

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		127133.00
(b) Cash on Hand at Beginning of Reporting Period.....	81732.00	
(c) Total Receipts (from Line 19)	88502.00	134101.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	170234.00	261234.00
7. Total Disbursements (from Line 31).....	16500.00	107500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	153734.00	153734.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	67860.00	97690.00
(ii) Unitemized	20642.00	36411.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88502.00	134101.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	88502.00	134101.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	88502.00	134101.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	88502.00	134101.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	107500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16500.00	107500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	107500.00

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)	88502.00	134101.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88502.00	134101.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Marianna V. Spanaki
 Full Name (Last, First, Middle Initial)
 Mailing Address 7367 Village Square Drive
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System/Henry Ford Me 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
 03 / 02 / 2013
Transaction ID : 35847402
 Amount of Each Receipt this Period
 500.00

B. Dr. Stephen G. Vincent
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Whisper Cove
 City Idaho Falls State ID Zip Code 83404-7407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Idaho Neurology Assoc 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
 03 / 05 / 2013
Transaction ID : 35848815
 Amount of Each Receipt this Period
 250.00

C. Dr. John E. Robinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 N Fullerton Ave
 City Montclair State NJ Zip Code 07042-3412
 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
 03 / 05 / 2013
Transaction ID : 35848979
 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 7 OF 50
	<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. Richard A. Lafrance
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 NW Elks Dr
 City Corvallis State OR Zip Code 97330-3758
 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 M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 35849021
 Amount of Each Receipt this Period
 1000.00

B. Dr. Kenneth J. Gaines
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Boyd Mill Av.
 City Franklin State TN Zip Code 37064
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 35849180
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 35849228
 Amount of Each Receipt this Period
 500.00

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 8 OF 50
<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. Christopher Prusinski
Full Name (Last, First, Middle Initial)

Mailing Address 119 Lansing Island

City Indian Harbour Beach State FL Zip Code 32937

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 03 / 05 / 2013
Transaction ID : 35853528

Amount of Each Receipt this Period 1000.00

B. Dr. Marc R. Nuwer
Full Name (Last, First, Middle Initial)

Mailing Address 711 Haverford Ave

City Pacific Palisades State CA Zip Code 90272-4313

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

Name of Employer UCLA Dept. of Clinical Neurophysiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 05 / 2013
Transaction ID : 35853537

Amount of Each Receipt this Period 1250.00

C. Dr. David K. Urion
Full Name (Last, First, Middle Initial)

Mailing Address 300 Longwood Ave
Dept Neurology/Fegan 11

City Boston State MA Zip Code 02115-5724

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

Name of Employer The Childrens Hospital Occupation Child Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2013
Transaction ID : 35854407

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 50
	<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 C. Graeber
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 Lakeland Dr Ste 560
 City Jackson State MS Zip Code 39216-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muscle & Nerve, PA 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
 03 / 06 / 2013
Transaction ID : 35854751
 Amount of Each Receipt this Period
 500.00

B. Dr. Brian N. Kirschner
 Full Name (Last, First, Middle Initial)
 Mailing Address 29946 Mayfair Dr
 City Farmington State MI Zip Code 48331-2152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Healthcare Professionals, P.C 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
 03 / 08 / 2013
Transaction ID : 35862810
 Amount of Each Receipt this Period
 500.00

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : 35877652
 Amount of Each Receipt this Period
 750.00

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 10 OF 50
	<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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 35901717
 Amount of Each Receipt this Period
 100.00

B. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 35901721
 Amount of Each Receipt this Period
 175.00

C. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Kessler Woods Trail
 City Dallas State TX Zip Code 75208
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 35901729
 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 11 OF 50
<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. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City Gainesville	State FL	Zip Code 32606-9180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 35901731

Amount of Each Receipt this Period
84.00

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

Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
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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 ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 35901733

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 603253

City Providence	State RI	Zip Code 02906
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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 Y
 03 / 15 / 2013
Transaction ID : 35901735

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 12 OF 50
	<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. Ralph F. Jozefowicz			Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : 35901737
Mailing Address 78 Lac Kine Drive			Amount of Each Receipt this Period 250.00
City Rochester	State NY	Zip Code 14618	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Rochester	Occupation Physician		
Receipt For: <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. Brett M. Kissela			Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : 35901739
Mailing Address 9878 Zig Zag Road			Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45252	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Cincinnati, Dept of Neuro	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) C. Dr. Steven L. Lewis			Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : 35901741
Mailing Address 1725 W Harrison St Ste 1106			Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 50
	<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. Constantine Moschonas		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2013 Transaction ID : 35901745
Mailing Address 8113 E Del Cuarzo Dr		Amount of Each Receipt this Period 750.00
City Scottsdale	State AZ	Zip Code 85258-2254
FEC ID number of contributing federal political committee. C		
Name of Employer Four Peaks Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2013 Transaction ID : 35901747
Mailing Address 34 Stonybrook Road		Amount of Each Receipt this Period 415.00
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel C. Potts		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2013 Transaction ID : 35901751
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C		
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1265.00
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 50
	<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

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 ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2013

Transaction ID : 35901753

Amount of Each Receipt this Period

75.00

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

Mailing Address 4454-A Kelmescott Lane

City	State	Zip Code
Salt Lake City	UT	84124-2580

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

Name of Employer	Occupation
Univ. of Utah	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2013

Transaction ID : 35901755

Amount of Each Receipt this Period

250.00

C. Dr. Jeremy M. Shefner
Full Name (Last, First, Middle Initial)

Mailing Address 7994 Everglades Dr

City	State	Zip Code
Manlius	NY	13104-8501

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

Name of Employer	Occupation
SUNY Upstate Medical University	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2013

Transaction ID : 35901757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 50
	<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. Mike Amery
Full Name (Last, First, Middle Initial)

Mailing Address 20308 Trolley Crossing Ct.

City Montgomery Village	State MD	Zip Code 20886
----------------------------	-------------	-------------------

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

Name of Employer American Academy of Neurology	Occupation Legislative Counsel, Federal Affairs
---	--

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
03	/	16	/	2013

Transaction ID : 35902116

Amount of Each Receipt this Period
1000.00

B. Dr. W D. Overfield
Full Name (Last, First, Middle Initial)

Mailing Address 12525 35th St E

City Puyallup	State WA	Zip Code 98372-2454
------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2013

Transaction ID : 35902117

Amount of Each Receipt this Period
600.00

C. Dr. Cynthia L. Comella
Full Name (Last, First, Middle Initial)

Mailing Address 1530 N. Throop St.

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer Rush Presb St Lukes Med Ctr	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2013

Transaction ID : 35902118

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 50
<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. James C. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12112 Aboite Center Rd
 City State Zip Code
 Fort Wayne IN 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allied Physicians, Inc. 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
 03 / 16 / 2013
Transaction ID : 35902120
 Amount of Each Receipt this Period
 1000.00

B. Dr. Edgar J. Kenton III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Clearview Dr
 City State Zip Code
 Danville PA 17821
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 35902121
 Amount of Each Receipt this Period
 1000.00

C. Dr. Rakesh Khatri
 Full Name (Last, First, Middle Initial)
 Mailing Address 11526 Chestnut Ridge Dr
 City State Zip Code
 Fort Wayne IN 46814-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fort Wayne Neurological Center 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
 03 / 16 / 2013
Transaction ID : 35902122
 Amount of Each Receipt this Period
 500.00

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 17 OF 50
	<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. Rod Larson
Full Name (Last, First, Middle Initial)

Mailing Address 4418 Xerxes Ave S

City Minneapolis State MN Zip Code 55410

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 03 / 16 / 2013
Transaction ID : 35902124

Amount of Each Receipt this Period 1000.00

B. Dr. Dee E. Silver
Full Name (Last, First, Middle Initial)

Mailing Address 9850 Genesee Ave Ste 740

City La Jolla State CA Zip Code 92037-1218

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

Name of Employer Coastal Neurological Medical Group, In Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2013
Transaction ID : 35902128

Amount of Each Receipt this Period 500.00

C. Dr. Gregory D. Anselmi
Full Name (Last, First, Middle Initial)

Mailing Address 100 Highland Ave

City Montclair State NJ Zip Code 07042-1912

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

Name of Employer Hudson Neurosciences PC Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2013
Transaction ID : 35902131

Amount of Each Receipt this Period 250.00

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 18 OF 50
	<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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 35902138

Amount of Each Receipt this Period
 1500.00

B. Dr. Michael E. Markowski
Full Name (Last, First, Middle Initial)

Mailing Address 47 Redwood Circle

City Mashpee State MA Zip Code 02649

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

Name of Employer Tri-State Mountain Neurology Associate 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
 03 / 16 / 2013
Transaction ID : 35902139

Amount of Each Receipt this Period
 500.00

C. Dr. Joseph A. Tornabene
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Millerdale Avenue

City Wenatchee State WA Zip Code 98801

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

Name of Employer Wenatchee Valley Med Ctr. 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
 03 / 16 / 2013
Transaction ID : 35902143

Amount of Each Receipt this Period
 500.00

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 19 OF 50
	<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. Allen L. Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Sunset Blvd S
 City State Zip Code
 Cody WY 82414-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frontier Neurosciences 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
 03 / 16 / 2013
Transaction ID : 35902147
 Amount of Each Receipt this Period
 250.00

B. Dr. Briseida E. Feliciano-Astacio
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6828
 City State Zip Code
 Caguas PR 00726-6828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neoera Medical 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
 03 / 16 / 2013
Transaction ID : 35902148
 Amount of Each Receipt this Period
 500.00

C. 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
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 35902152
 Amount of Each Receipt this Period
 750.00

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 20 OF 50
	<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. William C. Davison		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 35902268
Mailing Address 922 Seminole Road		Amount of Each Receipt this Period 500.00
City Wilmette	State IL	Zip Code 60091-1223
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology LTD	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Summerfield		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 35902269
Mailing Address 4561 Jupiter Dr		Amount of Each Receipt this Period 250.00
City Salt Lake City	State UT	Zip Code 84124
FEC ID number of contributing federal political committee. C		
Name of Employer Western Neurological Assoc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert M. Pascuzzi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 35902270
Mailing Address 355 W 16th St, GH 4700		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	Zip Code 46202-5124
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Univ Sch of Medicine	Occupation Neurologist	
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).....▶	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 21 OF 50
	<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

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 ▼
500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 35902283

Amount of Each Receipt this Period
500.00

B. 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
03 / 17 / 2013
Transaction ID : 35902285

Amount of Each Receipt this Period
500.00

C. Ms. Catherine M. Rydell
Full Name (Last, First, Middle Initial)

Mailing Address 4645 Park Commons, #319

City St. Louis Park State MN Zip Code 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 35902286

Amount of Each Receipt this Period
1000.00

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 50
	<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

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

Mailing Address 3920 Washington Pkwy

City Idaho Falls State ID Zip Code 83404-7596

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 35902288

Amount of Each Receipt this Period
 500.00

B. Dr. Erik Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 35902291

Amount of Each Receipt this Period
 500.00

C. Dr. David A. Suber
Full Name (Last, First, Middle Initial)

Mailing Address 2501 E Southern Ave Ste 17

City Tempe State AZ Zip Code 85282-7667

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

Name of Employer Desert 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
 03 / 17 / 2013
Transaction ID : 35902293

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 23 OF 50
	<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. Lawrence R. Wechsler		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902308
Mailing Address Department of Neurology 802 Kaufmann Medical Bldg		Amount of Each Receipt this Period 500.00
City Pittsburgh	State Zip Code PA 15213-2536	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer UPMC	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Heidi B. Schwarz		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902310
Mailing Address 90 Gorham St		Amount of Each Receipt this Period 1000.00
City Canandaigua	State Zip Code NY 14424	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Unity Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian A. Trimble		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902312
Mailing Address 19430 Upper Skyline Dr.		Amount of Each Receipt this Period 500.00
City Eagle River	State Zip Code AK 99577	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Alaska Native Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 24 OF 50
	<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. Michael Gruenthal		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902314
Mailing Address 47 New Scotland Ave Neurology Dept MC70		Amount of Each Receipt this Period 1250.00
City Albany	State NY Zip Code 12208-3479	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1250.00
Name of Employer Albany Medical College	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan P. Hosey		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902315
Mailing Address 1503 Red Ln		Amount of Each Receipt this Period 1250.00
City Danville	State PA Zip Code 17821-8493	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1250.00
Name of Employer Geisinger Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robyn G. Young		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 35902319
Mailing Address 5 Sand Piper Place		Amount of Each Receipt this Period 1000.00
City Alameda	State CA Zip Code 94502	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Orange Coast Memorial Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 50
	<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

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

Mailing Address 408 S 16th St

City Fort Smith State AR Zip Code 72901-4626

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 35902320

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 859
Neurology Dept, 30 Hope Dr, EC037

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 35902322

Amount of Each Receipt this Period
 600.00

C. Dr. Richard M. Dubinsky
Full Name (Last, First, Middle Initial)

Mailing Address 4307 W 126th Terrace

City Leawood State KS Zip Code 66209

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 M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 35902323

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 50
	<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

A. Dr. Daniel D. Truong
Full Name (Last, First, Middle Initial)

Mailing Address 9940 Talbert Ave Ste 204

City State Zip Code
Fountain Valley CA 92708-5153

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2013
Transaction ID : 35902324

Amount of Each Receipt this Period
500.00

B. Dr. Mark A. Kozinn
Full Name (Last, First, Middle Initial)

Mailing Address 3537 Knollwood Dr NW

City State Zip Code
Atlanta GA 30305-1021

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2013
Transaction ID : 35902326

Amount of Each Receipt this Period
2000.00

C. Dr. Lori Ann Schuh
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Bay Hill Ct

City State Zip Code
Ann Arbor MI 48108-8564

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

Name of Employer Occupation
Henry Ford Hospital 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
03 / 17 / 2013
Transaction ID : 35902327

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: (check only one)	PAGE 27 OF 50
	<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

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

Mailing Address 44 Split Rock Rd

City Pittsford State NY Zip Code 14534

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

Name of Employer University of Rochester Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 35902335

Amount of Each Receipt this Period
500.00

B. Dr. Robert L. Ruff
Full Name (Last, First, Middle Initial)

Mailing Address 935 Richmond Road

City Lyndhurst State OH Zip Code 44124

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 ▼
1000.00

Date of Receipt
03 / 18 / 2013
Transaction ID : 35902414

Amount of Each Receipt this Period
1000.00

C. Dr. Sajjan K. Nemani
Full Name (Last, First, Middle Initial)

Mailing Address 1054 M L King Dr Ste 124

City Centralia State IL Zip Code 62801-3065

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 ▼
500.00

Date of Receipt
03 / 18 / 2013
Transaction ID : 35910200

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 28 OF 50
	<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 High Desert Neuro-Diagnostic Med. Grp. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910201

Amount of Each Receipt this Period 1500.00

B. 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 ▼ 250.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910202

Amount of Each Receipt this Period 250.00

C. Dr. Justin A. Zivin
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

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

Name of Employer VA Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910207

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. 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 ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910209

Amount of Each Receipt this Period 500.00

B. Dr. Alexander J. Smirnoff
Full Name (Last, First, Middle Initial)

Mailing Address 6019 Spinnaker Loop

City Lady Lake State FL Zip Code 32159-5921

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

Name of Employer Smirnoff Neurology, PA Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910211

Amount of Each Receipt this Period 500.00

C. Dr. Robin L. Brey
Full Name (Last, First, Middle Initial)

Mailing Address 13618 Bluffcircle

City San Antonio State TX Zip Code 78216-1902

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

Name of Employer University Texas Health Science Center Occupation neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910212

Amount of Each Receipt this Period 1000.00

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 30 OF 50
	<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. Stacy A. Rudnicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Kings Row Dr
 City Little Rock State AR Zip Code 72207-4117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of AR Med. Ctr. 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
 03 / 18 / 2013
Transaction ID : 35910216
 Amount of Each Receipt this Period
 500.00

B. Dr. Mill Etienne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Carroll Drive
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Univ. Med. Ctr. 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
 03 / 18 / 2013
Transaction ID : 35910219
 Amount of Each Receipt this Period
 500.00

C. Dr. Elizabeth S. Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8550 Marshall Dr Ste 100
 City Lenexa State KS Zip Code 66214-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rowe Neurology Institute Occupation Research Scientist
 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
 03 / 18 / 2013
Transaction ID : 35910223
 Amount of Each Receipt this Period
 1000.00

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 31 OF 50
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	<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. Vernon D. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa State KS Zip Code 66214-9836

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

Name of Employer Rowe Neurology Institute 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
 03 / 18 / 2013
Transaction ID : 35910224

Amount of Each Receipt this Period
 1000.00

B. Mr. John A. Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa State KS Zip Code 66214-9836

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

Name of Employer Rowe Neurology Institute Occupation Senior Administrator

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
 03 / 18 / 2013
Transaction ID : 35910225

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 820 San Ramon Way

City Sacramento State CA Zip Code 95864

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 35910226

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<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. Patti J. Brettell
Full Name (Last, First, Middle Initial)

Mailing Address 1916 40th St

City Bellingham State WA Zip Code 98229-4937

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

Name of Employer Skagit Regional Health Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910227

Amount of Each Receipt this Period 500.00

B. Dr. Stanley Fahn
Full Name (Last, First, Middle Initial)

Mailing Address 155 Edgars Ln

City Hastings On Hudson State NY Zip Code 10706-1107

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

Name of Employer Neurological Institute Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910231

Amount of Each Receipt this Period 1000.00

C. Dr. Carmela L. Tardo
Full Name (Last, First, Middle Initial)

Mailing Address 604 Mulligan Way

City Saint Augustine State FL Zip Code 32080-5812

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

Name of Employer Children's Hospital/Neurology Dept Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 35910234

Amount of Each Receipt this Period 250.00

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 33 OF 50
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Dr. Ramon L. Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 100236
 City Gainesville State FL Zip Code 32610-0236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida 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
 03 / 18 / 2013
Transaction ID : 35910241
 Amount of Each Receipt this Period
 250.00

B. Dr. Basim M. Uthman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4626 NW 12th Place
 City Gainesville State FL Zip Code 32605-4579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Florida, Malcom Randell VAMC 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
 03 / 18 / 2013
Transaction ID : 35910243
 Amount of Each Receipt this Period
 250.00

C. Dr. Jeffrey A. Samuels
 Full Name (Last, First, Middle Initial)
 Mailing Address 2541 NE 35th St
 City Lighthouse Point State FL Zip Code 33064-8156
 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 Y
 03 / 18 / 2013
Transaction ID : 35913186
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Richard Earl Popwell Jr.			Date of Receipt 03 / 18 / 2013 Transaction ID : 35913583
Mailing Address 42 E. Fieldview Circle			Amount of Each Receipt this Period 500.00
City Bozeman	State MT	Zip Code 59715-7180	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Deaconess Health Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kwasi Adzotor			Date of Receipt 03 / 20 / 2013 Transaction ID : 35915128
Mailing Address 3270 Joe Battle Blvd Suite 235			Amount of Each Receipt this Period 250.00
City EL Paso	State TX	Zip Code 79938	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer UT College of Medicine		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Christopher Bever Jr.			Date of Receipt 03 / 19 / 2013 Transaction ID : 35920842
Mailing Address 4325 Conifer Court			Amount of Each Receipt this Period 1000.00
City Glen Arm	State MD	Zip Code 21057-9124	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer University of Maryland Hosp		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 35 OF 50
	<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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : 35920843
 Amount of Each Receipt this Period
 250.00

B. Dr. Jeffrey L. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Coach Lane
 City Westport State CT Zip Code 06880
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : 35920847
 Amount of Each Receipt this Period
 1000.00

C. Dr. Michael A. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Pier Pointe Lndg
 City Baltimore State MD Zip Code 21230-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LifeBridge Health Brain & Spine Instit 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
 03 / 19 / 2013
Transaction ID : 35920851
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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

Full Name (Last, First, Middle Initial) A. Dr. Shannon M. Kilgore		Date of Receipt 03 / 19 / 2013 Transaction ID : 35920853
Mailing Address 3801 Miranda Ave MC127		Amount of Each Receipt this Period 250.00
City Palo Alto	State CA Zip Code 94304-1207	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer VA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James A. Russell		Date of Receipt 03 / 19 / 2013 Transaction ID : 35920856
Mailing Address Department of Neurology 41 Mall Road		Amount of Each Receipt this Period 250.00
City Burlington	State MA Zip Code 01805-0001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Lahey Clinic Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Joseph V. Fritz		Date of Receipt 03 / 19 / 2013 Transaction ID : 35920858
Mailing Address 3980A Sheridan Drive Suite 101		Amount of Each Receipt this Period 300.00
City Amherst	State NY Zip Code 14226-1746	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Dent Institute	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 50
	<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. P. David Charles
Full Name (Last, First, Middle Initial)

Mailing Address 6509 Edinburgh Dr

City Nashville State TN Zip Code 37221-3707

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

Name of Employer Vanderbilt Univ Dept of Neuro 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
 03 / 19 / 2013
Transaction ID : 35920864

Amount of Each Receipt this Period
 250.00

B. Dr. Jack W. Tsao
Full Name (Last, First, Middle Initial)

Mailing Address 9211 Bardon Rd

City Bethesda State MD Zip Code 20814-2858

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

Name of Employer Department of Defense 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
 03 / 19 / 2013
Transaction ID : 35920867

Amount of Each Receipt this Period
 500.00

C. Dr. Lisa M. DeAngelis
Full Name (Last, First, Middle Initial)

Mailing Address 400 East 56th Street

City New York State NY Zip Code 10022-4339

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

Name of Employer Memorial Sloan Kettering Cancer Center 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
 03 / 19 / 2013
Transaction ID : 35920868

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 38 OF 50
	<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. Robert J. Baumann
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Shasta Circle
 City Lexington State KY Zip Code 40503-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky - Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2013
Transaction ID : 35920873
 Amount of Each Receipt this Period 300.00

B. Dr. Lynne P. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Avery Street Apt 19A
 City Boston State MA Zip Code 02111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2013
Transaction ID : 35920877
 Amount of Each Receipt this Period 1000.00

C. Dr. Glenn A. Mackin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Highland Way
 City Center Valley State PA Zip Code 18034-9682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2013
Transaction ID : 35920878
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
	<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. Carolyn B. Britton
Full Name (Last, First, Middle Initial)

Mailing Address 710 W 168th St
Neurological Institute

City New York State NY Zip Code 10032-3726

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

Name of Employer NewYork-Presbyterian/Columbia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 19 / 2013
Transaction ID : 35920879

Amount of Each Receipt this Period
250.00

B. Dr. Samir Belagaje
Full Name (Last, First, Middle Initial)

Mailing Address 2406 Reserve Dr NE

City Atlanta State GA Zip Code 30319-5910

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

Name of Employer Univ. of Chincinnati Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
03 / 19 / 2013
Transaction ID : 35920880

Amount of Each Receipt this Period
501.00

C. 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 ▼ 300.00

Date of Receipt
03 / 19 / 2013
Transaction ID : 35920882

Amount of Each Receipt this Period
200.00

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 40 OF 50
	<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. Thomas R. Vidic
 Full Name (Last, First, Middle Initial)
 Mailing Address 22642 Remington Ct
 City Elkhart State IN Zip Code 46514-4674
 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2013
Transaction ID : 35920887
 Amount of Each Receipt this Period
1000.00

B. Dr. Rita M. Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Main Street North, #214
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Altru Health Systems 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
 03 / 20 / 2013
Transaction ID : 35920890
 Amount of Each Receipt this Period
1000.00

C. Dr. Nancy Hammond
 Full Name (Last, First, Middle Initial)
 Mailing Address 13230 Long St
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kansas 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
 03 / 20 / 2013
Transaction ID : 35920899
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<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. Leonard Sahn
Full Name (Last, First, Middle Initial)

Mailing Address 5019 Elmgate

City West Bloomfield State MI Zip Code 48324

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
 03 / 20 / 2013
Transaction ID : 35920900

Amount of Each Receipt this Period
 1000.00

B. Dr. Alan G. Finkel
Full Name (Last, First, Middle Initial)

Mailing Address 400 Stony Hill Rd

City Chapel Hill State NC Zip Code 27516

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

Name of Employer U of NC Clinical Sciences Bldg 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
 03 / 20 / 2013
Transaction ID : 35920912

Amount of Each Receipt this Period
 500.00

C. Dr. Walter J. Koroshetz
Full Name (Last, First, Middle Initial)

Mailing Address 7808 Stable Way

City Potomac State MD Zip Code 20854-1791

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

Name of Employer Mass General Hospital, National Institu 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
 03 / 20 / 2013
Transaction ID : 35920916

Amount of Each Receipt this Period
 250.00

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 42 OF 50
	<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. Aaron E. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 55 E 86th St Apt 7B

City New York State NY Zip Code 10028-1059

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

Name of Employer Mount Sinai School of Medicine 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
 03 / 21 / 2013
Transaction ID : 35920922

Amount of Each Receipt this Period
 1000.00

B. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 35923252

Amount of Each Receipt this Period
 1000.00

c. Dr. Maureen A. Callaghan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6059
1617 Sylvester St SW

City Olympia State WA Zip Code 98501-2228

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

Name of Employer Madigan Army Medical Center / Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 35929647

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<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. Madeleine Geraghty
Full Name (Last, First, Middle Initial)

Mailing Address 1803 E Westminster Lane

City Spokane State WA Zip Code 99223

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

Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929651

Amount of Each Receipt this Period 100.00

B. Dr. Bibhuti Mishra
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Potomac Ave NW

City Washington State DC Zip Code 20016-2517

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

Name of Employer Inova Fairfax Hospital Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929653

Amount of Each Receipt this Period 75.00

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 ▼ 300.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929657

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 44 OF 50
<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

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 ▼ 250.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929659

Amount of Each Receipt this Period 50.00

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

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929661

Amount of Each Receipt this Period 100.00

C. Dr. Christopher Calder
Full Name (Last, First, Middle Initial)

Mailing Address 1936 Avenida Las Campanas

City Albuquerque State NM Zip Code 87107

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

Name of Employer The Neurology Group LLP Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2013
Transaction ID : 35929665

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 45 OF 50
(check only one)

<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. Full Name (Last, First, Middle Initial)
Dr. Thomas GianCarlo

Mailing Address 34025 Harper Ave

City State Zip Code
Clinton Township MI 48035-3737

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

Name of Employer Occupation
Henry Ford Medical Center; Michigan Ne Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2013
Transaction ID : 35931192

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	67860.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 35847665

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 35847666

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : 35847667

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

7500.00

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. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : 35847669

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Henry A. Waxman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : 35864005

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : 35864006

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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 Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : 35864007

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Void - Marsha Blackburn For Congress, Inc.

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : 35864100

Amount of Each Disbursement this Period

-1000.00

Void - Marsha Blackburn For Congress, Inc.

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 35883915

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2500.00

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. Dr. Raul Ruiz For Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 35883916

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Jim Mcdermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 35884075

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
Void - Dr. Raul Ruiz For Congress

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 35924739

Amount of Each Disbursement this Period

-1000.00

Void - Dr. Raul Ruiz For Congress

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

1000.00

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. Dr. Raul Ruiz For Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Raul Ruiz MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 35924740

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

16500.00