Image# 13960823252					PAGE 1 / 16
	PORT OF R D DISBURS Other Than An Autho	EMENT	s		Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	e or print V	Example: If typir over the lines.	ng, type	12FE4M5	
American Academy of Net	urology BrainPAC		-		
					· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and street)	99b 2nd St NE				
Check if different	ower Level				
than previously W reported. (ACC)	/ashington				20002
2. FEC IDENTIFICATION NUMB	ER V CITY	•	S		ZIP CODE
C C00435933	3. IS T REF		N) OR	AME (A)	NDED
4. TYPE OF REPORT (i) (Choose One) (i) (a) Quarterly Reports: (i)	b) Monthly Report Due On: Mar 20	(M3)	May 20 (M5) Jun 20 (M6)	Sep 2	0 (M8) Nov 20 (M11) (Non-Election Year Only) 0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	(M4) Primary (12F Convention (General (1 Special (12	
January 31 Year-End Report (YE)	Election of	on/	D D /	Y II Y II Y II Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	ā)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election of	on/	D D /	Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013	through	01	/ D D / 31	2013
I certify that I have examined this Re	eport and to the best of my	y knowledge and I	pelief it is true	e, correct and	complete.
Type or Print Name of Treasurer	Ir. Timothy J. Engel				
Signature of Treasurer	y J. Engel	[Electronically	v Filed] Da	ate 02	/ D D / Y Y Y Y 14 2013
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject the pers	son signing thi	is Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

02/14/2013 12 : 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M М Μ Y N 01 01 2013 01 2013 Report Covering the Period: 31 From: To: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 127133.00 January 1, 2013 (b) Cash on Hand at 127133.00 Beginning of Reporting Period..... 33239.00 33239.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 160372.00 160372.00 6(a) and 6(c) for Column B)..... 50000.00 50000.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of

Reporting Period 110372.00 110372.00 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY 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

X

Image#	13960823254	
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		04005.00
(i) Itemized (use Schedule A)	21365.00	21365.00
(ii) Unitemized	11874.00	11874.00
(iii) TOTAL (add	00000.00	22220.00
Lines 11(a)(i) and (ii)	33239.00	33239.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees		
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	33239.00	33239.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	,
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
Total Receipts (add Lines 11(d),	22220.00	22220 0/
12, 13, 14, 15, 16, 17, and 18(c))►	33239.00	33239.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	33239.00	33239.0
	33233.00	33239.0

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees Independent Expenditures	50000.00	50000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) ►		
Other Disbursements	0.00	0.00
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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50000.00	50000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	50000.00	50000.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	33239.00	33239.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33239.00	33239.00
 G. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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16

••			Detailed Summary Page		-		11b 14	11c	$\left - \right $	12		7
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or	for commercial purposes, other than using the	name and a	ddress of any political committ	ee to so	licit cor	ntrib	utions f	from such	1 COI	mmitt	ee.	
\backslash	NAME OF COMMITTEE (In Full)		10									
	American Academy of Neurology	y BrainP	AC									
Δ	Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera Jr.				Date of	Be	ceint					
	Mailing Address 623 W Willow Ave				M M	_	D D) / Y	V	Y	Y	
					01		04)13		
	City	State	Zip Code		Trans	acti	on ID :	3569975	3			
	Visalia	CA	93291-6101		Amount	of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	1000	00]
	Name of Employer	Occupation										
	Self	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		1000.00									
	Other (specify)		7 7									
	Full Name (Last, First, Middle Initial)											
B.	Dr. Mark S. Yerby				Date of	Re	ceipt					
	Mailing Address Fat Pony Farm				M M	1		/ Y		Y	Y	
63705 Deschutes Market Road		State	Zip Code		01 Tranc		04	3569975	20 7	13		
	Bend	OR	97701					leceipt th		eriod		
	FEC ID number of contributing								-			1
	federal political committee.	С					7	7	_	500.	00	Ι.
	Name of Employer	Occupation										
	North Pacific Epilepsy Research	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		E00.00									
	Other (specify)	L	500.00									
_	Full Name (Last, First, Middle Initial)											
C.					Date of	Re						
	Mailing Address 1010 Memorial Dr Apt 18C				01	1	04) / Y	20	13	Y	
	City	State	Zip Code		Trans	acti	ion ID :	3569978	1			
	Cambridge	MA	02138-4857		Amount	of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing	С			- · · ·					300	.00	1
	federal political committee.						7	7	-			1
	Name of Employer	Occupation										
	Cambridge Receipt For:	Physician										
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		300.00									
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Use separate schedule(s) for each category of the

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16

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainP.	AC	
Full Name (Last, First, Middle Initial) A. Dr. Michael W. Morse Mailing Address 2008 N Bridgeton Ct City State Fayetteville AR FEC ID number of contributing C federal political committee. Occupation Name of Employer Occupation Neurological Associates Neurologist Receipt For: Aggregate Other (specify)		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Neil A. Busis Mailing Address 6934 Rosewood St City State Pittsburgh PA FEC ID number of contributing federal political committee. C Name of Employer Occupation Pittsburgh Neurology Ctr. Physician Receipt For: Aggregate Other (specify) ▼ Image: Control of the specify in the specified of the specif	Zip Code 15208-2639 Year-to-Date ▼ 5000.00	Date of Receipt 01 09 2013 Transaction ID : 35709418 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) C. Dr. Laura B. Powers Mailing Address 5629 Tazewell Pike City State Knoxville TN FEC ID number of contributing federal political committee. City Name of Employer Occupation Self/ Retired Physician Receipt For: Aggregate Other (specify) ▼ Image: Committee	Zip Code 37918-9264 Year-to-Date ▼ 500.00	Date of Receipt 01 / 12 / 2013 Transaction ID : 35712008 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	6500.00

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Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	ay not be sold or used by any penderss of any political committee	erson 1 e to so	ior the ilicit co	purp ntribu	utions fi	rom sucl	h commi	utions	5
NAME OF COMMITTEE (In Full)	-									
$ $ \rangle American Academy of Neur	ology BrainP	AC								
Full Name (Last, First, Middle Initial) A . Dr. Peter D. Donofrio				Data a	f Dod	noint				
A. Dr. Peter D. Donofrio Mailing Address 1708 Linden Ave			-	Date of	_					
Maining Address 1700 Linden Ave				01	/	12	/ ү	2013	Y	
City	State	Zip Code			actio		3571201			
Nashville	TN	37212-5112		Amoun	t of E	Each R	eceipt th	nis Perio	d	
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Vanderbilt University	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
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Other (specify)		7 7 7								
Full Name (Last, First, Middle Initial)										
B. Dr. Anna D. Hohler				Date of	f Red	ceipt				
Mailing Address 58 Morton Street				M M	/	DD	/ Y	Y Y	Y	
				01		06	JL	2013		
City	State MA	Zip Code 02494-1204					<u>3571319</u>			
Needham Heights	MA	02494-1204		Amoun	tofi	Each R	eceipt th	nis Perio	d	_
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BUMC Dept. of Neurology	Physician									
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Primary General Other (specify)		1000.00								
		, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial) C. Dr. Nancy L. Mueller				Date of	f Red	ceipt				
Mailing Address 34 Stonybrook Road		м м 01	/	D D 16	/ Y	2013	Y			
City	State	Zip Code		Trans	saction	on ID :	3571328	30		
Tenafly	NJ	07670		Amoun	t of E	Each R	eceipt th	nis Perio	d	
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ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurolog	/ BrainPAC		
Full Name (Last, First, Middle Initial) Dr. James N. Goldenberg Mailing Address 610 N Lakeside Dr City Lake Worth FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Cod FL 33460 C Occupation Aggregate Year-to-Date		Date of Receipt 01 / 19 / 2013 Transaction ID : 35721930 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) B. Dr. Parthasarathy Thirumala Mailing Address 112 Millstone Ln City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer University of Pittsburgh Receipt For: Primary General Other (specify) ▼	State Zip Cod PA 15238-1 C Occupation Aggregate Year-to-Date	1624	Date of Receipt 01 / 19 / 2013 Transaction ID : 35721932 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah Mailing Address 160 W. 66th St Apt. 22J City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip Cod NY 10023 C Occupation Physician Aggregate Year-to-Date		Date of Receipt 01 / 19 / 2013 Transaction ID : 35721941 Amount of Each Receipt this Period 1000.00
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Detailed Summary Page 113 116 116 Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from so NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Erik Perkins Date of Receipt Mailing Address 11660 Cypress Canyon Road 0 City State 2/p Code San Diego CA 92131-3756 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Mailing Address 30 Pelham Dr 0 0 City State Zip Code Name of Employer Occupation Neurologist Receipt For: Aggregate Year-to-Date ▼ 0 Mailing Address 30 Pelham Dr 0 0 0 City State Zip Code 1 Aggregate Year-to-Date ▼ Primary G	ch committee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from standard committee in the solicit contributions from standard committee. NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Dr. Erik Perkins Mailing Address 11660 Cypress Canyon Road City State San Diego CA FEC ID number of contributing federal political committee. Name of Employer Occupation Sharp-Rees-Stealy Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code B. Dr. Ann H. Tilton Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 35721 Amount of Each Receipt City State Zip Code Mating Address 30 Pelham Dr C Transaction ID: 35721 City State Zip Code Transaction ID: 35721 Metarine LA 70005-4454 FEC FEC ID number of contributing federal political committee. Occupation Sign 2 Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼	ch committee.
American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Dr. Erik Perkins Mailing Address 11660 Cypress Canyon Road City San Diego Call Digo San Diego Call Digo City San Diego Call Digo San Diego Call Digo Call Digo Call Digo Call Digo Call Digo Sharp-Rees-Stealy Medical Group Physician Receipt For: Primary General Other (specify) ▼ City State Zip Code Matiing Address 30 Pelham Dr City State City State Name of Employer Occupation LSUHSC Neurologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date	2013 57 this Period 500.00 2013 78
Full Name (Last, First, Middle Initial) A. Dr. Erik Perkins Date of Receipt Mailing Address 11660 Cypress Canyon Road City State Zip Code San Diego CA 92131-3756 FeC ID number of contributing federal political committee. C Name of Employer Occupation Physician Agregate Year-to-Date ▼ Mount of Each Receipt B. Dr. Ann H. Tilton Agregate Year-to-Date ▼ 500.00 Date of Receipt Mailing Address 30 Pelham Dr C City State Zip Code Name of Employer Occupation Physician Date of Receipt Mailing Address 30 Pelham Dr C 01 20 7 City State Zip Code Transaction ID: 35721 Amount of Each Receipt Name of Employer Occupation Date of Receipt 01 20 7 Mailing Address 30 Pelham Dr C C Transaction ID: 35721 Amount of Each Receipt Receipt For: LA 70005-4454 FEC ID number of contributing federal political committee. Qit of Each Receipt Name of Employer Occupation Neurologist Aggregate Year-to-Date ▼ 1	2013 57 this Period 500.00 2013 78
A. Dr. Erik Perkins Date of Receipt Mailing Address 11660 Cypress Canyon Road Transaction ID : 35721 City State Zip Code San Diego CA 92131-3756 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt B. Dr. Ann H. Tilton Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 30 Pelham Dr C Transaction ID : 35721 City State Zip Code Metairie LA 70005-4454 FEC ID number of contributing federal political committee. C Name of Employer Occupation Name of Employer Occupation Suproper Occupation Suproper Occupation Suproper Occupation LSUHSC Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C C. Dr.	2013 57 this Period 500.00 2013 78
City State Zip Code San Diego CA 92131-3756 FEC ID number of contributing federal political committee. C Name of Employer Occupation Sharp-Rees-Stealy Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Transaction ID : 35721 Aggregate Year-to-Date ▼ State Primary General Other (specify) ▼ State Zip Code Transaction ID : 35721 Mailing Address 30 Pelham Dr State City State Zip Code Metairie LA 70005-4454 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation LSUHSC Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 000.00 Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General 000.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ City State Zip Code	2013 57 this Period 500.00 2013 78
City State Zip Code Transaction ID : 35721 San Diego C 92131-3756 Amount of Each Receipt FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer Occupation Physician Receipt For: Primary General State Zip Code Other (specify) ▼ State Zip Code Transaction ID : 35721 Mailing Address 30 Pelham Dr C 100 20 City State Zip Code Transaction ID : 35721 Metairie LA 70005-4454 FEC ID number of contributing federal political committee. Date of Receipt Name of Employer Occupation Neurologist Aggregate Year-to-Date ▼ Transaction ID : 35721 Metairie LA 70005-4454 FEC ID number of contributing federal political committee. C Transaction ID : 35721 Name of Employer Occupation Neurologist Aggregate Year-to-Date ▼ Date of Receipt State Interview of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt City State Zip Code	57 this Period 500.00 2013 78
San Diego CA 92131-3756 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer Occupation Physician Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Date of Receipt B. Dr. Ann H. Tilton Mailing Address 30 Pelham Dr Date of Receipt City State Zip Code Heatrice LA 70005-4454 FEC ID number of contributing federal political committee. C Name of Employer LSUHSC Occupation Neurologist Aggregate Year-to-Date ▼ Primary General Occupation Neurologist Date of Receipt City State Zip Code Image: C City General Other (specify) ▼ Date of Receipt City State Zip Code Image: C	his Period 500.00 2013 78
FEC ID number of contributing federal political committee. C Name of Employer Sharp-Rees-Stealy Medical Group Receipt For: Primary General Other (specify) ▼ Occupation Physician B. Dr. Ann H. Tilton Mailing Address 30 Pelham Dr Aggregate Year-to-Date ▼ City State Zip Code Metairie LA 70005-4454 FEC ID number of contributing federal political committee. C Name of Employer LSUHSC Occupation Neurologist Aggregate Year-to-Date ▼ Primary General Occupation Neurologist Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Image: Constraint of the top of contributing federal political committee. Name of Employer LSUHSC Occupation Neurologist Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Date of Receipt Date of Receipt City State Zip Code Transaction ID : 35727	500.00 2013 78
Sharp-Rees-Stealy Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 B. Dr. Ann H. Tilton Date of Receipt Mailing Address 30 Pelham Dr 01 / 20 / 1 City State Zip Code Hetarine LA 70005-4454 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation LSUHSC Neurologist Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C C. Dr. Steven M. Lomazow Date of Receipt Mailing Address 8 Mc Guirk Lane City State City State Zip Code	2013 78
Sharp-Rees-Stealy Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 B. Dr. Ann H. Tilton Date of Receipt Mailing Address 30 Pelham Dr 01 / 20 / 1 City State Zip Code Hetarire LA 70005-4454 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation LSUHSC Neurologist Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C C. Dr. Steven M. Lomazow Date of Receipt Mailing Address 3 Mc Guirk Lane City State City State Zip Code	2013 78
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt B. Dr. Ann H. Tilton Date of Receipt Mailing Address 30 Pelham Dr 01 City State Zip Code Metairie LA 70005-4454 FEC ID number of contributing federal political committee. C Name of Employer Occupation LSUHSC Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C C. Dr. Steven M. Lomazow 1000.00 Mailing Address 8 Mc Guirk Lane Zip Code City State Zip Code	2013 78
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West Orange NJ 07052 Amount of Each Receipt	his Period
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Self Neurologist	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology BrainP	AC	
Full Name (Last, First, Middle Initial) A. Dr. Joel M. Kaufman Mailing Address 6 Fenimore Rd City State Worcester MA FEC ID number of contributing federal political committee. C Name of Employer Occupation Lifespan Physician Receipt For: Aggregate Other (specify) ▼ Image: Committee	Zip Code 01609-1711 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Janice F. Wiesman Mailing Address 114 Bracken Dr City State Marlborough MA FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Boston University School of Medicine Physician Receipt For: Aggregate Other (specify) ▼ Image: Construction of the specify in the specific of the speci	Zip Code 01752-3196 Year-to-Date ▼ 1000.00	Date of Receipt 01 28 2013 Transaction ID : 35733855 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Matthews W. Gwynn Mailing Address 993 Johnson Ferry Rd NE Ste 120 # City State Atlanta GA FEC ID number of contributing federal political committee. City Name of Employer Occupation Atlanta Neurology Receipt For: Primary General Other (specify) ▼ Image: Committee for the specify for the specific fo	Zip Code 30342-1620 Year-to-Date ▼ 500.00	Date of Receipt
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				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. James F. Selwa Mailing Address 2044 Valleyview Drive			Date of Receipt
			7.0.1	01 28 2013
	City Ann Arbor	State MI	Zip Code 48105	Transaction ID : 35744172 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	_
	Wayne State Univ.	Physician		
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	Other (specify)		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. John C. Morris			Date of Receipt
	Mailing Address 8032 Orlando			01 29 _ 2013 _
	City	State	Zip Code	Transaction ID : 35744205
	Saint Louis	MO	63105-2543	Amount of Each Receipt this Period
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	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Joan Puglia			Date of Receipt
	Mailing Address 1 Windy Ridge Lane			01 29 2013
	City	State	Zip Code	Transaction ID : 35744208
	New Milford	СТ	06776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer	Occupation		
	Self - Northwest Hills Neurology, P.C.	Neurologist	1	
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Lexington K FEC ID number of contributing federal political committee. C Name of Employer Occu Univ of Kentucky Neur	ate Zip Code ✓ 40513-1794 upation ologist regate Year-to-Date ▼ 1000.00	Date of Receipt 01 29 2013 Transaction ID : 35744226 Amount of Each Receipt this Period 1000.00
Albuquerque NI FEC ID number of contributing federal political committee. C Name of Employer University of NM Health Science Center Occo Neur	ate Zip Code A 87112-6562 Ipation plogist regate Year-to-Date ▼ 500.00	Date of Receipt
Grand Junction C FEC ID number of contributing federal political committee. C Name of Employer Occursion Community Health Providers Physical physic	ate Zip Code D 81501-2997 upation ician regate Year-to-Date ▼ 1000.00	Date of Receipt
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	American Academy of Neurology	y BrainP/	AC											
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	City	State	Zip Code		01		31		20	013	Y			
	Eau Claire	WI	54701-8329	_				: 3574681 Receipt th		'eriod				
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	Mayo Clinic Receipt For:	Physician Aggregate	Year-to-Date ▼											
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\setminus	NAME OF COMMITTEE (In Full)									
	American Academy of Neurology I	BrainPAC								
<u>ب</u>	Full Name (Last, First, Middle Initial)			Data of Disburgement						
А.	National Republican Congressiona		Date of Disbursement							
	Mailing Address 320 First Street SE			01 23 2013						
	5	State Zip Code		Transaction ID : 35726386						
	Washington Purpose of Disbursement	DC 20002								
	Congressional Campaign Committee Contribution		011	Amount of Each Disbursement this Period						
	Candidate Name		Category/	5000.00						
	Office Sought: House Disburse	ment For:	Туре							
	Senate	Primary General		Congressional Campaign Committee Contribution						
	State: District:	Other (specify)								
_	Full Name (Last, First, Middle Initial)									
В.	National Republican Senatorial Co		Date of Disbursement							
	Mailing Address Ronald Reagan Republican Center 425 2nd Street NE		01 / 23 2013							
	Washington	State Zip Code DC 2000		Transaction ID : 35726392						
	Purpose of Disbursement Congressional Campaign Committee Contribution		011	Amount of Each Disbursement this Period						
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			Category/ Type	15000.00						
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		Congressional Campaign Committee Contributio						
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_	Full Name (Last, First, Middle Initial)									
C.	Democratic Congressional Campaign Committee			Date of Disbursement						
	Mailing Address 430 S. Capitol Street, SE		01 / 23 / 2013							
	-	State Zip Code		Transaction ID : 35726393						
	Washington Purpose of Disbursement	DC 20003								
				Amount of Each Disbursement this Period						
	Candidate Name	Category/ Type	5000.00							
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	Senate President	Primary General								
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NAME OF COMMITTEE (In Full)								
American Academy of Neurology	BrainPAC							
Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign	Date of Disbursement							
Mailing Address 120 Maryland Ave. NE			01 / D D / Y Y Y Y 23 2013					
City Washington	StateZip CodeDC20002		Transaction ID : 35726431					
Purpose of Disbursement Congressional Campaign Committee Contributior	· · · · · · · · · · · · · · · · · · ·	011	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	15000.00					
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Full Name (Last, First, Middle Initial) B. NewDemPAC		Date of Disbursement						
Mailing Address 700 13 St. NW Suite 600		01 23 2013						
City Washington	StateZip CodeDC20005		Transaction ID : 35726433					
Purpose of Disbursement Congressional Campaign Committee Contributior	1	011	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	5000.00					
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		Congressional Campaign Committee Contribution					
Full Name (Last, First, Middle Initial)								
C. Republican Main Street PAC	Date of Disbursement							
Mailing Address 325 7th Street, NW Suite 610		01 23 2013						
City Washington Purpose of Disbursement	StateZip CodeDC20004		Transaction ID : 35726434					
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		Туре	5000.00					
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