

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 509b 2nd St NE Lower Level Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, PRE-Election, Convention, Special (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2012 through 06 / 30 / 2012

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

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 07 / 17 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="155948.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="145962.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10390.00"/>	<input type="text" value="150078.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="156352.02"/>	<input type="text" value="306026.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63000.00"/>	<input type="text" value="209150.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93352.02"/>	<input type="text" value="96876.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8175.00	102993.00
(ii) Unitemized .....	2215.00	39661.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10390.00	142654.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10390.00	142654.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10390.00	150078.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10390.00	150078.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	208150.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63000.00	209150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63000.00	209150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10390.00	142654.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10390.00	141654.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dr. Gregory T. Pupillo**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,  
City La Crosse State WI Zip Code 54601-4145

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

Name of Employer: Franciscan-Skemp Healthcare Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **06 / 05 / 2012**  
Transaction ID : **34853609**

Amount of Each Receipt this Period: **45.00**

**B. Dr. J Michael Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 7510 N 1st St  
City Phoenix State AZ Zip Code 85020-4001

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

Name of Employer: Affiliated Neurologists Ltd Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **06 / 04 / 2012**  
Transaction ID : **34857874**

Amount of Each Receipt this Period: **250.00**

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

Mailing Address 3141 Neille Lane  
City Twinsburg State OH Zip Code 44087

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

Name of Employer: Children's Hospital and Med. Center of Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **06 / 15 / 2012**  
Transaction ID : **34891007**

Amount of Each Receipt this Period: **150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>445.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. James M. Gilchrist**  
Full Name (Last, First, Middle Initial)

Mailing Address 586 Old Westport Rd

City North Dartmouth State MA Zip Code 02747-2383

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

Name of Employer Neurology Foundation Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
06 / 15 / 2012  
**Transaction ID : 34891037**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
06 / 15 / 2012  
**Transaction ID : 34891053**

Amount of Each Receipt this Period  
**85.00**

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

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
06 / 15 / 2012  
**Transaction ID : 34891068**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **460.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Ralph F. Jozefowicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 78 Lac Kine Drive

City Rochester State NY Zip Code 14618

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

Name of Employer University of Rochester Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : 34891070**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4929 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : 34891072**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 806 Timber Hill Road

City Highland Park State IL Zip Code 60035-5121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : 34891099**

Amount of Each Receipt this Period  
**100.00**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nancy L. Mueller</b>		Date of Receipt 06 / 15 / 2012 <b>Transaction ID : 34891112</b>
Mailing Address 610 E Palisade Ave		Amount of Each Receipt this Period 500.00
City Englewood Cliffs	State NJ	Zip Code 07632-1801
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel C. Potts</b>		Date of Receipt 06 / 15 / 2012 <b>Transaction ID : 34891116</b>
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C		
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Awais Riaz</b>		Date of Receipt 06 / 15 / 2012 <b>Transaction ID : 34891128</b>
Mailing Address 4454-A Kelmscott Lane		Amount of Each Receipt this Period 250.00
City Salt Lake City	State UT	Zip Code 84124-2580
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Utah	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dariush Saghafi</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 <b>Transaction ID : 34891140</b>
Mailing Address 2741 Belgrave Rd		Amount of Each Receipt this Period 100.00
City Pepper Pike	State OH	Zip Code 44124-4601
FEC ID number of contributing federal political committee. C		
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeremy M. Shefner</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 <b>Transaction ID : 34891142</b>
Mailing Address 7994 Everglades Drive		Amount of Each Receipt this Period 250.00
City Manlius	State NY	Zip Code 13104-8501
FEC ID number of contributing federal political committee. C		
Name of Employer SUNY Upstate Medical University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Alan G. Stein</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 <b>Transaction ID : 34891146</b>
Mailing Address 1301 Punchbowl St		Amount of Each Receipt this Period 125.00
City Honolulu	State HI	Zip Code 96813-2402
FEC ID number of contributing federal political committee. C		
Name of Employer The Queen's Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Lyzette E. Velazquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Glen Hill Ln  
 City Tarrytown State NY Zip Code 10591-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronx Medical Neuro Care Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : 34891158**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Dario M. Zagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Brookview Ave  
 City Fairfield State CT Zip Code 06825-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : 34891160**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Ryan S. Drake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6621 Knightsbridge Ave., NW  
 City Canton State OH Zip Code 44718-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NeuroCare Center, Inc Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : 34947866**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Manmohan Nayyar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15007 Pamlico Rd  
 City State Zip Code  
 Apple Valley CA 92307-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 High Desert Neuro-Diagnostic Med. Grp. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : 34951803**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Glenn R. Goldfarb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 Chesterfield Ave Ste 303  
 City State Zip Code  
 Charleston WV 25304-1064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 West Virginia University Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : 34951807**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. David R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Ave  
 City State Zip Code  
 Spokane WA 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Neurological Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2012  
**Transaction ID : 34967375**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2012  
**Transaction ID : 34967376**

Amount of Each Receipt this Period 250.00

**B. Dr. Patricio F. Reyes**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 Phalen Blvd  
Neurology 4th Floor

City Saint Paul State MN Zip Code 55130-5302

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

Name of Employer HealthPartners/Regions Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012  
**Transaction ID : 34969204**

Amount of Each Receipt this Period 250.00

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

Mailing Address 2400 Hospital Dr Ste 310

City Bossier City State LA Zip Code 71111-2387

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

Name of Employer WK Bossier Health Ctr Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2012  
**Transaction ID : 34971537**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Gregory L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982096**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Maureen A. Callaghan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6059  
 1617 Sylvester St SW  
 City Olympia State WA Zip Code 98501-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madigan Army Medical Center / Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982098**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Madeleine Geraghty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 E Westminster Ln  
 City Spokane State WA Zip Code 99223-8406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982102**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Todd J. Janus**  
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Muskogee Avenue

City Des Moines State IA Zip Code 50312-4627

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

Name of Employer Iowa Health Physicians Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982114**

Amount of Each Receipt this Period  
**100.00**

**B. Dr. Jerome Lisk**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 N Madison Ave Ste 410

City Pasadena State CA Zip Code 91101-2049

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

Name of Employer Southern California Mvmnt Dis Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982117**

Amount of Each Receipt this Period  
**100.00**

**C. Dr. Gregory T. Pupillo**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,

City La Crosse State WI Zip Code 54601-4145

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

Name of Employer Franciscan-Skemp Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 34982141**

Amount of Each Receipt this Period  
**45.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>245.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : 34982143**

Amount of Each Receipt this Period  
**100.00**

**B. Dr. Carolyn L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : 34982147**

Amount of Each Receipt this Period  
**100.00**

**C. Dr. Simon J. Farrow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Piccolo Way

City Las Vegas State NV Zip Code 89146-3029

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

Name of Employer Simon Farrow Neurology Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : 34983181**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8175.00</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Renee Ellmers RN**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	2

**Transaction ID : 34858284**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Marsha Blackburn**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	2

**Transaction ID : 34858285**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Rogers For Congress**

Mailing Address PO Box 581

City State Zip Code  
Brighton MI 48116

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Michael J. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	2

**Transaction ID : 34858286**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : 34858288**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : 34858290**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Sen. Kay R. Hagan**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : 34858291**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : 34858293**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

**Transaction ID : 34882213**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

**Transaction ID : 34882214**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Pat Roberts For U S Senate Inc**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

**Transaction ID : 34882215**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Mikulski For Senate Committee**

Mailing Address PO Box 13147

City State Zip Code  
Baltimore MD 21203

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Barbara A. Mikulski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

**Transaction ID : 34886086**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Nelson For U S Senate**

Mailing Address 972 W Whitmire Drive

City State Zip Code  
Melbourne FL 32935

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Bill Nelson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 34900002**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Blumenauer For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 830 Ne Holladay, #105		<b>Transaction ID : 34900006</b>
City Portland	State OR	
Zip Code 97232	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Rep. Earl Blumenauer</b>	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03		

Full Name (Last, First, Middle Initial) <b>B. Diane Black For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address PO Box 1437		<b>Transaction ID : 34900012</b>
City Gallatin	State TN	
Zip Code 37066	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Diane Black</b>	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 06		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Scott Desjarlais</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address P O Box 90133		<b>Transaction ID : 34900017</b>
City Nashville	State TN	
Zip Code 37209	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Scott Eugene DesJarlais</b>	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Butterfield For Congress**

Mailing Address PO Box 2571

City State Zip Code  
Wilson NC 27894

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. George K. Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 34900018**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 34900019**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Cliff Stearns**

Mailing Address PO Box 308

City State Zip Code  
Silver Springs FL 34489

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Clifford B. Stearns**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 34900020**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michaud For Congress**

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Michael H. Michaud**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

Transaction ID : 34900022

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Frederick Stephen Upton**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

Transaction ID : 34900023

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

Transaction ID : 34900024

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Aaron Jon Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 34903677**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
Void - Engel For Congress

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

**Transaction ID : 34946983**

Amount of Each Disbursement this Period

-1000.00

Void - Engel For Congress

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971419**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

1000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NewDemPAC**

Mailing Address 700 13 St. NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Federal PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971475**

Amount of Each Disbursement this Period

5000.00

Federal PAC Contribution

Full Name (Last, First, Middle Initial)

**B. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Joe L. Barton**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971476**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Doris Matsui**

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971477**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins For Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971481**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Sam Johnson**

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Samuel Robert Johnson**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971482**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Bernie Sanders**

Mailing Address PO Box 391

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Bernie Sanders**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971483**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971485**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Eliot L. Engel**

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971497**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Pete Olson**

Office Sought:  House  
 Senate  
 President  
State: TX District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : 34971500**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : 34971597**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : 34971655**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : 34971656**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

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

7	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Void - Blumenauer For Congress

011

Category/  
Type

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : 34971848**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Blumenauer For Congress

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Void - Blumenauer For Congress

011

Category/  
Type

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : 34971849**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Blumenauer For Congress

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	2

**Transaction ID : 34980327**

Amount of Each Disbursement this Period

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

Campaign Contribution

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Klobuchar For Minnesota 2012**

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Amy Klobuchar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 34980340**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Klobuchar For Minnesota 2012**

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Amy Klobuchar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 34980342**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Timothy Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 34980343**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. David George Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 34981349**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Mike Pompeo**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2012

**Transaction ID : 34982005**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

63000.00