

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.
American Academy of Neurology BrainPAC

ADDRESS (number and street)
Lower Level
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**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="2013"/>		127133.00
(b) Cash on Hand at Beginning of Reporting Period.....	127133.00	
(c) Total Receipts (from Line 19)	33239.00	33239.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	160372.00	160372.00
7. Total Disbursements (from Line 31).....	50000.00	50000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	110372.00	110372.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	21365.00	21365.00
(ii) Unitemized	11874.00	11874.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33239.00	33239.00
(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)	33239.00	33239.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	33239.00	33239.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33239.00	33239.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	50000.00	50000.00
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	0.00
(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	0.00
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)) ..	50000.00	50000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50000.00	50000.00

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)	33239.00	33239.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33239.00	33239.00
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 16
	<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	

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

Full Name (Last, First, Middle Initial) A. Dr. Richard L. Pantera Jr.		Date of Receipt MM / DD / YYYY 01 / 04 / 2013 Transaction ID : 35699753
Mailing Address 623 W Willow Ave		Amount of Each Receipt this Period 1000.00
City Visalia	State CA	Zip Code 93291-6101
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark S. Yerby		Date of Receipt MM / DD / YYYY 01 / 04 / 2013 Transaction ID : 35699757
Mailing Address Fat Pony Farm 63705 Deschutes Market Road		Amount of Each Receipt this Period 500.00
City Bend	State OR	Zip Code 97701
FEC ID number of contributing federal political committee. C		
Name of Employer North Pacific Epilepsy Research	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) C. Dr. Robert H. Ackerman		Date of Receipt MM / DD / YYYY 01 / 04 / 2013 Transaction ID : 35699781
Mailing Address 1010 Memorial Dr Apt 18C		Amount of Each Receipt this Period 300.00
City Cambridge	State MA	Zip Code 02138-4857
FEC ID number of contributing federal political committee. C		
Name of Employer Cambridge	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 7 OF 16
	<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. Michael W. Morse
Full Name (Last, First, Middle Initial)

Mailing Address 2008 N Bridgeton Ct

City Fayetteville State AR Zip Code 72701-2992

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

Name of Employer Neurological Associates 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
 01 / 08 / 2013
Transaction ID : 35708610

Amount of Each Receipt this Period
 1000.00

B. Dr. Neil A. Busis
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Rosewood St

City Pittsburgh State PA Zip Code 15208-2639

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

Name of Employer Pittsburgh Neurology Ctr. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2013
Transaction ID : 35709418

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 5629 Tazewell Pike

City Knoxville State TN Zip Code 37918-9264

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

Name of Employer Self/ Retired 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
 01 / 12 / 2013
Transaction ID : 35712008

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 16
	<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. Peter D. Donofrio
Full Name (Last, First, Middle Initial)

Mailing Address 1708 Linden Ave

City Nashville State TN Zip Code 37212-5112

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

Name of Employer Vanderbilt University 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
 01 / 12 / 2013
Transaction ID : 35712010

Amount of Each Receipt this Period
 500.00

B. Dr. Anna D. Hohler
Full Name (Last, First, Middle Initial)

Mailing Address 58 Morton Street

City Needham Heights State MA Zip Code 02494-1204

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

Name of Employer BUMC Dept. of Neurology Occupation 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
 01 / 06 / 2013
Transaction ID : 35713194

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670

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 ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2013
Transaction ID : 35713280

Amount of Each Receipt this Period
 415.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1915.00

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 16
	<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) A. Dr. James N. Goldenberg		Date of Receipt MM / DD / YYYY 01 / 19 / 2013 Transaction ID : 35721930
Mailing Address 610 N Lakeside Dr		Amount of Each Receipt this Period 1000.00
City Lake Worth	State FL	Zip Code 33460
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Parthasarathy Thirumala		Date of Receipt MM / DD / YYYY 01 / 19 / 2013 Transaction ID : 35721932
Mailing Address 112 Millstone Ln		Amount of Each Receipt this Period 250.00
City Pittsburgh	State PA	Zip Code 15238-1624
FEC ID number of contributing federal political committee. C	Name of Employer University of Pittsburgh	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Nilay R. Shah		Date of Receipt MM / DD / YYYY 01 / 19 / 2013 Transaction ID : 35721941
Mailing Address 160 W. 66th St Apt. 22J		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10023
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 10 OF 16
	<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. Erik Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2013
Transaction ID : 35721957

Amount of Each Receipt this Period
 500.00

B. Dr. Ann H. Tilton
Full Name (Last, First, Middle Initial)

Mailing Address 30 Pelham Dr

City Metairie State LA Zip Code 70005-4454

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

Name of Employer LSUHSC Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2013
Transaction ID : 35721978

Amount of Each Receipt this Period
 1000.00

C. Dr. Steven M. Lomazow
Full Name (Last, First, Middle Initial)

Mailing Address 8 Mc Guirk Lane

City West Orange State NJ Zip Code 07052

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 35727146

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Dr. Joel M. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Fenimore Rd
 City Worcester State MA Zip Code 01609-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lifespan Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 35727569
 Amount of Each Receipt this Period
 500.00

B. Dr. Janice F. Wiesman
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Bracken Dr
 City Marlborough State MA Zip Code 01752-3196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician
 Boston University School of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 35733855
 Amount of Each Receipt this Period
 1000.00

C. Dr. Matthews W. Gwynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 993 Johnson Ferry Rd NE Ste 120 #
 City Atlanta State GA Zip Code 30342-1620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlanta Neurology
 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
 01 / 29 / 2013
Transaction ID : 35744125
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. James F. Selwa

Mailing Address 2044 Valleyview Drive

City State Zip Code
 Ann Arbor MI 48105

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

Name of Employer Occupation
 Wayne State Univ. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 35744172

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. John C. Morris

Mailing Address 8032 Orlando

City State Zip Code
 Saint Louis MO 63105-2543

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

Name of Employer Occupation
 Washington University School of Medici Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 35744205

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Dr. Joan Puglia

Mailing Address 1 Windy Ridge Lane

City State Zip Code
 New Milford CT 06776

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

Name of Employer Occupation
 Self - Northwest Hills Neurology, P.C. 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
 01 / 29 / 2013
Transaction ID : 35744208

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 13 OF 16
	<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. Dominic B. Fee
Full Name (Last, First, Middle Initial)
Mailing Address 1224 Litchfield Ln
City Lexington State KY Zip Code 40513-1794
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Kentucky Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2013
Transaction ID : 35744226
Amount of Each Receipt this Period
1000.00

B. Dr. Corey C. Ford
Full Name (Last, First, Middle Initial)
Mailing Address 14014 Wind Mountain Rd NE
City Albuquerque State NM Zip Code 87112-6562
FEC ID number of contributing federal political committee. **C**
Name of Employer University of NM Health Science Center 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
01 / 29 / 2013
Transaction ID : 35744248
Amount of Each Receipt this Period
500.00

C. Dr. Joel M. Dean
Full Name (Last, First, Middle Initial)
Mailing Address 1060 Orchard Ave Unit G
City Grand Junction State CO Zip Code 81501-2997
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Health Providers Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2013
Transaction ID : 35744501
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
<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. Donn Dexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 7410 Lakeview Dr
 City Eau Claire State WI Zip Code 54701-8329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 35746815
 Amount of Each Receipt this Period
 500.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	21365.00

**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. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Congressional Campaign Committee Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726386

Amount of Each Disbursement this Period

5000.00

Congressional Campaign Committee Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street NE

City Washington State DC Zip Code 2000

Purpose of Disbursement
Congressional Campaign Committee Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726392

Amount of Each Disbursement this Period

15000.00

Congressional Campaign Committee Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726393

Amount of Each Disbursement this Period

5000.00

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

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

25000.00

**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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Congressional Campaign Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726431

Amount of Each Disbursement this Period

15000.00

Congressional Campaign Committee Contribution

Full Name (Last, First, Middle Initial)

B. NewDemPAC

Mailing Address 700 13 St. NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Congressional Campaign Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726433

Amount of Each Disbursement this Period

5000.00

Congressional Campaign Committee Contribution

Full Name (Last, First, Middle Initial)

C. Republican Main Street PAC

Mailing Address 325 7th Street, NW Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement Congressional Campaign Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : 35726434

Amount of Each Disbursement this Period

5000.00

Congressional Campaign Committee Contribution

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

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

25000.00

50000.00