Ill Name (Last, First, Middle Initial) ∴ Elaine C. Jones ailing Address 212 Bay Spring Ave ty arrington EC ID number of contributing deral political committee. ame of Employer puthern New England Neurogy eceipt For: Primary General Other (specify) ▼	State RI C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	TOTAL of Receipts This Page (optional) AL This Period (last page this line number o		<u> </u>	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 54 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	the name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James F. Toole Mailing Address 1836 Virginia Road			Date of Receipt
City Winston Salem	State NC	Zip Code 27104-2316	Transaction ID: 29816465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Wake Forest University Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	/ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs Mailing Address 901 East Ave Apt A			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29816473
Rochester	NY	14607-2271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Univ of Rochester Sch of Med Receipt For:	Occupation Physician Aggregate	/ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Ashish M. Trivedi Mailing Address 202 N Division St	•		Date of Receipt
Plaza Two Suite #2			04 28 2009
City Auburn	State WA	Zip Code 98001-4939	Transaction ID: 29816483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30001-4339	500.00
Name of Employer Northwest Neurology and Electro Diag C Receipt For:	Occupation Physician	∕ear-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/54 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff			Date of Receipt
Mailing Address 935 Richmond Rd			0 4 2 8 2 0 0 9
City	State	Zip Code	Transaction ID: 29816501
Lyndhurst FEC ID number of contributing federal political committee.	C	44124-1063	Amount of Each Receipt this Period 500.00
Name of Employer Case Western Res Universi- ty	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Anil K. Nair			Date of Receipt
Mailing Address 2104 Hunter Hill C	Ct.		0 5 0 1 1 2 0 0 9
City Hudson	State WI	Zip Code 54016-5824	Transaction ID: 29839951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04010 0024	100.00
Name of Employer Boston University	Occupation Neurolog		
Receipt For: Primary General		e Year-to-Date ▼	1
Other (specify)		401.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
Mailing Address 3141 Neille Lane			0 5 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: 29839959
Twinsburg FEC ID number of contributing federal political committee.	C	44087-3808	Amount of Each Receipt this Period 100.00
Name of Employer Cleveland Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 54 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	fessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Walter J. Koroshetz			Date of Receipt
Mailing Address 7808 Stable Way			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Potomac	State MD	Zip Code 20854-1791	Transaction ID: 29840235
FEC ID number of contributing federal political committee.	C	20034-1791	Amount of Each Receipt this Period 250.00
Name of Employer Mass General Hospital,Nat- ional Institu Receipt For: Primary General Other (specify) ▼	Occupatio Neurolog Aggregate		
Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby Mailing Address 1233 SW 57th Avenue	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29840286
Portland	OR	97221-2507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Pacific Epilepsy Re- search	Occupatio Physicia		
Receipt For:	- · · · ·	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]
Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis			Date of Receipt
Mailing Address 806 Timber Hill Road			05 01 YYYY 2009
City Highland Park	State IL	Zip Code 60035-5121	Transaction ID: 29840288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00035-3121	250.00
Name of Employer Rush Univ. Med. Ctr.	Occupatio Physicia		
Receipt For:	 	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kimford J. Meador Mailing Address 851 Courtenay Driv	e	Date of Receipt
City Atlanta	State Zip Code GA 30306-3424	Transaction ID: 29840359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Emory University Receipt For:	Occupation Professor Aggregate Year-to-Date	
Primary General Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial) Dr. James D. Nelson Mailing Address PO Box 8739 Upper Havensight E	Uda #2	Date of Receipt 0 5 0 1 2 0 0 9
City	State Zip Code	Transaction ID: 29840485
St Thomas	VI 00801-1739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VI Neurological Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. Richard S. Bedlack	1	Date of Receipt
Mailing Address 9 Logging Trl		05 01 2009
City	State Zip Code	Transaction ID: 29840516
Durham	NC 27707-4656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Duke University Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (optiona	<u> </u>	1500.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Constantine Moschonas Mailing Address 9746 N 90th PI Ste 20 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Four Peaks Neurology Receipt For: Primary Other (specify) General	State Zip Code AZ 85258-5085 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Alan G. Finkel Mailing Address 400 Stony Hill Rd City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer U of NC Clinical Sciences Bldg Receipt For: Primary General Other (specify)	State Zip Code NC 27599-7025 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski Mailing Address 2307 Valley Brook Ro City Nashville FEC ID number of contributing federal political committee. Name of Employer St. Thomas Neurology Group Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37215-2016 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		2000.00

Baltimore MD 21230-3975 Amount of Each Receipt FEC ID number of contributing federal political committee. Name of Employer LifeBridge Health Brain & Spine Instit! Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Mailing Address 58 Morton St City State Zip Code Transaction ID: 29840 Needham MA 02494-1204 FEC ID number of contributing federal political committee. C Name of Employer BUMC Dept. of Neurology Primary General Other (specify) ▼ Cuty State Zip Code Transaction ID: 29840 Amount of Each Receipt C FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Cuty State Zip Code Transaction ID: 29840 Amount of Each Receipt Transaction ID: 29840 Amount of Each Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Date of Receipt M M M 02494-1204 Date of Receipt	E A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial) Dr. Michael A. Williams Mailing Address 1029 Pier Pointe Landing City State Zip Code Baltimore Name of Employer Bill Name (Last, First, Middle Initial) Dr. Anna D. Hohler FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 29840 Amount of Each Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Date of Receipt Transaction ID: 29840 Amount of Each Receipt Date of Receipt Date	al purposes, other than using the name and a	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
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A Spine Instit Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Mailing Address 58 Morton St City State Zip Code Needham MA 02494-1204 FEC ID number of contributing federal political committee. Name of Employer BUMC Dept. of Neurology Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William J. Weiner Mailing Address 3704 N. Charles St. #901 City State Zip Code Amount of Each Receipt Full Name (Last, First, Middle Initial) Dr. William J. Weiner Mailing Address 3704 N. Charles St. #901 City State Zip Code MD 21218-2305 FEC ID number of contributing federal political committee. C Name of Employer FEC ID number of contributing federal political committee. C Name of Employer University of Maryland School of Medic Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Amount of Each Receipt FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼	ber of contributing	21230-3973	1000.00
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hool of Medic Receipt For: Primary General Aggregate Year-to-Date 750.00	ber of contributing	21218-2305	Amount of Each Receipt this Period 250.00
Primary General	C Priysici	n	
	y General		
SUBTOTAL of Receipts This Page (optional)	Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 54 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to Professional Association BrainPAC	on for the purpose of soliciting contributions of solicit contributions from such committee.
/	Tolossional Association Braini Ac	
Full Name (Last, First, Middle Initial) Dr. Lisa M. Shulman		Date of Receipt
Mailing Address 3704 N. Charles S	t. Unit 901	05 01 2009
City	State Zip Code	Transaction ID: 29840938
Baltimore	MD 21218-2324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer U of MD At Baltimore	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer		Date of Receipt
Mailing Address 711 Haverford Ave)	05 02 2009
City	State Zip Code	Transaction ID: 29841294
Pacific Palisades	CA 90272-4313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UCLA Dept. of Clinical Ne- urophysiology	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels	I	Date of Receipt
Mailing Address 2541 NE 35th Stre	et	05 02 7 2009
City	State Zip Code	Transaction ID: 29841297
Lighthouse Point	FL 33064-8156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Dags (action	al)	1500.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 54 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas R. Vidic			Date of Receipt
	Mailing Address 22642 Remington Co			05 02 2009
	City <u>E</u> lkhart	State IN	Zip Code 46514-4674	Transaction ID: 29841298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Elkhart Clinic	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Nancy T. Rodgers-Neame Mailing Address 627 Belmont Avenue			Date of Receipt
	City	State	Zip Code	05 02 2009
	Tampa	FL	33617-3802	Transaction ID: 29841727 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. William T. Bradley			Date of Receipt
	Mailing Address 7450 Queensbury Cir	cle		05 02 7 2009
	City	State	Zip Code	Transaction ID: 29841902
	Fort Worth FEC ID number of contributing federal political committee.	C	76133-7046	Amount of Each Receipt this Period 1000.00
	Name of Employer Neuro. Assoc. of Arlington	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
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SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMM				on for the purpose of soliciting contributions solicit contributions from such committee.
City Frisco FEC ID number of	5587 Midnight Moon Dr Childrens Medical Center contributing	State TX	Zip Code 75034-1718	Date of Receipt M M
Name of Employer Hillcrest Plaza Receipt For: Primary Other (specif	General	Occupation Child Neu		
Full Name (Last, F Dr. Mary L. Tomyan Mailing Address		4808		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 29841905
Chicago		IL	60611-6440	Amount of Each Receipt this Period
FEC ID number of federal political con		C		500.00
Name of Employer VA		Occupation Neurologi		
Receipt For: Primary Other (specif	General	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, F Dr. Linda M. Famigli				Date of Receipt
Mailing Address	100 N Academy Ave			05 02 7 2009
City		State	Zip Code	Transaction ID: 29841906
<u>Danville</u>		PA	17822-0001	Amount of Each Receipt this Period
FEC ID number of federal political con		С		500.00
Name of Employer Geisinger Medical	Center	Occupation Neurologi		
Receipt For: Primary Other (specif	General	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Rece				1250.00

City Seattle WA 98105-5354 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ State Zip Code IL 60091-1029 Date of Receipt this PEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Dr. Daniel B. Hier Mailing Address 1206 Manor Dr City State Zip Code IL 60091-1029 Transaction ID: 29850560 Amount of Each Receipt this C Transaction ID: 29850560 Amount of Each Receipt this Physician Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code IL 60091-1029 Transaction ID: 29850560 Amount of Each Receipt this Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29876492 Amount of Each Receipt this	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 54 (check only one) X 11a
A. Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Mailing Address 4229 NE 33rd Street City Seattle WA 98105-5354 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary Other (specify) ▼ FULL Name (Last, First, Middle Initial) Dr. Daniel B. Hier Mailing Address 1206 Manor Dr City State Vinesting Address 1206 Manor Dr City State Vinesting Address 1206 Manor Dr City State Vinesting Address 1206 Manor Dr City FEC ID number of contributing federal political committee. Name of Employer University of L at Chica- go Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this C Cucupation Physician Aggregate Year-to-Date V Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Date of Receipt Transaction ID: 29876492 Amount of Each Receipt this Date of Receipt Transaction ID: 29876492 Amount of Each Receipt this Date of Receipt Transaction ID: 29876492 Amount of Each Receipt this Date of Receipt Amount of Each Receipt this C C. De John David Hisson Mailing Address 1224 3rd Ave City San Francisco CA 94122-2705 FEC ID number of contributing federal political committee. Cache Name of Employer University of L at Chica- go Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General	ommercial purposes, other than using the name	ents may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Lynne P. Taylor Mailing Address 4229 NE 33rd Street City Seattle WA 98105-5354 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier Mailing Address 1206 Manor Dr City State Zip Code Wilmette UL 60091-1029 Date of Receipt Transaction ID: 29844295 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Transaction ID: 29850560 Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt this Date of Receipt this Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Date of Rece	erican Academy of Neurology Profession	nal Association BrainPAC	
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Seattle WA 98105-5354 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Centre of Physician Primary General Other (specify) ▼	ng Address 4229 NE 33rd Street		
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nter Receipt For:			1000.00
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Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier Mailing Address 1206 Manor Dr City State Zip Code Wilmette IL 60091-1029 FEC ID number of contributing federal political committee. C Name of Employer University of IL at Chica- g0 Receipt For: Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Dr. John David Hixson Mailing Address 1224 3rd Ave City State Zip Code Physician Aggregate Year-to-Date ▼ Transaction ID: 29850560 Amount of Each Receipt this Date of Receipt Transaction ID: 29876492 Amount of Each Receipt Transaction ID: 29876492 Amount of Each Receipt this Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 29876492 Amount of Each Receipt this Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 29876492 Amount of Each Receipt this C Name of Employer UCSF Physician Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	eipt For: A	ggregate Year-to-Date ▼	
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University of IL at Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John David Hixson Mailing Address 1224 3rd Ave City State Zip Code San Francisco CA 94122-2705 FEC ID number of contributing federal political committee. Name of Employer UCSF Receipt For: Primary General Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 29876492 Amount of Each Receipt this C			100.00
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San Francisco CA 94122-2705 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer UCSF Primary General Amount of Each Receipt this Amount of Each Receipt this	ng Address 1224 3rd Ave		
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Primary General 350.00	e of Employer O	•	
250.00		ggregate Year-to-Date ▼	
1		250.00	
SUBTOTAL of Receipts This Page (optional)	OTAL of Receipts This Page (optional)		1350.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 54 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology F	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
Mailing Address 1199 Sennebec Rd	I		05 29 2009
City	State	Zip Code	Transaction ID: 29959659
Union FEC ID number of contributing federal political committee.	ME C	04862-4628	Amount of Each Receipt this Period 100.00
Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
Mailing Address 3141 Neille Lane			0 6 0 1 2 0 0 9
City Twinsburg	State OH	Zip Code 44087-3808	Transaction ID: 30001354
FEC ID number of contributing federal political committee.	C	44007-3000	Amount of Each Receipt this Period
Name of Employer Cleveland Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Anil K. Nair			Date of Receipt
Mailing Address 2104 Hunter Hill Ct	t.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State WI	Zip Code	Transaction ID: 30001356
Hudson FEC ID number of contributing federal political committee.	C	54016-5824	Amount of Each Receipt this Period
Name of Employer Boston University	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 501.00	
SUBTOTAL of Receipts This Page (options	al)		300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 54 (check only one) X
A o	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis	nessional Ast	Sociation Braini Ao	Date of Receipt
	Mailing Address 6934 Rosewood Stree	et State	Zip Code	0 6 0 5 2 0 0 9 Transaction ID: 30030525
	Pittsburgh	PA	15208-2639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Pittsburgh Neurology Ctr.	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs	1		Date of Receipt
	Mailing Address 901 East Ave Apt A			06 10 2009
	City	State	Zip Code	Transaction ID: 30033602
	Rochester	NY	14607-2271	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Rochester Sch of Med	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	Full Name (Last, First, Middle Initial) Dr. Steven Demeter			Date of Receipt
	Mailing Address 10393 San Diego Mis	sion Rd Ste	120	06 12 YYYY 2009
	City	State	Zip Code	Transaction ID: 30071391
	San Diego	CA	92108-2134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Medlink Corporation	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 54 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Academy of Neurology	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. John C. Morris Mailing Address 8032 Orlando City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Washington University Sch-	State MO C Occupation	Zip Code 63105-2543	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ool of Medici Receipt For: Primary General Other (specify) ▼	Physician Aggregate	n e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan Mailing Address PO Box 6059	•		Date of Receipt 0 6 2 6 2 0 0 9
City	State	Zip Code	Transaction ID: 30132209
Olympia	WA	98507-6059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Middleton Fndn. / Oly- mpia Neurolog Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
Mailing Address 1199 Sennebec Ro	d		06 30 7 4 4 9
City	State	Zip Code	Transaction ID: 30147065
Union	ME	04862-4628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 54 (check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	ne name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Isaac E. Silverman			Date of Receipt
	Mailing Address 130 Sunny Reach Dr	ive		03 02 2009
	City	State	Zip Code	Transaction ID: 30205805
	West Hartford	CT	06117-1537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Hartford Neurology	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼		100.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-
	Full Name (Last, First, Middle Initial) Dr. Mill Etienne			Date of Receipt
	Mailing Address 63 Woodruff Ave			03 / 02 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30205806
	Bronxville	NY	10708-6607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Columbia Univ. Med. Ctr.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 20.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$20.00 This chan- ges the YTD Total to \$20
	Full Name (Last, First, Middle Initial) Dr. Robert E. Shapiro			Date of Receipt
	Mailing Address 1256 Whalley Road			03 02 2009
	City	State	Zip Code	Transaction ID: 30205807
	Charlotte	VT	05445-9074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer U of VT	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00
8	SUBTOTAL of Receipts This Page (optional)			0.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 54 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			
	Dr. Lawrence M. Samkoff Mailing Address 221 Wilshire Road			Date of Receipt
				03 02 2009
	City	State	Zip Code	Transaction ID: 30205808
	Rochester	NY	14618-1222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer University of Rochester	Occupation Physicia		
	Receipt For:	- ' 	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼		50.00	Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50
	Full Name (Last, First, Middle Initial) Dr. Elliott A. Schulman			Date of Receipt
	Mailing Address 616 Greythorne Rd			03 02 7 2009
	City	State	Zip Code	Transaction ID: 30205809
	Wynnewood	PA	19096-2509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Lankenau Hospital and Lan- kenau Institu	Occupation Neurolog		
	Receipt For:	Aggregate	e Year-to-Date	[MEMO ITEM]
	Primary General Other (specify) ▼	0 0	100.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-
_	Full Name (Last, First, Middle Initial) Dr. James C. Stevens			Date of Receipt
	Mailing Address 12112 Aboite Center	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30205810
	Fort Wayne	IN	46814-9528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Allied Physicians, Inc.	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	0 0	1000.00	Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1-000.00
$\begin{bmatrix} 1 \end{bmatrix}$	SUBTOTAL of Receipts This Page (optional)	1		0.00

SCHEDULE A (FEC Form 3X)

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Neurology Prof	fessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella			Date of Receipt
Mailing Address 235 Rosemont Avenue	e		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 30205811
Saint Louis	MO	63119-2412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Forst Park Hospital	Occupatio Neurolog		
Receipt For:	, ' 	e Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	0 0	1000.00	Refund(s) on Schedule B Totaling \$1000.00 This ch- anges the YTD Total to \$1-
Full Name (Last, First, Middle Initial) Dr. Nancy Hammond			Date of Receipt
Mailing Address 13230 Long Street			03 02 7 2009
City	State	Zip Code	Transaction ID: 30205812
Overland Park	KS	66213-5030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		0.00
Name of Employer University of Kansas	Occupatio Physicial		
Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼		200.00	Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20- 0.00
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV			Date of Receipt
Mailing Address 4045 Linkwood Dr Apr	t 721		03 02 2009
City	State	Zip Code	Transaction ID: 30205813
Houston	TX	77025-6007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Baylor College of Medicine	Occupatio Physicial	n n Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 50.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50
			0.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		·	
American Academy of Neurology Profe	ssional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Eddie L. Patton, Jr.			Date of Receipt
Mailing Address 9706 Berkshire Trace			03 02 7 2009
City	State	Zip Code	Transaction ID: 30205814
Pearland	TX	77584-3057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Baylor College of Medicine	Occupatio Physicial		
Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]
Primary General		65.00	Refund(s) on Schedule B
Other (specify) ▼	0 0		Refund(s) on Schedule B Totaling \$65.00 This changes the YTD Total to \$65
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts			Date of Receipt
Mailing Address 136 Covey Chase			03 / 02 / 4 4 9 9
City	State	Zip Code	Transaction ID: 30205815
Tuscaloosa	AL	35406-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		0.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupatio Physicial		
Receipt For:	<u> </u>	Year-to-Date ▼	[MEMO ITEM]
Primary General	1 99 19411		Refund(s) on Schedule B
Other (specify) ▼	0 0	100.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-0.00
Full Name (Last, First, Middle Initial) Mrs. Catherine M Rydell			Date of Receipt
Mailing Address 3820 Grand Way, #309			05 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30205816
Saint Louis Park	MN	55416-4961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer American Academy of Neuro- logy	Occupatio Executive	n e Director/CEO	
Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼		100.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-
CURTOTAL of December Title Co. (1911)			0.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number o	(د بارد		48950.00

	(FEC Form 3X)		arate schedule(s) category of the		FOR LINE (check onl	: NUMBER: y one)		PAGE	41 / 54	
	BURSEMENTS	Detailed	Summary Page		21b 27	22 Z 28a	28b 2	24 28c	25 29	$\frac{1}{2}$
	d from such Reports and State poses, other than using the nar									_
NAME OF COMM							21.01.0 11.0111.00	<u> </u>		
,	First, Middle Initial) sy Murray U S Senate Can	npaign				Date of	tion ID: 29		· v · v	
Mailing Address	PO Box 3662					02	19	ž	0 0 9	
City Seattle		State WA	Zip Code 98124			Amount	of Each Disbu			rio
Purpose of Disbut Campaign Contrib				O)11			100	00.00	_
Candidate Name Sen. Patty Mur	ay			Cat	egory/ ype					
Office Sought:		sement For: X Primary Other (sp	2009 General ecify)			Campai	gn Contribu	tion		
State: WA	District:	_	· 							_
Full Name (Last, F Nathan Deal Fo						Date of	tion ID: 29			
Mailing Address	PO Box 902					02	26	ž	0 0́ 9 Š	
City Gainesville		State GA	Zip Code 30503			Amount	of Each Disbu	ırsement	this Per	rio
Purpose of Disbui Campaign Contrib				Ö)11	L		100	00.00	_
Candidate Name Rep. Nathan De				Cat	egory/ ype					
Office Sought:		sement For: X Primary Other (sp	2009 General ecify)			Campai	gn Contribu	tion		
	First, Middle Initial)						t ion ID: 29			
Mailing Address	236 Massachusetts Ave Suite 603	enue, NE				03	03	y y 2	0 0 9 °	
City Washington		State DC	Zip Code 20002			Amount	of Each Disbu			rio
Purpose of Disbui Leadership PAC	sement			Ċ)11			100	00.00	_
Candidate Name				Cat	egory/ ype					
Office Sought:	House Disburs Senate President	Primary Other (sp	General ecify) ▼			Leaders	ship PAC			
State:	District:		<i>,</i> , ♦							
										_

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		(check onli	NUMBER: PAGE 42/54
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full) American Academy of Neurology Professi	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, In	<u> </u>			Transaction ID: 29468907 Date of Disbursement
	Mailing Address PO Box 80126				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Y & Y & O & O \end{bmatrix} Y$
	City Lafayette	State Zip Code LA 70598			Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name		_	011 tegory/	1000.00
	X	ement For: 2009 Primary General Other (specify)		Гуре	Campaign Contribution
	Full Name (Last, First, Middle Initial) Rangel For Congress				Transaction ID: 29551685 Date of Disbursement
	Mailing Address PO Box 5577 Manhattanville Sta				03 16 2009
	City New York	State Zip Code NY 10027			Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Charles B. Rangel		Са	011 tegory/ Γγρе	1000.00
		ement For: 2009 Primary General Other (specify)			Campaign Contribution
	Full Name (Last, First, Middle Initial) Citizens For Harkin				Transaction ID: 29551689 Date of Disbursement
	Mailing Address P O Box 811				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Des Moines	State Zip Code IA 50304			Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Tom Harkin		Ca	011 tegory/ Γype	1000.00
	9 🗎	ement For: 2009 Primary General Other (specify)			Campaign Contribution
_	Siotion Siotion				3000.00

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		-		NUMBER	:	P/	AGE 4	3 / 54	4
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check 21 27	ŕ	one) 22 28a	X 23 28b	24 28c		25 29	
	r Information copied from such Reports and Stor commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)	Tiame and addre	ss of any political	COIIII	iiiiiiiee i	0 301	icit contin	utions no	II SUCII (,011111110	100	
\rangle	American Academy of Neurology Profe	essional Asso	ciation BrainPA	AC								
	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.							ction ID: Disburser		690		
	Mailing Address P.O. Box 61337						03	/ 1	5 / []	Ž 0	ý 9	Υ
	City Denver	State CO	Zip Code 80206				Amoun	t of Each [Disburse			erio
	Purpose of Disbursement Campaign Contribution				011					1000	0.00	
	Candidate Name Rep. Diana DeGette				tegory/ Γype							
	Senate President	Oursement For: X Primary Other (spe	2009 General				Campa	ign Cont	ributio	า		
	State: CO District: 01											
	Full Name (Last, First, Middle Initial) Hoyer For Congress						Date of	ction ID: Disburser	nent		V ° V	V
	Mailing Address 607 14th Street, Nw Suite 800						03	[/] 20	5 ' [2 0	ŏ9`	
	City Washington	State DC	Zip Code 20005				Amoun	t of Each [Disburse			eric
	Purpose of Disbursement Campaign Contribution				011					2000).00	_
	Candidate Name Rep. Steny H. Hoyer				tegory/ Γype							
	Office Sought: X House Senate President State: MD District: 05	Oursement For: X Primary Other (spe	2009 General				Campa	ign Cont	ributio	ו		
	Full Name (Last, First, Middle Initial)							ction ID:		106		
	Earl Pomeroy For Congress						Date of 0 4		p / N	, Y	Y Y	Υ
	Mailing Address Post Office Box 9336	5					0 4	0	1	20	ŏ9	_
	City Fargo	State ND	Zip Code 58106				Amoun	t of Each [Disburse			eric
	Purpose of Disbursement Campaign Contribution				011]				1000).00	_
	Candidate Name Rep. Earl Pomeroy				tegory/ Γype							
	Senate President	Oursement For: X Primary Other (spe	2009 General				Campa	iign Cont	ribution	ו		
_	State: ND District: 01						_					_
_	JBTOTAL of Disbursements This Page (optio	nal)								4000	.00	

ITI	HEDULE B (FEC Form 3	Juse sepa	rate schedule(s)	_	NUMBER: PAGE 44 / 54
	EMIZED DISBURSEMENT	for each o	category of the Summary Page	(check only 21b 27	y one) 22 X 23 24 25 28a 28b 28c 29 3
	Information copied from such Reports a procommercial purposes, other than usin				for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full) American Academy of Neurology	-			ion contributions from cacin committee
	Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14				Transaction ID: 29619145 Date of Disbursement
	Mailing Address PO Box 1496				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & Q \end{bmatrix} \ Y$
	City Louisville	State KY	Zip Code 40201		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name			011 Category/	1000.00
	Sen. Mitch McConnell Office Sought: House	Disbursement For:	2009	Type	Campaign Contribution
	X Senate President State: KY District:	X Primary Other (spec	General cify) ▼		Campaign Contribution
	Full Name (Last, First, Middle Initial) Braley For Congress				Transaction ID: 29848127 Date of Disbursement
	Mailing Address PO Box 390				$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M / \begin{bmatrix}D\\05\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}Y\\2009\end{smallmatrix}$
	City Waterloo	State IA	Zip Code 50704		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution			011	1000.00
	Candidate Name Rep. Bruce Braley			Category/ Type	
	Office Sought: X House Senate	Disbursement For: X Primary	2009 General		Campaign Contribution
	State: IA District: 01	Other (spec	City) \		
	State: IA District: 01 Full Name (Last, First, Middle Initial) Pallone For Congress	Other (spe			Transaction ID: 29848128 Date of Disbursement
	State: IA District: 01 Full Name (Last, First, Middle Initial)	Other (spe			
	State: IA District: 01 Full Name (Last, First, Middle Initial) Pallone For Congress	State NJ	Zip Code 07740		Date of Disbursement M 5 M / D 0 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Perio
	State: IA District: 01 Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch Purpose of Disbursement Campaign Contribution	State	Zip Code	011	Date of Disbursement O 5
	State: IA District: 01 Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch Purpose of Disbursement Campaign Contribution Candidate Name Rep. Frank Pallone, Jr.	State NJ	Zip Code 07740	011 Category/ Type	Date of Disbursement M 5 M / D 0 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Period
	State: IA District: 01 Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch Purpose of Disbursement Campaign Contribution Candidate Name	State	Zip Code 07740	Category/	Date of Disbursement M 5 M / D 0 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Period

	CHEDULE B (FEC Form 3X	y Use sepa	arate schedule(s)	_	R LINE NU	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			e) 22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and for commercial purposes, other than using t					
\sum_{i}	NAME OF COMMITTEE (In Full) American Academy of Neurology Pr				0 10 0011011	
<u>/</u>	Full Name (Last, First, Middle Initial) Citizens For Altmire					ransaction ID: 29848204 Date of Disbursement
	Mailing Address P.O. Box 1776					$ \begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & D \\ 0 & 0 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & M \\ 0 & 0 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & M \\ 0 & 0 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & M \\ 0 & 0 & M \end{bmatrix} $
	City Freedom	State PA	Zip Code 15042		,	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name			011 Categor		1000.00
	Rep. Jason Altmire	Disbursement For:	2009	Type		
	Senate President	X Primary Other (spe	General		C	ampaign Contribution
	State: PA District: 04 Full Name (Last, First, Middle Initial) Wyden For Senate					ransaction ID: 29881974 Date of Disbursement
	Mailing Address 232 Ne 9th Avenu	е				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Portland	State OR	Zip Code 97232		,	Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution			011		1000.00
	Candidate Name Sen. Ron Wyden			Categor Type	ry/	
	Office Sought: House X Senate President State: OR District:	Disbursement For: X Primary Other (spe	2009 General		C	ampaign Contribution
	Full Name (Last, First, Middle Initial) Grassley Committee Inc					Transaction ID: 29905722 Date of Disbursement
	Mailing Address PO Box 1000					$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Des Moines	State IA	Zip Code 50304		,	Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign Contribution			011		1000.00
				Categor	ry/	
	Candidate Name Sen. Charles E. Grassley			Туре		
	Sen. Charles E. Grassley	Disbursement For: X Primary Other (spe	2009 General	Туре	C	ampaign Contribution

A.

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<u>/</u>	Full Name (Last, First, Middle Initial) Wally Herger For Congress Commit	tee			Transaction ID: 30077302 Date of Disbursement		
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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Academy of Neurology Profession		licit contributions from such committee
Full Name (Last, First, Middle Initial) Dr. Nancy Hammond Mailing Address 13230 Long Street		Transaction ID: 29587318 Date of Disbursement M M M D D D V Y Y Y O Y 9
,	State Zip Code KS 66213-5030 010 Category/	Amount of Each Disbursement this Period 200.00
	Type nent For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	•	2400.00