

**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="2014"/>	<input type="text" value="116379.00"/>	<input type="text" value="116379.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59219.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67419.68"/>	<input type="text" value="143029.36"/>
(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="126639.36"/>	<input type="text" value="259408.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="142769.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116639.36"/>	<input type="text" value="116639.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	50087.68	96700.68
(ii) Unitemized	17332.00	42828.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67419.68	139529.36
(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)	67419.68	139529.36
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	3500.00
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))..... ▶	67419.68	143029.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67419.68	143029.36

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.....	10000.00	142500.00
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	269.00
(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	269.00
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)) ..	10000.00	142769.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	142769.00

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)	67419.68	139529.36
34. Total Contribution Refunds (from Line 28(d))	0.00	269.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67419.68	139260.36
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 42
	<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

A. Dr. Marc Raphaelson
Full Name (Last, First, Middle Initial)

Mailing Address 20583 Trappe Rd

City Upperville State VA Zip Code 20184-3021

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 02 / 2014
Transaction ID : 37041804

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Windy Ridge Lane

City New Milford State CT Zip Code 06776-3955

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

Name of Employer Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
04 / 02 / 2014
Transaction ID : 37041805

Amount of Each Receipt this Period
250.00

C. Dr. Timothy A. Pedley
Full Name (Last, First, Middle Initial)

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580-3926

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

Name of Employer Columbia University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 02 / 2014
Transaction ID : 37041806

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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 42
	<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. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2014

Transaction ID : 37042735

Amount of Each Receipt this Period

75.00

B. Dr. John A. Schafer
Full Name (Last, First, Middle Initial)

Mailing Address 820 San Ramon Way

City	State	Zip Code
Sacramento	CA	95864-5232

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

Name of Employer	Occupation
Catholic Health Care West	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2014

Transaction ID : 37042741

Amount of Each Receipt this Period

250.00

C. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 100 N Academy Ave

City	State	Zip Code
Danville	PA	17822-9800

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

Name of Employer	Occupation
Geisinger Health system	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : 37053978

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 42
(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. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 City Olympia State WA Zip Code 98507-6059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madigan Army Medical Center / Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : 37067517
 Amount of Each Receipt this Period
 250.00

B. Dr. Richard A. Lafrance
 Full Name (Last, First, Middle Initial)
 Mailing Address 2392 NW Hummingbird Dr.
 City Corvallis State OR Zip Code 97330-2278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corvallis Clinic 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
 04 / 12 / 2014
Transaction ID : 37070478
 Amount of Each Receipt this Period
 1000.00

C. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City Hyattsville State MD Zip Code 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : 37078562
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.34
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 42
(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. Mr. David A. Evans

Mailing Address 715 Kessler Woods Trail

City State Zip Code
Dallas TX 75208-5610

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

Name of Employer Occupation
Texas Neurology COO

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
 04 / 15 / 2014
Transaction ID : 37078563

Amount of Each Receipt this Period
100.00

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

Mailing Address 2323 Dunstan Rd

City State Zip Code
Houston TX 77005-2613

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : 37078564

Amount of Each Receipt this Period
85.00

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

Mailing Address 1725 W Harrison St Ste 1106

City State Zip Code
Chicago IL 60612-3845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : 37078565

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.00

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 42
	<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. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Stonybrook Road
 City Tenaflly State NJ Zip Code 07670-1118
 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 **1660.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : 37078567
 Amount of Each Receipt this Period **415.00**

B. Dr. Lily Jung Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9420 SE 54th St
 City Mercer Island State WA Zip Code 98040-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1660.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : 37078568
 Amount of Each Receipt this Period **415.00**

C. 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 **400.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : 37078569
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **930.00**
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 42
(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. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : 37079074

Amount of Each Receipt this Period
185.00

Full Name (Last, First, Middle Initial)
B. Dr. John W. Henson

Mailing Address 9420 SE 54th Street

City State Zip Code
Mercer Island WA 98040-5121

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

Name of Employer Occupation
Swedish Neuroscience Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : 37079317

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Dr. Daniel C. Potts

Mailing Address 136 Covey Chase

City State Zip Code
Tuscaloosa AL 35406-1801

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

Name of Employer Occupation
AL Neurology and Sleep Medicine, P.C. Physician

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
04 / 19 / 2014
Transaction ID : 37087761

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.00

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 42
(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. Bruce Sigsbee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Sennebec Rd
 City State Zip Code
 Union ME 04862-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Penobscot Bay Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : 37092776
 Amount of Each Receipt this Period
 200.00

B. Dr. Sarah Song
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 W. Concord Place, #405
 City State Zip Code
 Chicago IL 60647-5481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rush 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
 04 / 23 / 2014
Transaction ID : 37092777
 Amount of Each Receipt this Period
 75.00

C. Dr. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4732 Lost Creek Lane
 City State Zip Code
 Bellingham WA 98229-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Neurology Physician
 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
 04 / 23 / 2014
Transaction ID : 37092778
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
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 42
	<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 State Zip Code
Fairhope AL 36532-2609

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 37092779

Amount of Each Receipt this Period
85.00

B. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 32606-9180

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

Name of Employer Occupation
Univ. of FL Dept. of Neurology Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 37100917

Amount of Each Receipt this Period
84.00

C. Dr. Robert A. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 44 Split Rock Rd

City State Zip Code
Pittsford NY 14534-1852

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

Name of Employer Occupation
University of Rochester 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
04 / 26 / 2014

Transaction ID : 37101858

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	769.00
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 42
	<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. Matthew J. Murnane
Full Name (Last, First, Middle Initial)

Mailing Address 47 New Scotland Ave
MC-70, Dept of Neurology

City Albany State NY Zip Code 12208-3479

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

Name of Employer Albany Medical College Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101860

Amount of Each Receipt this Period
500.00

B. Mr. Rod Larson
Full Name (Last, First, Middle Initial)

Mailing Address 4418 Xerxes Ave S

City Minneapolis State MN Zip Code 55410-1417

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

Name of Employer American Academy of Neurology Occupation Deputy Exec. Director, Center for Heal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101862

Amount of Each Receipt this Period
1000.00

C. Dr. Austin J. Sumner
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans State LA Zip Code 70130-3430

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

Name of Employer LSU Health Sci Ctr/Dept of Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101863

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: (check only one)	PAGE 15 OF 42
	<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. Gretchen E. Tietjen
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Arlington Ave
Dept of Neurology/Mail Stop 1195

City Toledo State OH Zip Code 43614-2595

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

Name of Employer Univ of Toledo Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101866

Amount of Each Receipt this Period
500.00

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

Mailing Address 4220 Knollton

City Indianapolis State IN Zip Code 46228-3335

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

Name of Employer Indiana University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101868

Amount of Each Receipt this Period
250.00

C. Dr. Laurie Gutmann
Full Name (Last, First, Middle Initial)

Mailing Address 826 Sugar Loaf Circle

City Iowa City State IA Zip Code 52245-2706

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

Name of Employer Univ of Iowa Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 26 / 2014
Transaction ID : 37101881

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<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. Janice M. Massey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 STEPPING STONE LANE
 City State Zip Code
 DURHAM NC 27705-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke University Medical Center Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2014
Transaction ID : 37101883
 Amount of Each Receipt this Period
 300.00

B. Dr. Robin L. Brey
 Full Name (Last, First, Middle Initial)
 Mailing Address 13618 Bluffcircle
 City State Zip Code
 San Antonio TX 78216-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Texas Health Science Center 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
 04 / 26 / 2014
Transaction ID : 37101885
 Amount of Each Receipt this Period
 1000.00

C. Dr. Jonathan P. Hosey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 Red Ln
 City State Zip Code
 Danville PA 17821-8493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Geisinger Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2014
Transaction ID : 37101886
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 17 OF 42
	<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. David Z. Wang
Full Name (Last, First, Middle Initial)

Mailing Address 7020 North Skyline Dr

City Peoria State IL Zip Code 61614-3147

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

Name of Employer OSF Healthcare 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
 04 / 26 / 2014

Transaction ID : 37101889

Amount of Each Receipt this Period
 400.00

B. Dr. Erich W. Garland
Full Name (Last, First, Middle Initial)

Mailing Address 5843 E Middle Fork Rd

City Idaho Falls State ID Zip Code 83406-8329

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

Name of Employer Idaho Falls Neurology 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
 04 / 26 / 2014

Transaction ID : 37101896

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 23 Greyledge Drive

City Albany State NY Zip Code 12211-2055

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

Name of Employer Albany Medical College Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 37102016

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2650.00

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 18 OF 42
	<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. Kenneth J. Villa
 Full Name (Last, First, Middle Initial)
 Mailing Address 4056 Saint James Pl
 City San Diego State CA Zip Code 92103-1630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHARP San Diego Health Care Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt
 04 / 29 / 2014
Transaction ID : 37109772
 Amount of Each Receipt this Period
 334.00

B. Dr. Christopher Bever Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 Conifer Court
 City Glen Arm State MD Zip Code 21057-9124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Hosp Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 04 / 28 / 2014
Transaction ID : 37109890
 Amount of Each Receipt this Period
 500.00

C. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City Hyattsville State MD Zip Code 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 04 / 28 / 2014
Transaction ID : 37109891
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	917.34
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 19 OF 42
	<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. Marcus C. Rice
Full Name (Last, First, Middle Initial)

Mailing Address 7410 Shirland Avenue

City Norfolk State VA Zip Code 23505-2942

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

Name of Employer Neuroconsultants of Tidewater 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
 04 / 28 / 2014

Transaction ID : 37109895

Amount of Each Receipt this Period
 1000.00

B. Dr. William C. Davison
Full Name (Last, First, Middle Initial)

Mailing Address 922 Seminole Road

City Wilmette State IL Zip Code 60091-1223

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

Name of Employer North Western Univ Occupation Neurologist

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
 04 / 28 / 2014

Transaction ID : 37109898

Amount of Each Receipt this Period
 500.00

C. Dr. Lawrence R. Wechsler
Full Name (Last, First, Middle Initial)

Mailing Address Department of Neurology
802 Kaufmann Medical Bldg

City Pittsburgh State PA Zip Code 15213-2536

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

Name of Employer UPMC 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
 04 / 28 / 2014

Transaction ID : 37109899

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 20 OF 42
	<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. J. Clay Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Robinhood St Apt 1608

City Houston	State TX	Zip Code 77005-2561
-----------------	-------------	------------------------

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

Name of Employer Baylor Medical School	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : 37109902

Amount of Each Receipt this Period
2000.00

B. Dr. Briseida E. Feliciano-Astacio
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6828

City Caguas	State PR	Zip Code 00726-6828
----------------	-------------	------------------------

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

Name of Employer Neoera Medical	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
04		28		2014

Transaction ID : 37109904

Amount of Each Receipt this Period
500.00

C. 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 None	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
04		28		2014

Transaction ID : 37109913

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 42
(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. Richard M. Dubinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 W 126th Terrace
 City Leawood State KS Zip Code 66209-2288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Kansas 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
 04 / 28 / 2014
Transaction ID : 37109917
 Amount of Each Receipt this Period
 500.00

B. Dr. James F. Selwa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2044 Valleyview Drive
 City Ann Arbor State MI Zip Code 48105-9588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Michigan 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
 04 / 28 / 2014
Transaction ID : 37109918
 Amount of Each Receipt this Period
 1000.00

C. Dr. Joseph S. Lubeck
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 Cherry Cir
 City Wynnewood State PA Zip Code 19096-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware County Memorial Hospital 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
 04 / 28 / 2014
Transaction ID : 37109920
 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: (check only one)	PAGE 22 OF 42
	<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. Manmohan Nayyar
Full Name (Last, First, Middle Initial)

Mailing Address 15007 Pamlico Rd

City Apple Valley State CA Zip Code 92307-5005

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 ▼ 1500.00

Date of Receipt
04 / 28 / 2014
Transaction ID : 37109923

Amount of Each Receipt this Period
1500.00

B. Dr. Thomas R. Vidic
Full Name (Last, First, Middle Initial)

Mailing Address 69805 Hilltop Rd

City Union State MI Zip Code 49130-9771

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

Name of Employer Elkhart Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 28 / 2014
Transaction ID : 37109935

Amount of Each Receipt this Period
500.00

C. Dr. Nilay R. Shah
Full Name (Last, First, Middle Initial)

Mailing Address 160 W. 66th St Apt. 22J

City New York State NY Zip Code 10023-6558

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 30 / 2014
Transaction ID : 37112143

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 23 OF 42
	<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. Charles W. Brock
 Full Name (Last, First, Middle Initial)
 Mailing Address 17307 San Aringo Pl
 City State Zip Code
 Lutz FL 33548-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Florida 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
 04 / 30 / 2014
Transaction ID : 37112152
 Amount of Each Receipt this Period
 250.00

B. Dr. Bunnie F. Richie
 Full Name (Last, First, Middle Initial)
 Mailing Address 9075 N 103rd Pl
 City State Zip Code
 Scottsdale AZ 85258-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed 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
 04 / 30 / 2014
Transaction ID : 37112156
 Amount of Each Receipt this Period
 250.00

C. Dr. John F. Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 9th Ave Ste 106
 City State Zip Code
 Salt Lake City UT 84103-3182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rocky Mountain Neuro. 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
 04 / 28 / 2014
Transaction ID : 37112162
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<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. Frederick E. Munschauer III
Full Name (Last, First, Middle Initial)

Mailing Address 133 Boston Post Rd

City Weston State MA Zip Code 02493-2525

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

Name of Employer Baird MS Research Center Occupation 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
 04 / 28 / 2014
Transaction ID : 37112165

Amount of Each Receipt this Period
 250.00

B. Dr. William W. Tung
Full Name (Last, First, Middle Initial)

Mailing Address 1770 High Trl

City Atlanta State GA Zip Code 30339-5617

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 M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 37112166

Amount of Each Receipt this Period
 1000.00

C. Dr. Daniel Tarsy
Full Name (Last, First, Middle Initial)

Mailing Address 330 Brookline Ave
KS 228

City Boston State MA Zip Code 02215-5400

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

Name of Employer Beth Israel Deaconess Med Ctr 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
 04 / 28 / 2014
Transaction ID : 37112167

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 25 OF 42
	<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. Brian A. Trimble
Full Name (Last, First, Middle Initial)

Mailing Address 19430 Upper Skyline Dr.

City Eagle River	State AK	Zip Code 99577-7922
---------------------	-------------	------------------------

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

Name of Employer Alaska Native Medical Center	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
04		28		2014

Transaction ID : 37112171

Amount of Each Receipt this Period
600.00

B. Dr. Ann M. Hake
Full Name (Last, First, Middle Initial)

Mailing Address 4398 Asbury Street

City Indianapolis	State IN	Zip Code 46227-8608
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FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana University	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
04		28		2014

Transaction ID : 37112173

Amount of Each Receipt this Period
1000.00

C. Dr. Robert C. Griggs
Full Name (Last, First, Middle Initial)

Mailing Address 901 East Ave Apt A

City Rochester	State NY	Zip Code 14607-2271
-------------------	-------------	------------------------

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

Name of Employer Univ of Rochester Sch of Med	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
04		28		2014

Transaction ID : 37112175

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<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. 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 Neurology Clinic LLC Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 37112188
 Amount of Each Receipt this Period
 250.00

B. Dr. Zeyad Morcos
 Full Name (Last, First, Middle Initial)
 Mailing Address 277 Pleasant St Ste 302 Sleep Medicien & Neurology
 City Fall River State MA Zip Code 02721-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primacar 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
 04 / 28 / 2014
Transaction ID : 37112192
 Amount of Each Receipt this Period
 500.00

C. Dr. Robyn G. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Sandpiper Place
 City Alameda State CA Zip Code 94502-7419
 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
 04 / 28 / 2014
Transaction ID : 37112197
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 27 OF 42
	<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. Parthasarathy Thirumala
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Park Place

City Glenshaw State PA Zip Code 15116-2574

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

Name of Employer University of Pittsburgh Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 37112199

Amount of Each Receipt this Period
 250.00

B. Dr. Charles C. Flippen II
Full Name (Last, First, Middle Initial)

Mailing Address 11319 Isleta Street

City Los Angeles State CA Zip Code 90049-3022

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

Name of Employer UCLA Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 37112201

Amount of Each Receipt this Period
 250.00

C. Dr. James P. Wymer
Full Name (Last, First, Middle Initial)

Mailing Address 6 Dennin Dr

City Albany State NY Zip Code 12204-1204

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

Name of Employer Albany Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 37112202

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 28 OF 42
	<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. Lisa M. Shulman
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Paca St Fl 3
Dept of Neurology, RM: 3-S-127

City Baltimore State MD Zip Code 21201-1642

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

Name of Employer U of MD At Baltimore 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
04 / 28 / 2014
Transaction ID : 37112211

Amount of Each Receipt this Period
1000.00

B. Dr. Stephen M. Sergay
Full Name (Last, First, Middle Initial)

Mailing Address 2919 W Swann Ave Ste 401
Tampa Neurology Associates

City Tampa State FL Zip Code 33609-4083

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

Name of Employer Tampa Neurology Associates 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
04 / 28 / 2014
Transaction ID : 37112213

Amount of Each Receipt this Period
250.00

C. Dr. Thomas R. Swift
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Bransford Rd

City Augusta State GA Zip Code 30909-3090

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

Name of Employer Medical College of Georgia 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
04 / 29 / 2014
Transaction ID : 37112946

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 29 OF 42
	<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. A. Gordon Smith
Full Name (Last, First, Middle Initial)

Mailing Address 30 NORTH 1900 EAST SOM 3R242

City Salt Lake City	State UT	Zip Code 84132-0001
------------------------	-------------	------------------------

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

Name of Employer Univ. of Utah	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
04		29		2014

Transaction ID : 37112951

Amount of Each Receipt this Period
500.00

B. Dr. Dennis N. Bourdette
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW Sam Jackson Park Rd
Dept of Neurology L226

City Portland	State OR	Zip Code 97239-3011
------------------	-------------	------------------------

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

Name of Employer Oregon Health Sciences University	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
04		29		2014

Transaction ID : 37112952

Amount of Each Receipt this Period
500.00

C. Dr. Jennifer J. Majersik
Full Name (Last, First, Middle Initial)

Mailing Address 1746 Yalecrest Ave

City Salt Lake City	State UT	Zip Code 84108-1840
------------------------	-------------	------------------------

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

Name of Employer University of Utah	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
04		29		2014

Transaction ID : 37112955

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 30 OF 42
	<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. David C. Good		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014 Transaction ID : 37112959
Mailing Address PO Box 859 Neurology Dept, 30 Hope Dr, EC037		Amount of Each Receipt this Period 1000.00
City Hershey	State PA	Zip Code 17033-0859
FEC ID number of contributing federal political committee. C	Name of Employer Penn State Hershey Med Center	Occupation Neurologist
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. Shannon M. Kilgore		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014 Transaction ID : 37112960
Mailing Address 11 Doud Dr		Amount of Each Receipt this Period 500.00
City Los Altos	State CA	Zip Code 94022-2323
FEC ID number of contributing federal political committee. C	Name of Employer VA	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. Ann H. Tilton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014 Transaction ID : 37112965
Mailing Address 30 Pelham Dr		Amount of Each Receipt this Period 1000.00
City Metairie	State LA	Zip Code 70005-4454
FEC ID number of contributing federal political committee. C	Name of Employer LSU Med. Center	Occupation Neurologist
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).....▶	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 31 OF 42
	<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 J. Kushner
Full Name (Last, First, Middle Initial)
Mailing Address 1110 Salem Street

City Wilson	State NC	Zip Code 27893-2137
----------------	-------------	------------------------

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : 37112968

Amount of Each Receipt this Period
250.00

B. Dr. Gurdesch Bedi
Full Name (Last, First, Middle Initial)
Mailing Address 1550 Amundson Lane

City Stillwater	State MN	Zip Code 55082-4135
--------------------	-------------	------------------------

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

Name of Employer St. Croix Regional Medical Center	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : 37112969

Amount of Each Receipt this Period
451.00

C. Dr. David E. Hart
Full Name (Last, First, Middle Initial)
Mailing Address 14 Yorkshire Lane

City Delmar	State NY	Zip Code 12054-1327
----------------	-------------	------------------------

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

Name of Employer Albany Med. College	Occupation 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
04	/	29	/	2014

Transaction ID : 37112970

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	951.00
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 32 OF 42
<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) A. Dr. Jacqueline W.L. Chan		Date of Receipt MM / DD / YYYY 04 / 29 / 2014 Transaction ID : 37112974
Mailing Address 447 W Eaton Ave Dept of Neurology		Amount of Each Receipt this Period 250.00
City Tracy State CA Zip Code 95376-3420	FEC ID number of contributing federal political committee. C	
Name of Employer Sutter Health Occupation Neurologist	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) B. Dr. Lori Ann Schuh		Date of Receipt MM / DD / YYYY 04 / 29 / 2014 Transaction ID : 37112976
Mailing Address 648 Monroe NW, Ste 115		Amount of Each Receipt this Period 300.00
City Grand Rapids State MI Zip Code 49503-1454	FEC ID number of contributing federal political committee. C	
Name of Employer Henry Ford Hospital Occupation Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Dr. Glenn D. Graham		Date of Receipt MM / DD / YYYY 04 / 29 / 2014 Transaction ID : 37112986
Mailing Address 412 Griffin Avenue		Amount of Each Receipt this Period 500.00
City Pacifica State CA Zip Code 94044-2614	FEC ID number of contributing federal political committee. C	
Name of Employer VA Medical Center Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 42
<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. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer Rush	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : 37112987

Amount of Each Receipt this Period
100.00

B. Dr. Carmel Armon
Full Name (Last, First, Middle Initial)

Mailing Address 99 Pinewood Drive

City Longmeadow	State MA	Zip Code 01106-1639
--------------------	-------------	------------------------

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

Name of Employer State of Israel Ministry of Health	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
04 / 29 / 2014

Transaction ID : 37112988

Amount of Each Receipt this Period
500.00

C. Dr. Shanker Sundrani
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Eagle Ridge

City El Paso	State TX	Zip Code 79912-7476
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : 37112989

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 42
(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. Ms. Sharon Quimby

Mailing Address 349 W Commercial St Ste 2250

City State Zip Code
 East Rochester NY 14445-2414

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

Name of Employer Occupation
 Amerian Academy of Neurology Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 29 / 2014
Transaction ID : 37112992

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. Glenn A. Mackin

Mailing Address 4800 Highland Way

City State Zip Code
 Center Valley PA 18034-9682

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

Name of Employer Occupation
 Lehigh Neurology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 29 / 2014
Transaction ID : 37112994

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr. Steven G. Pavlakis

Mailing Address 977 48th St

City State Zip Code
 Brooklyn NY 11219-2919

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

Name of Employer Occupation
 Maimonides Med Ctr/Dept of Pediatrics Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 30 / 2014
Transaction ID : 37113005

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 35 OF 42
	<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. Ms. Catherine M. Rydell
Full Name (Last, First, Middle Initial)

Mailing Address 4645 Park Commons, #319

City State Zip Code
Saint Louis Park MN 55416-4175

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014
Transaction ID : 37113011

Amount of Each Receipt this Period
1000.00

B. Dr. Robert M. Pascuzzi
Full Name (Last, First, Middle Initial)

Mailing Address 355 W 16th St, GH 4700

City State Zip Code
Indianapolis IN 46202-5124

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

Name of Employer Occupation
Indiana Univ Sch of Medicine 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
04 / 30 / 2014
Transaction ID : 37113014

Amount of Each Receipt this Period
1000.00

C. Dr. Jeffrey R. Buchhalter
Full Name (Last, First, Middle Initial)

Mailing Address 1331 Windsor Street NW

City State Zip Code
Calgary AB T2N 3X2

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

Name of Employer Occupation
Alberta Children's Hospital Child Neurologist

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
04 / 30 / 2014
Transaction ID : 37113017

Amount of Each Receipt this Period
500.00

Is a US Citizen

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 37 OF 42
	<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. Zarife Sahenk
Full Name (Last, First, Middle Initial)

Mailing Address 700 Childrens Dr Rm WA3024

City Columbus State OH Zip Code 43205-2664

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

Name of Employer OSU Nationwide Childrens Hosp Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2014
Transaction ID : 37113022

Amount of Each Receipt this Period 250.00

B. Dr. Kelly A. Condefer
Full Name (Last, First, Middle Initial)

Mailing Address 3077 Fircrest Pl

City Wenatchee State WA Zip Code 98801-8816

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

Name of Employer Wenatchee Valley Med. Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2014
Transaction ID : 37113026

Amount of Each Receipt this Period 300.00

C. Dr. Amparo Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 1542 Tulane Ave
LSU Department of Neurology

City New Orleans State LA Zip Code 70112-2865

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

Name of Employer LSU Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2014
Transaction ID : 37113034

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 42
(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. David Gloss
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 Rushtown Rd
 City Danville State PA Zip Code 17821-7701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Health System Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : 37157155
 Amount of Each Receipt this Period
 250.00

B. Dr. Cynthia L. Harden
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Northern Blvd
 City Great Neck State NY Zip Code 11021-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Epilepsy Ctr Rm K 615 Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : 37157157
 Amount of Each Receipt this Period
 250.00

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).....▶	50087.68

**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. Cory Gardner For Senate

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Cory Gardner

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 37029579

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Void - Pascrell For Congress

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 37054085

Amount of Each Disbursement this Period

-1000.00

Void - Pascrell For Congress

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jackie Walorski

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : 37054325

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2000.00

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 Sam Johnson

Mailing Address P.O. Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Sam Robert Johnson

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 37054328

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 100

City State Zip Code
Teaneck NJ 07666

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 37054330

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City State Zip Code
Lyndora PA 16045

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Mike Kelly

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 37054331

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. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Larry Bucshon MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : 37092047

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : 37092048

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : 37092049

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)..... ▶

