



**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="81778.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32290.84"/>	<input type="text" value="313909.08"/>
(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="114069.08"/>	<input type="text" value="430288.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="316219.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114069.08"/>	<input type="text" value="114069.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15097.84	204294.40
(ii) Unitemized .....	17193.00	103614.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32290.84	307909.08
(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) .....	32290.84	307909.08
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	6000.00
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))..... ▶	32290.84	313909.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32290.84	313909.08

**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.....	0.00	314350.00
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	1869.00
(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	1869.00
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)) ..	0.00	316219.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	316219.00

**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) .....	32290.84	307909.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1869.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32290.84	306040.08
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 33
<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. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691680**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691681**

Amount of Each Receipt this Period 200.00

**C. Dr. Faisal M. Qazi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833-2221

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

Name of Employer Inland Neurologic Consultants Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691683**

Amount of Each Receipt this Period 85.00

**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 7 OF 33  
(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. Gregory J. Esper**

Mailing Address 2477 Oak Grove Estates

City State Zip Code  
 Atlanta GA 30345-3899

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

Name of Employer Occupation  
 Emory Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 448.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691685**

Amount of Each Receipt this Period  
 56.00

Full Name (Last, First, Middle Initial)  
**B. Dr. David R. Greeley**

Mailing Address 1125 E 27th Avenue

City State Zip Code  
 Spokane WA 99203-3348

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

Name of Employer Occupation  
 Northwest Neurological Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691686**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Jaffar Khan**

Mailing Address 292 Riverford Way

City State Zip Code  
 Lawrenceville GA 30043-6416

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

Name of Employer Occupation  
 Emory Clinic Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 896.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691687**

Amount of Each Receipt this Period  
 112.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.00

**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 33  
(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. Wesley D. Reynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4483 Idylwild Cir  
 City State Zip Code  
 Las Vegas NV 89147-4982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mike O'Callaghan Federal Medical Cente Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691879**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Alireza Minagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8040 Captain Dillon Ct  
 City State Zip Code  
 Shreveport LA 71115-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LA State University Health Sciences Ct Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 448.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 37693472**  
 Amount of Each Receipt this Period  
 56.00

**C. Dr. Joseph V. Fritz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 Creekhaven Drive  
 City State Zip Code  
 East Amherst NY 14051-2077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dent Institute Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37693488**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.00  
**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 33
	<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. Brett M. Kissela**  
Full Name (Last, First, Middle Initial)

Mailing Address 9878 Zig Zag Road

City Cincinnati State OH Zip Code 45242-6311

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

Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2014  
**Transaction ID : 37710161**

Amount of Each Receipt this Period 250.00

**B. Dr. David C. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Summit Avenue

City Saint Paul State MN Zip Code 55105-1460

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

Name of Employer Univ of Minnesota Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 29 / 2014  
**Transaction ID : 37712651**

Amount of Each Receipt this Period 200.00

**C. Dr. John D. McGary**  
Full Name (Last, First, Middle Initial)

Mailing Address 1289 Tammany Ln

City Saint Louis State MO Zip Code 63131-1053

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 ▼ 300.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : 37712818**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 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  
 12 / 01 / 2014  
**Transaction ID : 37714003**  
 Amount of Each Receipt this Period  
 375.00

**B. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 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 ▼ 250.00

Date of Receipt  
 12 / 02 / 2014  
**Transaction ID : 37714028**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Alan S. Zacharias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4865 Riverbend Road Suite 100  
 City Boulder State CO Zip Code 80301-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Neurologists Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 01 / 2014  
**Transaction ID : 37714130**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Alan H. Kurland**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Boulder Lane

City Sharon State MA Zip Code 02067-3034

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 M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014

**Transaction ID : 37716579**

Amount of Each Receipt this Period  
500.00

**B. Dr. Sarah M. Benish**  
Full Name (Last, First, Middle Initial)

Mailing Address 5949 Bradbury Court

City Inver Grove Heights State MN Zip Code 55076-1597

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

Name of Employer Fairview Health Services 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  
 12 / 03 / 2014

**Transaction ID : 37716672**

Amount of Each Receipt this Period  
250.00

**C. Dr. Awais Riaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmscott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For:  
 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  
 12 / 03 / 2014

**Transaction ID : 37716673**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<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. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City State Zip Code  
Oakland CA 94611-1950

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

Name of Employer Occupation  
John Muir Physical Ntwk Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : 37716674**

Amount of Each Receipt this Period  
100.00

**B. Dr. Allison Brashear**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City State Zip Code  
Winston Salem NC 27106-4489

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

Name of Employer Occupation  
Wake Forest Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : 37716675**

Amount of Each Receipt this Period  
75.00

**C. Dr. Allison L. Weathers**  
Full Name (Last, First, Middle Initial)

Mailing Address 3444 Lake St

City State Zip Code  
Evanston IL 60203-1935

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

Name of Employer Occupation  
RUMC RUMC Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : 37716676**

Amount of Each Receipt this Period  
57.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.50

**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 13 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Lyell K. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Scenic View Lane SW

City Rochester	State MN	Zip Code 55902-2575
-------------------	-------------	------------------------

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

Name of Employer Mayo MN	Occupation Neurologist
-----------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

**Transaction ID : 37718073**

Amount of Each Receipt this Period  
100.00

**B. Dr. Edmund G. Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 13801 Bruce B Downs Blvd Ste 401

City Tampa	State FL	Zip Code 33613-3997
---------------	-------------	------------------------

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

Name of Employer Winters Grant Mc Craney Tatum	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
12	/	02	/	2014

**Transaction ID : 37736118**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 553 N. Mobile Street

City Fairhope	State AL	Zip Code 36532-2609
------------------	-------------	------------------------

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

Name of Employer University of South Alabama	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
580.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2014

**Transaction ID : 37736346**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Joshua L. Morrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N8609 Marty Road  
 City New Glarus State WI Zip Code 53574-9706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monroe Clinic 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  
 12 / 03 / 2014  
**Transaction ID : 37736593**  
 Amount of Each Receipt this Period  
**100.00**

**B. Dr. Braden Nago**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 7th Avenue  
 City Seattle State WA Zip Code 98104-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Polyclinic 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  
 12 / 03 / 2014  
**Transaction ID : 37736595**  
 Amount of Each Receipt this Period  
**1000.00**

**c. Dr. Joseph S. Kass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4903 Valerie  
 City Bellaire State TX Zip Code 77401-5707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor College of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : 37740649**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 33  
(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. Georges A. Ghacibeh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Birch St  
 City Englewood Cliffs State NJ Zip Code 07632-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Progressive Neurology 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  
 12 / 04 / 2014  
**Transaction ID : 37740984**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Lynne Adams Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PMB 120  
 25 NW 23rd Place, Suite 6  
 City Portland State OR Zip Code 97210-5599  
 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 ▼ 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 37742694**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Lynne Adams Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PMB 120  
 25 NW 23rd Place, Suite 6  
 City Portland State OR Zip Code 97210-5599  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 37742698**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<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. John Craig Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 125-A Medical Circle

City Winchester State VA Zip Code 22601-3322

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

Name of Employer Winchester Neurological Consultants Occupation 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  
 12 / 05 / 2014

**Transaction ID : 37742871**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 820 San Ramon Way

City Sacramento State CA Zip Code 95864-5232

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

Name of Employer Catholic Health Care West Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2014

**Transaction ID : 37743947**

Amount of Each Receipt this Period  
 100.00

**C. Dr. David M. Labiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 N Campbell Ave Rm 6205  
Box 245023 Neurology

City Tucson State AZ Zip Code 85724-0001

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

Name of Employer Arizona Health Sciences Center 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  
 12 / 05 / 2014

**Transaction ID : 37747737**

Amount of Each Receipt this Period  
 250.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 33  
(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. Terrence L. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2931 Stone Park Dr NE  
 City Rochester State MN Zip Code 55906-7722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2014  
**Transaction ID : 37748131**  
 Amount of Each Receipt this Period 500.00

**B. Dr. Daniel L. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Montclair Circle  
 City Gainesville State GA Zip Code 30506-5133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gainesville Neurology Group Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2014  
**Transaction ID : 37748345**  
 Amount of Each Receipt this Period 100.00

**C. Dr. Alexander Schick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 E Linden Ave  
 City Englewood State NJ Zip Code 07631-3717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mount Sinai Beth Israel Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2014  
**Transaction ID : 37748466**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Rada Petrinjac-Nenadic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5160 White Cliff Dr  
 City Memphis State TN Zip Code 38117-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer James Wong PC Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 10 / 2014**  
**Transaction ID : 37748470**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Laurence J. Kinsella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 Rosemont Ave  
 City St. Louis State MO Zip Code 63104-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SSM Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 11 / 2014**  
**Transaction ID : 37748651**  
 Amount of Each Receipt this Period **25.00**

**C. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Rd  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 13 / 2014**  
**Transaction ID : 37752484**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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. Uma Menon**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 7th St. NW, Apt 732

City Washington	State DC	Zip Code 20001-5707
--------------------	-------------	------------------------

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

Name of Employer George Washington Hospital	Occupation Neurologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2014

**Transaction ID : 37752485**

Amount of Each Receipt this Period  
20.00

**B. Dr. Jon M. Gustafson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7009 Naples Way

City Fort Smith	State AR	Zip Code 72916-8701
--------------------	-------------	------------------------

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

Name of Employer Sparks Health System	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  
 12 / 14 / 2014

**Transaction ID : 37752498**

Amount of Each Receipt this Period  
500.00

**C. Dr. Amie L. Hiller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3846 SE Alder St

City Portland	State OR	Zip Code 97214-3226
------------------	-------------	------------------------

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

Name of Employer Portland VA / OHSO	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : 37752503**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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. Alan G. Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Punchbowl St

City Honolulu State HI Zip Code 96813-2402

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

Name of Employer The Queen's Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2014

**Transaction ID : 37752504**

Amount of Each Receipt this Period 125.00

**B. 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 ▼ 1000.08

Date of Receipt 12 / 15 / 2014

**Transaction ID : 37752506**

Amount of Each Receipt this Period 83.34

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

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2035.00

Date of Receipt 12 / 15 / 2014

**Transaction ID : 37752507**

Amount of Each Receipt this Period 185.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 393.34

**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 21 OF 33
	<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. Mr. David A. Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 3356 Miro Place

City Dallas State TX Zip Code 75204-7526

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

Name of Employer Texas Neurology Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : 37752508**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : 37752509**

Amount of Each Receipt this Period  
 85.00

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

Mailing Address 78 Lac Kine Drive

City Rochester State NY Zip Code 14618-5608

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

Name of Employer University of Rochester Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : 37752510**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00

**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Nancy L. Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Stonybrook Road  
 City Tenafly 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 **4980.00**

Date of Receipt **12 / 15 / 2014**  
**Transaction ID : 37752511**  
 Amount of Each Receipt this Period **415.00**

**B. 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 **1200.00**

Date of Receipt **12 / 15 / 2014**  
**Transaction ID : 37752512**  
 Amount of Each Receipt this Period **100.00**

**C. 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 **600.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : 37753589**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>615.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ralph L. Sacco</b>		Date of Receipt 12 / 12 / 2014
Mailing Address 405 E San Marino Dr		<b>Transaction ID : 37753590</b>
City Miami Beach	State FL	Zip Code 33139-1109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer University of Miami	Occupation MD Chairman	
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) <b>B. Dr. Erin G. Doty</b>		Date of Receipt 12 / 13 / 2014
Mailing Address 1696 Harrington Park Drive		<b>Transaction ID : 37753598</b>
City Jacksonville	State FL	Zip Code 32225-4940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer First Coast Neurosciences	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) <b>C. Dr. Stanley J. Whitney</b>		Date of Receipt 12 / 16 / 2014
Mailing Address 1108 Ronds Pointe Dr. West		<b>Transaction ID : 37754750</b>
City Tallahassee	State FL	Zip Code 32312-6788
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Tallahassee Neurology Associates	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<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	<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. S H. Subramony**

Mailing Address 7679 SW 25th Ave

City	State	Zip Code
Gainesville	FL	32608-0324

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

**Transaction ID : 37757880**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. Dr. Mariecken V. Fowler**

Mailing Address 309 Courtfield Ave  
Winchester Neurological Consul

City	State	Zip Code
Winchester	VA	22601-3203

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

Name of Employer	Occupation
Winchester Neurological Consultants	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
12	/	17	/	2014

**Transaction ID : 37757886**

Amount of Each Receipt this Period  

1000.00
---------

Full Name (Last, First, Middle Initial)  
**C. Dr. Zack T. Perdue III**

Mailing Address 227 South Ave.

City	State	Zip Code
Harrisonburg	VA	22801-1632

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

Name of Employer	Occupation
RMH Neurology	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
12	/	17	/	2014

**Transaction ID : 37762779**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<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. Daniel C. Potts**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer VA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 37762791**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2004.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014

**Transaction ID : 37763100**

Amount of Each Receipt this Period  
 167.00

**C. Dr. Leonard Sahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5019 Elmgate

City Orchard Lake State MI Zip Code 48324-3014

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 M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014

**Transaction ID : 37763102**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 767.00

**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 33
	<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. 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 ▼ 4980.00

Date of Receipt  
12 / 21 / 2014  
Transaction ID : 37763112

Amount of Each Receipt this Period  
415.00

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

Mailing Address 9420 SE 54th Street

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neuroscience Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
12 / 21 / 2014  
Transaction ID : 37763113

Amount of Each Receipt this Period  
50.00

**C. Dr. Linda Y. Buchwald**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Mount Auburn St Ste 316

City Cambridge State MA Zip Code 02138-5665

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 ▼ 300.00

Date of Receipt  
12 / 19 / 2014  
Transaction ID : 37763510

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00

**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 33
	<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. 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 ▼  
1006.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

**Transaction ID : 37763521**

Amount of Each Receipt this Period  
82.00

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

Mailing Address 4732 Lost Creek Lane

City Bellingham	State WA	Zip Code 98229-2574
--------------------	-------------	------------------------

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

Name of Employer Northwest Neurology	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2014

**Transaction ID : 37763522**

Amount of Each Receipt this Period  
100.00

**C. Dr. Brian D. Loftus**  
Full Name (Last, First, Middle Initial)

Mailing Address 6700 West Loop S Ste 330

City Bellaire	State TX	Zip Code 77401-4138
------------------	-------------	------------------------

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

Name of Employer Bellaire Neurology, PA	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
12	/	23	/	2014

**Transaction ID : 37763748**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	682.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 33
	<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. Eroboghene E. Ubogu**  
Full Name (Last, First, Middle Initial)

Mailing Address 5531 Lake Trace Drive

City Hoover State AL Zip Code 35244-3966

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

Name of Employer The University of Alabama at Birmingham Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2014  
**Transaction ID : 37763768**

Amount of Each Receipt this Period 250.00

**B. Dr. Dario M. Zagar**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Fairmount Terrace

City Fairfield State CT Zip Code 06825-1758

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

Name of Employer Associated Neurologists of So. Ct. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 24 / 2014  
**Transaction ID : 37763782**

Amount of Each Receipt this Period 50.00

**C. Dr. Gregory J. Esper**  
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 25 / 2014  
**Transaction ID : 37763808**

Amount of Each Receipt this Period 56.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 356.00

**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 29 OF 33  
(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 R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763809**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Jaffar Khan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 Riverford Way  
 City Lawrenceville State GA Zip Code 30043-6416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763810**  
 Amount of Each Receipt this Period  
 112.00

**C. Dr. Wesley D. Reynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4483 Idylwild Cir  
 City Las Vegas State NV Zip Code 89147-4982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mike O'Callaghan Federal Medical Cente Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763811**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 182.00  
**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 33
	<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. Jeremy M. Shefner**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 West Thomas Road

City Phoenix State AZ Zip Code 85013-4407

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

Name of Employer Barrow Neurological Institute Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 25 / 2014  
**Transaction ID : 37763812**

Amount of Each Receipt this Period 125.00

**B. Dr. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 25 / 2014  
**Transaction ID : 37763813**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 25 / 2014  
**Transaction ID : 37763814**

Amount of Each Receipt this Period 200.00

**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 31 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1055.00**

Date of Receipt **12 / 25 / 2014**  
**Transaction ID : 37763815**  
 Amount of Each Receipt this Period **85.00**

**B. Dr. Alireza Minagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8040 Captain Dillon Ct  
 City Shreveport State LA Zip Code 71115-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LA State University Health Sciences Ct Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : 37763829**  
 Amount of Each Receipt this Period **56.00**

**C. Dr. Thomas Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5748 Prospect Dr  
 City Missoula State MT Zip Code 59808-8608  
 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 **12 / 26 / 2014**  
**Transaction ID : 37763831**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>391.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph S. Lubeck</b>		Date of Receipt 12 / 29 / 2014 <b>Transaction ID : 37764515</b>
Mailing Address 737 Cherry Cir		Amount of Each Receipt this Period 100.00
City Wynnewood	State PA	Zip Code 19096-1225
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Delaware County Memorial Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory T. Pupillo</b>		Date of Receipt 12 / 30 / 2014 <b>Transaction ID : 37764539</b>
Mailing Address 225 9th Street S,		Amount of Each Receipt this Period 90.00
City La Crosse	State WI	Zip Code 54601-4145
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Franciscan-Skemp Healthcare	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael C. Smith</b>		Date of Receipt 12 / 30 / 2014 <b>Transaction ID : 37765739</b>
Mailing Address 1653 W Congress Pkwy Dept of Neurological Sciences		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60612-3833
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Rush Presbyterian St. Lukes Medical Ce	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 33 OF 33  
(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. Peter Sebastian Masny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 971 Shafer Ln  
 City Pismo Beach State CA Zip Code 93449-2376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coast Neuro Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 37767540**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Robert L. Ruff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 Richmond Road  
 City Lyndhurst State OH Zip Code 44124-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Case Western Res 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  
 12 / 31 / 2014  
**Transaction ID : 37768234**  
 Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15097.84