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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Neurology Professional Association BrainPAC 509b 2nd St. NE ADDRESS (number and street) Check if different than previously DC 20002 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00435933 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Timothy J. Engel Type or Print Name of Treasurer Electronically Filed by Mr. Timothy J. Engel 10 07 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2 / 48 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC D D [®]D 07 0 1 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 120622.00 January 1 (b) Cash on Hand at 138573.00 Begining of Reporting Period 39742.00 143575.62 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 178315.00 264197.62 6(a) and 6(c) for Column B) 66150.00 153032.62 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 112165.00 111165.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 48

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From: 0 7

D D D 1

2010

0.

0 9 D D D 3 0

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	26723.00	95274.00
(ii) Unitemized	12869.00	43204.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39592.00	138478.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39592.00	138478.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	150.00	5097.62
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39742.00	143575.62
Total Federal Receipts (subtract Line 18(c) from Line 19)	39742.00	143575.62

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 48

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
0	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	150.00	650.00
3.	Contributions to Federal Candidates/Committees	0000000	4.47500.00
4	Federal Candidates/Committeesand Other Political Committees Independent Expenditure	66000.00	147500.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	435.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	435.00
9.	Other Disbursements	0.00	4447.62
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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))	66150.00	153032.62
2.	Total Federal Disbursements		
٠	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	66150.00	153032.62

DETAILED SUMMARY PAGE

of Disbursements

	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)	39592.00	138478.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	435.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	39592.00	138043.00
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

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			
American Academy of Neurology P	rofessional Ass	ociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Joseph Kass			Date of Receipt
Mailing Address 4929 Valerie			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31962948
<u>Bellaire</u>	TX	77401-5707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Baylor College of Medicine	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 (3.11)	350.00	
Full Name (Last, First, Middle Initial) Dr. Stuart G. Mendelson			Date of Receipt
Mailing Address 13 Oxford Rd.			07 15 2010
City	State	Zip Code	Transaction ID: 32038042
North Caldwell	NJ	07006-7146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self	Occupation Neurologi		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts			Date of Receipt
Mailing Address 100 Rice Mine Loop Suite 301	o Road		07 15 7 2010
City	State	Zip Code	Transaction ID: 32038056
Tuscaloosa	AL	35406-1822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	ofessional Ass	sociation BrainPAC	
∠ A.	Full Name (Last, First, Middle Initial) Dr. William S. Gilmer			Date of Receipt
	Mailing Address 1213 Hermann Dr Ste	e 745		07 15 2010
	City	State	Zip Code	Transaction ID: 32038062
	Houston	TX	77004-7589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
	Mailing Address 3141 Neille Lane			07 15 2010
	City	State	Zip Code	Transaction ID: 32038065
	Twinsburg	OH	44087-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cleveland Clinic	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV			Date of Receipt
	Mailing Address 1222 Arch St. #101			07 15 2010
	City	State	Zip Code	Transaction ID: 32038073
	Philadelphia	PA	19107-2826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Jefferson Headache Center	Occupatio Fellow	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			300.00
	TOTAL This Period (last page this line numbe			

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
Mailing Address 9235 NW 26th Aver	nue		07 15 2010
City Gainesville	State FL	Zip Code 32606-9180	Transaction ID: 32038081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02000 0100	85.00
Name of Employer Univ. of FL Dept. of Neur- ology Receipt For: Primary General Other (specify) ▼		n al Neurology Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) Dr. Bennett L. Lavenstein			Date of Receipt
Mailing Address 4210 Rosemary Str			07 22 2010
City <u>Chevy Chase</u>	State MD	Zip Code 20815-5218	Transaction ID: 32068212 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20013 3210	500.00
Name of Employer Childrens National Med Ctr	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Glenn D. Graham			Date of Receipt
Mailing Address 337 Whiteoaks Dr N	NE		07 23 2010
City Albuguerque	State NM	Zip Code 87122-1410	Transaction ID: 32070075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07122-1410	500.00
Name of Employer VA Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
			1085.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional Ass	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto			Date of Receipt
	Mailing Address 553 N. Mobile Street			07 23 2010
	City Fairhope	State AL	Zip Code 36608-1199	Transaction ID: 32070308 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Neurology: Child and Adul- t, P.C.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Simon J. Farrow			Date of Receipt
	Mailing Address 1804 Piccolo Way			07 27 2010
	City	State	Zip Code	Transaction ID: 32075701
	Las Vegas FEC ID number of contributing federal political committee.	C	89146-3029	Amount of Each Receipt this Period 500.00
	Name of Employer Simon Farrow Neurology	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Robert S. Gould			Date of Receipt
	Mailing Address 340 Dardanelli Ln Ste	22A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32075746
	Los Gatos FEC ID number of contributing federal political committee.	CA	95032-1418	Amount of Each Receipt this Period 600.00
	Name of Employer Self	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .			1200.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 48 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	essional Ass	Sociation Braini AC	
۱.	Dr. Leonard Sahn Mailing Address 29355 Northwestern H	lwy, Suite 10	00	Date of Receipt 0 7 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32075754
	Southfield	MI	48034-1065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Michael C. Graeber			Date of Receipt
	Mailing Address 971 Lakeland Dr Ste 5	560		07 28 2010
	City	State	Zip Code	Transaction ID: 32075952
	<u>Jackson</u>	MS	39216-4607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Muscle & Nerve, PA	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
	Mailing Address 1199 Sennebec Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32076487
	Union	ME	04862-4628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X)

SCHEDUL	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 48 (check only one) X 11a
or for commercia	copied from such Reports and St al purposes, other than using the DMMITTEE (In Full) Academy of Neurology Profe	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La Dr. Todd J. Ja Mailing Addre		State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Des Moines FEC ID numb federal politic	per of contributing	C	50312-4627	Amount of Each Receipt this Period 100.00
Name of Emplowa Health F Receipt For: Primary Other (s		Occupation Neurolog Aggregate		
Dr. Robert L. F	ast, First, Middle Initial) Ruff ess 935 Richmond Rd			Date of Receipt 0 7 2 8 2 0 1 0
City Cleveland FEC ID numb federal politic	per of contributing	State OH	Zip Code 44124-1063	Transaction ID: 32077979 Amount of Each Receipt this Period 500.00
Name of Emr		Occupation Physician		
Primary	General General ▼	Aggregate	500.00	
Full Name (La Dr. Joseph Ka Mailing Addre				Date of Receipt 0 8 0 2 2 0 1 0
City Bellaire FEC ID numb	per of contributing	State TX	Zip Code 77401-5707	Transaction ID: 32087998 Amount of Each Receipt this Period
federal politic	al committee.	Occupation Physician		50.00
Receipt For: Primary Other (s	General		Year-to-Date ▼ 400.00	
SUBTOTAL of	Receipts This Page (optional))	650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 12 / 48 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Academy of Neurology	g the name and address o	f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Mailing Address 610 E. Palisade A	Venue		Date of Receipt	
City Englewood Cliffs	State Zi	ip Code 7632-1801	Transaction ID: 32089200 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		2500.00	
Name of Employer Self Receipt For:	Occupation Physician Aggregate Year-t	o-Date ▼		
Primary General Other (specify) ▼		2500.00		
Full Name (Last, First, Middle Initial) Dr. Kathryn A. Coughlin-Kelley Mailing Address 7804 Fairview Rd	# 312		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zi	ip Code	Transaction ID: 32104307	
<u>Charlotte</u> NC		8226-4998	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Not Employed	Occupation Neurologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Cynthia L. Comella	'		Date of Receipt	
Mailing Address 7319 Holly Court			08 09 2010	
City		p Code	Transaction ID: 32117833	
River Forest	IL 6	0305-1915	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Rush Presb St Lukes Med Ctr Receipt For:	Occupation Physician	a Data W		
Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (option	<u>'</u>		4000.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 48 (check only one) X	
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Academy of Neurology	ng the name and addr	ress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Mailing Address 1213 Hermann D	r Sto 745		Date of Receipt	
City	State	Zip Code	0 8 1 6 2 0 1 0 Transaction ID: 32157337	
Houston FEC ID number of contributing federal political committee.	C	77004-7589	Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 32157343	
Twinsburg	OH	44087-3808	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Cleveland Clinic	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 800.00		
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV			Date of Receipt	
Mailing Address 1222 Arch St. #10	01		08 16 2010	
City	State	Zip Code	Transaction ID: 32157346	
Philadelphia FEC ID number of contributing federal political committee.	C	19107-2826	Amount of Each Receipt this Period	
Name of Employer Jefferson Headache Center	Occupation Fellow			
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 600.00		
SUBTOTAL of Receipts This Page (option	nol)		300.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 48 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
Mailing Address 9235 NW 26th Aver	nue		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Gainesville	State FL	Zip Code 32606-9180	Transaction ID: 32157349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02000 0100	85.00
Name of Employer Univ. of FL Dept. of Neur- ology Receipt For: Primary General Other (specify) ▼	 	n al Neurology e Year-to-Date ▼ 680.00]
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto Mailing Address 553 N. Mobile Stree	et		Date of Receipt
City	State	Zip Code	0 8 1 6 2 0 1 0 Transaction ID: 32157397
<u>Fairhope</u>	AL	36608-1199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Neurology: Child and Adul- t. P.C.	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts			Date of Receipt
Mailing Address 100 Rice Mine Loop Suite 301	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tuscaloosa	State AL	Zip Code 35406-1822	Transaction ID: 32157402 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	001001022	100.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]
SUBTOTAL of Receipts This Page (optiona	<u> </u>		285.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 48 (check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
	Professional Association BrainPAC	1
Full Name (Last, First, Middle Initial) Dr. Jason A. Schwartz Mailing Address 5333 McAuley Dr F	Om 2002	Date of Receipt
City	State Zip Code	0 8 1 6 2 0 1 0 Transaction ID: 32158780
<u>Ypsilanti</u>	MI 48197-1097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ann Arbor Neurology	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Susan L. Hickenbottom		Date of Receipt
Mailing Address 309 Virginia Ave		08 / 16 / 2010
City	State Zip Code	Transaction ID: 32158787
Ann Arbor	MI 48103-4133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ann Arbor Neurology	Occupation Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael L. Goldstein		Date of Receipt
Mailing Address 2720 Shadybrook I	Lane	08 / 09 / 2010
City <u>Salt Lake City</u>	State Zip Code UT 84121-1539	Transaction ID: 32174046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Western Neurological Asso- ciates, P.C.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL ACROSS TO B. C. S.	al)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 48 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John David Hixson			Date of Receipt
Mailing Address 1224 3rd Ave City	State	Zip Code	0 8 2 2 2 2 0 1 0 Transaction ID: 32190036
San Francisco	CA	94122-2705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UCSF	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar Mailing Address 75 Kinga Highway (Cutoff		Date of Receipt
Mailing Address 75 Kings Highway (Julon		08 23 2010
City	State	Zip Code	Transaction ID: 32190065
<u>Fairfield</u>	CT	06824-5340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Rita M. Richardson			Date of Receipt
Mailing Address 1000 S. Columbia F	Road		08 23 YYYY 2010
City	State	Zip Code	Transaction ID: 32190334
Grand Forks	ND	58201-4049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Altru Health Systems	Occupation Neurolog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	1		1750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	
	gy Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Douglas S. Stuart		Date of Receipt
Mailing Address 708 Collier Co City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 32190345
<u>Atlanta</u>	GA 30318-1736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Peachtree Neurological Cl- inic	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera, Jr.		Date of Receipt
Mailing Address 623 W Willow		08 23 7 2010
City	State Zip Code	Transaction ID: 32190827
<u>Visalia</u>	CA 93291-6101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan L. Carter		Date of Receipt
Mailing Address 13400 E Shea Mayo Clinic So		08 / 23 / Y Y Y Y Y Y Y
City <u>Scottsdale</u>	State Zip Code AZ 85259-5404	Transaction ID: 32190829
FEC ID number of contributing federal political committee.	C 83239-3404	Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Propriets This Page /s	otional)	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Profe	essional Ass	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Brian N. Kirschner			Date of Receipt
	Mailing Address 29946 Mayfair Drive			08 24 2010
	City <u>Farmington Hills</u>	State MI	Zip Code	Transaction ID: 32194843
	FEC ID number of contributing federal political committee.	C	48331-2152	Amount of Each Receipt this Period 500.00
	Name of Employer Millennium Medical Group	Occupatio Physicia		7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd			Date of Receipt
				08 30 2010
	City	State	Zip Code	Transaction ID: 32210693
	Union FEC ID number of contributing federal political committee.	C	04862-4628	Amount of Each Receipt this Period 100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus			Date of Receipt
	Mailing Address 4008 Muskogee Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32210696
	Des Moines FEC ID number of contributing federal political committee.	C	50312-4627	Amount of Each Receipt this Period 100.00
	Name of Employer Iowa Health Physicians	Occupatio Neurolog		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 768.00	
	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Academy of Neurology Profe	essional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan			Date of Receipt
Mailing Address 525 Lilly Rd NE Ste 21	0		09 01 2010
City	State	Zip Code	Transaction ID: 32223958
Olympia	WA	98506-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Madigan Army Medical Cent- er / Self	Occupation Physicial		1
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	ı		Date of Receipt
Mailing Address 9235 NW 26th Avenue	l		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32223960
Gainesville	FL	32606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		89.00
Name of Employer Univ. of FL Dept. of Neur- ology	Occupatio Behavior	n ral Neurology	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 769.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley			Date of Receipt
Mailing Address 2799 W Grand Blvd Henry Ford Hospital			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32223964
Detroit	MI	48202-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Henry Ford Hospital	Occupatio Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			589.00

TOTAL This Period (last page this line number only)

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) American Academy of Neurology Pr	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Joseph Kass Mailing Address 4929 Valerie City	State	Zip Code	Date of Receipt M M M
Bellaire FEC ID number of contributing federal political committee.	TX C	77401-5707	Amount of Each Receipt this Period 50.00
Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Dominic Fee Mailing Address 1224 Litchfield Lane			Date of Receipt 0 9 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: 32223977
Lexington FEC ID number of contributing federal political committee.	C	40513-1794	Amount of Each Receipt this Period 2000.00
Name of Employer Univ of Kentucky Receipt For:	Occupation Neurolog Aggregate		
Primary General Other (specify) ▼		3000.00	
Full Name (Last, First, Middle Initial) Dr. Judy S. Fine-Edelstein Mailing Address 27 Saddle Club Rd	·		Date of Receipt 0 9 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: 32224470
Lexington FEC ID number of contributing federal political committee.	MA C	02420-2121	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Neurolog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)		2550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 48 (check only one) X
\	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Dr. Marcus C. Rice Mailing Address 6161 Kempsville Cir	Ste 315		Date of Receipt
	City Norfolk	State VA	Zip Code 23502-3932	Transaction ID: 32240910 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Neuroconsultants of Tidew- ater Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physicial Aggregate		
	Full Name (Last, First, Middle Initial) Dr. Steven Demeter Mailing Address 4849 Rancho Grande)		Date of Receipt 0 9 0 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 32242023
	Del Mar FEC ID number of contributing federal political committee.	CA	92014-4241	Amount of Each Receipt this Period 1000.00
	Name of Employer Medlink Corporation	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey B. English Mailing Address 3200 Downwood Cir	NW Ste 550		Date of Receipt 0 9 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 32269869
	Atlanta FEC ID number of contributing federal political committee.	GA	30327-1624	Amount of Each Receipt this Period 250.00
	Name of Employer Piedmont Hospital	Occupatio Neurolog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 48 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Neurology Pro	otessional Ass	Sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. David T. Greco			Date of Receipt
Mailing Address 17 W Ridge Rd			09 / 14 / 2010
City	State	Zip Code	Transaction ID: 32272192
New Fairfield	CT	06812-4904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Associated Neurologists,	Occupatio Neurolog		
LP Receipt For:	- '	e Year-to-Date ▼	\dashv
Primary General	Aggregate		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Drasko Simovic	1		Date of Receipt
Mailing Address 50 Prospect St Rm 40 EMG Laboratory	04		0 9 1 4 2 0 1 0
City	State	Zip Code	Transaction ID: 32276996
Lawrence	MA	01841-2838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tufts University School of Medicine	Occupatio Physicia		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Donald S. Gervais, Jr.			Date of Receipt
Mailing Address 8120 Main St Ste 400)		0 9 1 4 2 0 1 0
City	State	Zip Code	Transaction ID: 32277698
<u>Houma</u>	LA	70360-3403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Southeast Neuroscience Ce- nter of Excel	Occupatio Neurolog		
Receipt For:	_ ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼	33.134.6	1500.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/48 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Benjamin M. Frishberg			Date of Receipt
Mailing Address 5145 Seagrove Ct			0 9 1 4 2 0 1 0
City San Diego	State CA	Zip Code 92130-3208	Transaction ID: 32279753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92130-3200	250.00
Name of Employer The Neurology Center	Occupatio Neurolog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer			Date of Receipt
Mailing Address 1213 Hermann Dr S	0 9 1 5 2 0 1 0		
City	State	Zip Code	Transaction ID: 32281029
Houston FEC ID number of contributing federal political committee.	C	77004-7589	Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
Mailing Address 3141 Neille Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State OH	Zip Code	Transaction ID: 32281820
Twinsburg FEC ID number of contributing federal political committee.	С	44087-3808	Amount of Each Receipt this Period 100.00
Name of Employer Cleveland Clinic	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 900.00	
			450.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV Mailing Address 1222 Arch St. #101 City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Jefferson Headache Center Receipt For: Primary General Other (specify)	State PA C Occupatio Fellow Aggregate	Zip Code 19107-2826 on e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 32282033 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto Mailing Address 553 N. Mobile Street City Fairhope FEC ID number of contributing federal political committee. Name of Employer Neurology: Child and Adult, P.C. Receipt For: Primary General Other (specify)	State AL C Occupatio Physicial Aggregate		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts Mailing Address 100 Rice Mine Loop F Suite 301 City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer AL Neurology and Sleep Medicine, P.C. Receipt For: Primary General Other (specify)	State AL C Occupatio Physicia		Date of Receipt M M M / D D / Y Y Y Y Y O 9 15 2010 Transaction ID: 32282038 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 48 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
Mailing Address 9235 NW 26th Aver	nue		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State FL	Zip Code	Transaction ID: 32282046
Gainesville FEC ID number of contributing federal political committee.	C	32606-9180	Amount of Each Receipt this Period 89.00
Name of Employer Univ. of FL Dept. of Neur- ology Receipt For: Primary General Other (specify) ▼		n al Neurology e Year-to-Date ▼ 858.00	
Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz			Date of Receipt
Mailing Address Dept of Neurology 601 Elmwood Ave E	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Rochester	State NY	Zip Code 14642-0001	Transaction ID: 32282054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17072 0001	250.00
Name of Employer University of Rochester	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner			Date of Receipt
Mailing Address 7994 Everglades Di	rive		0 9 1 5 2 0 1 0
City Manlius	State NY	Zip Code 13104-8501	Transaction ID: 32282057
FEC ID number of contributing federal political committee.	C	13104-0301	Amount of Each Receipt this Period 250.00
Name of Employer SUNY Upstate Medical Univ- ersity	Occupation Physician	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
			589.00

or fo	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Academy of Neurology Profeull Name (Last, First, Middle Initial) or. James M. Gilchrist failing Address 586 Old Westport Rd	name and address of any po	litical committee to se	for the purpose of soliciting contributions olicit contributions from such committee.
. <u>C</u>	American Academy of Neurology Profectual Name (Last, First, Middle Initial) br. James M. Gilchrist Mailing Address 586 Old Westport Rd	essional Association Bra	inPAC	
. <u>C</u> M	or. James M. Gilchrist Mailing Address 586 Old Westport Rd			
_	·			Date of Receipt
С				0 9 1 5 2 0 1 0
_	ity	State Zip Code		Transaction ID: 32282063
<u> </u>	North Dartmouth	MA 02747-23	83	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		125.00
N	lame of Employer leurology Foundation	Occupation Neurologist		
R	leceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	375.00	
	ull Name (Last, First, Middle Initial) pr. Elaine C. Jones			Date of Receipt
N	failing Address 212 Bay Spring Ave			09 15 2010
	ity	State Zip Code		Transaction ID: 32282068
<u>E</u>	<u>Barrington</u>	RI 02806-13	32	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N	ame of Employer self	Occupation Physician		
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date	750.00	
	ull Name (Last, First, Middle Initial) pr. P. David Charles			Date of Receipt
N	failing Address 6509 Edinburgh Drive			09 23 2010
	ity	State Zip Code		Transaction ID: 32319732
<u> </u>	lashville	TN 37221-37	07	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		1000.00
	ame of Employer anderbilt Univ Dept of leuro	Occupation Physician		
	eceipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		1000.00	
CIII	BTOTAL of Receipts This Page (optional)			1375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 48 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Proj	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)	10331011417130	Sociation Braini 710	Data of Bassist
۱.	Dr. Sanjeevi C. Tivakaran Mailing Address 2400 Hospital Dr Ste	310		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32322885
	Bossier City	LA	71111-2387	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WK Bossier Health Ctr	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- s.	Full Name (Last, First, Middle Initial) Dr. Robert B. Daroff			Date of Receipt
	Mailing Address 11100 Euclid Ave Department of Neurole			09 / 25 / Y Y Y Y
	City Cleveland	State OH	Zip Code	Transaction ID: 32322887
	FEC ID number of contributing federal political committee.	C	44106-1716	Amount of Each Receipt this Period 250.00
	Name of Employer Case Western Reserve Univ- ersity	Occupation Neurolog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. —	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
	Mailing Address 1199 Sennebec Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32334903
	<u>Union</u>	ME	04862-4628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional) .			600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 48 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology F	nd Statements may not be sold or used by any persong the name and address of any political committee to Professional Association BrainPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Mailing Address 4008 Muskogee Av City	ve State Zip Code	Date of Receipt 0 9 2 8 2 0 1 0 Transaction ID: 32334909
Des Moines FEC ID number of contributing federal political committee.	IA 50312-4627	Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Physicians Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate Year-to-Date 868.00	
Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson Mailing Address 9420 SE 54th St.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32350442
Mercer Island	WA 98040-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Swedish Neurosci. Institu- te, Swedish H Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Mark S. Corazza		Date of Receipt
Mailing Address 2431 Castillo St		09 30 2010
City	State Zip Code	Transaction ID: 32351033
Santa Barbara FEC ID number of contributing federal political committee.	CA 93105-4301	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (option	al)	1350.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR L		_		: [PAGE	= 29 -	/ 48	
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/	NAME OF COMMITTEE (In Full)											
\rangle	American Academy of Neurology Profession	onal Ass	ociation BrainPAC									
	Full Name (Last, First, Middle Initial) Dr. Robert B. Daroff			Da	te of	Red	ceipt					
	Mailing Address 11100 Euclid Ave Department of Neurology				9	/	3				1 0	
	City	State	Zip Code	Tra	nsac	tio	n ID: 3	323	51090)		
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	Receipt For: Primary General Other (specify) ▼	aggregate	Year-to-Date ▼ 350.00									

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	26723.00

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			NUMBER: PAGE 30 / 48
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	y Information copied from such Reports and State for commercial purposes, other than using the nar			by any p	erson f	or the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full)		os or any pontiou	00111111111	<i>,</i> c to 50	not contributions from Such Committee
\rangle	American Academy of Neurology Profess	ional Asso	ciation BrainPA	AC .		
	Full Name (Last, First, Middle Initial) Republican Main Street PAC					Transaction ID: 31962876 Date of Disbursement
	Mailing Address 325 7th Street, NW Suite 610					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & 1 \end{smallmatrix} O \ \ \end{bmatrix}$
	City Washington	State DC	Zip Code 20004			Amount of Each Disbursement this Period
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	State: District:					
	Full Name (Last, First, Middle Initial) Georgians For Isakson					Transaction ID: 32014675 Date of Disbursement
	Mailing Address Post Office Box 250116					$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City Atlanta	State GA	Zip Code 30325			Amount of Each Disbursement this Period
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	Candidate Name Sen. Johnny Isakson			Catego Type		
	X Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼			Campaign Contribution
	State: GA District: Full Name (Last, First, Middle Initial)					Transaction ID: 32014678
	People For Patty Murray					Date of Disbursement
	Mailing Address PO Box 3662					$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&1&0\\1&4\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}$
	City Seattle	State WA	Zip Code 98124			Amount of Each Disbursement this Period
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	Full Name (Last, First, Mido Bennet For Colorado	- le Initial)				Transaction ID: 32055926 Date of Disbursement
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1	Mr. Michael Bennet Office Sought: Hou	iea Diebure	ement For:	2009	Category/ Type	
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Ryan For Congress			Transaction ID: 32058535 Date of Disbursement O 7
Mailing Address P. O. Box 1919			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Perio
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Rep. Paul D. Ryan		Category/ Type	
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Friends Of Sam Johnson			Transaction ID: 32058537 Date of Disbursement
Mailing Address P.O. Box 860096			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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Office Sought: X House Senate President State: TX District: 03	rsement For: 2010 Primary X Gene Other (specify)		Campaign Contribution
Full Name (Last, First, Middle Initial) Sue Myrick For Congress			Transaction ID: 32059442 Date of Disbursement
Mailing Address P.O. Box 37091			077 / 21 / 2010
City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Period
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۱.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen						Trans			32059 ment	9510		
	Mailing Address P.O. Box 44369 250 Prairie Center Drive						0 ^M 7	M /	^D 2	D /	^Y ^Y 2	0 Ĭ 0	Y
	City Eden Prairie	State MN	Zip Code 55344				Amou	nt of	Each	Disburse	-		
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	Friends Of Max Baucus						Date o	of Dis	burse	ment		Y	Y
	Mailing Address PO Box 586						0 7		2	1	2	0 i 0	
	City Helena	State MT	Zip Code 59624				Amou	nt of	Each	Disburse			
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	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress						Trans Date of		burse		9515		
	Mailing Address 555 Capitol Mall, Suite 1	425					0 7	M /	^D 2	1 /	ž	0 Ĭ 0	Y
	City Sacramento	State CA	Zip Code 95814				Amou	nt of	Each	Disburse	ement	this P	eriod
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SCHEDULE B (FEC Form 3X)

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$ \rangle$	American Academy of Neurology Profess	sional Association Brain	PAC										
	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, I					Trans				757	52		
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	Mailing Address PO Box 80126												
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Mailing Address 10605 Concord Street,	Suite 202					0 9) M	′	^D 1 4	1 /	ž	0 1 (O Y
City	State	Zip Code				Amo	unt d	of Ea	ach [Disburs	semen	t this I	Perio
Kensington Purpose of Disbursement	MD	20895	_								10	00.00)
Leadership PAC				011				-	•	-			
Candidate Name				ategoi Type	y/								
Office Sought: House Disbur	sement For:			туре									
Senate	Primary	General				Lead	iers	nıp	PAC	;			
State: President State:	Other (spe	ecify) 🔻											
Full Name (Last, First, Middle Initial)						Tron		lio-	ID.	3227	7670	<u> </u>	
Texans For Henry Cuellar Congressional	Campaign								ırser		1018	,	
Mailing Address 1519 Washington Stree Second Floor, Suite 20	et 0					0 8) M	′	^D 1 4	1 /	Y 2	010	O Y
City	State	Zip Code				Amo	unt d	of Ea	ach E	Disburs	semen	t this I	Perio
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Campaign Contribution				011				-					
Candidate Name Rep. Henry Cuellar				ategoi Type	y/								
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30	CHEDULE B (FEC Form 3X	Use separate schedule	s)	FOR LINE NUMBER: PAGE 39 / 48
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check only one) 21b 22 X 23 24 25 27 28a 28b 28c 29
				any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full) American Academy of Neurology Pr			Timetee to soloit contributions from such continued
	Full Name (Last, First, Middle Initial) Wyden For Senate			Transaction ID: 32283512 Date of Disbursement
	Mailing Address 232 Ne 9th Avenu	e		09 M / 15 / Y 2010 Y
	City Portland	State Zip Code OR 97232		Amount of Each Disbursement this Per
	Purpose of Disbursement Void - Wyden For Senate Candidate Name			-1500.00
	Sen. Ron Wyden	Disbursement For: 2010		ategory/ Type
	X Senate President	Primary X General Other (specify) ▼	I	Void - Wyden For Senate
	State: OR District: Full Name (Last, First, Middle Initial) Wyden For Senate			Transaction ID: 32283513 Date of Disbursement
	Mailing Address 232 Ne 9th Avenu	e		M 9 M / D 1 5 / Y 2 0 1 0 Y
	City Portland	State Zip Code OR 97232		Amount of Each Disbursement this Per
	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Ron Wyden			011 ategory/
	<u>-</u>	Disbursement For: 2010 Primary X General Other (specify)	1	Campaign Contribution
	Full Name (Last, First, Middle Initial) Braley For Congress			Transaction ID: 32283519 Date of Disbursement
	Mailing Address PO Box 390			09 M / D15 / Y Y Y Y Y Y
	City Waterloo	State Zip Code IA 50704	_	Amount of Each Disbursement this Per
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	Rep. Bruce Braley		\prod_{α}	ategory/ Type
	Senate President	Disbursement For: 2010 Primary X Genera Other (specify) ▼	l	Campaign Contribution
	State: IA District: 01			

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	American Academy of Neurology Pro	ofessional Association Brai	nPAC			
	Full Name (Last, First, Middle Initial) ERIC PAC				Date of Disbur	
N	Mailing Address 209 Pennsylvania	Ave. SE			09 / 0	15 2010
	City Washington	State Zip Code DC 20003			Amount of Eac	h Disbursement this Period
L	Purpose of Disbursement Leadership PAC contribution			011		2000.00
_	Candidate Name			Category/ Type		
	Senate President	sbursement For: Primary Gene Other (specify)	eral		Leadership P on	AC contributi-
	State: District: Full Name (Last, First, Middle Initial)					
	Benishek For Congress				Transaction II Date of Disbur	
N	Mailing Address 802 Pentoga Trail				0 9 7	15 2010
	City Crystal Falls	State Zip Code MI 49920			Amount of Eac	h Disbursement this Period
(Purpose of Disbursement Campaign Contribution			011		1000.00
N	Candidate Name Mr. Daniel Benishek		(Category/ Type		
	Office Sought: X House Di Senate President State: MI District: 01	Sbursement For: 2010 Primary X Gene Other (specify)	eral		Campaign Co	ontribution
	Full Name (Last, First, Middle Initial) Michaud For Congress				Transaction II Date of Disbur	D: 32311150 sement
N	Mailing Address 213 Lisbon St				0 9 / 0	21
	City Lewiston	State Zip Code ME 04240			Amount of Eac	h Disbursement this Period
C	Purpose of Disbursement campaign contribution			011		1000.00
	Candidate Name Rep. Michael H. Michaud		_ '	Category/ Type		
	Senate President	sbursement For: 2010 Primary X Gene Other (specify)	ral		campaign co	ntribution
	State: ME District: 02 IBTOTAL of Disbursements This Page (op					4000.00

SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and Stat for commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology Profes	sional Association BrainP	AC									
	Full Name (Last, First, Middle Initial) Sangisetty For Congress, Llc Mailing Address PO Box 7051					Date		sburse	_	31118	52 Ž 0 Ť	0 ^Y
	City Houma	State Zip Code LA 70361				Amou	unt of	Each	Disb		ent this	
	Purpose of Disbursement Campaign Contribution Candidate Name Mr. Ravi Sangisetty		Ca	01 ateg	gory/	L.				•	500.0	0
		sement For: 2010 Primary X General Other (specify)	<u> </u>	' УЬ		Camp	oaig	n Cor	ntribu	ition		
	Full Name (Last, First, Middle Initial) Gingrey For Congress							on ID:	_			Y
	Mailing Address PO Box U					0 9		2	! 1 ′	Ľ.	ž 0 Ť	0 '
	City Marietta	State Zip Code GA 30060				Amou	unt of	Each	Disb		ent this	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Phil Gingrey, M.D.		C	01 ateg	gory/	L.	•				000.00	
	Office Sought: X House Senate President State: GA District: 11	sement For: 2010 Primary X General Other (specify) ▼				Camp	oaig	n Cor	ntribu	ıtion		
	Full Name (Last, First, Middle Initial) Continuing a Majority PAC					1	of Di	sburse	ement	31115		V
	Mailing Address 2501 Wisconsin Ave. N	IW				0 9	M	^D 2	2 1	Ľ.	ž 0 Ť	0 '
	City Washington	State Zip Code DC 20007				Amou	unt of	Each	Disb	-	ent this	
	Purpose of Disbursement Leadership PAC Candidate Name		C		gory/	L.,					500.0	Ů
	Office Sought: House Disbute Senate President State: District:	sement For: Primary General Other (specify)	<u> </u>	Тур	D E	Lead	ersh	ip PA	C			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s		R LINE eck only	NUMBER:	PAGE 42 / 48
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ny Information copied from such Reports and Statem r for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) American Academy of Neurology Profession					
Full Name (Last, First, Middle Initial)				Tuonacation ID	. 00011107
Friends Of Lois Capps				Transaction ID Date of Disburs	ement
Mailing Address PO Box 23940				09 / 2	21
City Santa Barbara	State Zip Code CA 93121			Amount of Each	Disbursement this Period
Purpose of Disbursement			-		1000.00
Campaign Contribution		011			
Candidate Name Rep. Lois Capps		Catego Type			
Senate President	ement For: 2010 Primary X General Other (specify)	•		Campaign Co	ntribution
State: CA District: 23					
Full Name (Last, First, Middle Initial) Denny Heck For Congress				Transaction ID Date of Disburs	
Mailing Address PO Box 235				09 / 2	21 7 2010
City Olympia	State Zip Code WA 98507			Amount of Each	n Disbursement this Period
Purpose of Disbursement Campaign Contribution		011			500.00
Candidate Name Mr. Dennis Heck		Catego	ory/		
Office Sought: X House Senate President State: WA District: 03	ement For: 2010 Primary X General Other (specify)			Campaign Co	ntribution
Full Name (Last, First, Middle Initial)				Transaction ID	. 32316172
Rogers For Congress				Date of Disburs	ement
Mailing Address PO Box 581 Post Office Box 581				09 / 2	22
City Brighton	State Zip Code MI 48116			Amount of Each	Disbursement this Period
Purpose of Disbursement Campaign Contribution		011			1000.00
Candidate Name Rep. Michael J. Rogers		011 Catego Type	ory/		
Office Sought: X House Senate President Disburse	ement For: 2010 Primary X General Other (specify)	1 , , , ,	-	Campaign Co	ntribution
State: MI District: 08					
SUBTOTAL of Disbursements This Page (optional)					2500.00
TOTAL This Period (last page this line number only)			•		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 48
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b
Any Information copied from such Reports and Stater	nents may not be sold or used b	27 28a 28b 28c 29 y any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
/ American Academy of Neurology Professi	onal Association BrainPAC	
Full Name (Last, First, Middle Initial) Bill Cassidy For Congress		Transaction ID: 32316173 Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 8550 United Plaza Blvd. Suite 1001		09 22 2010
City Baton Rouge	State Zip Code LA 70809	Amount of Each Disbursement this Per
Purpose of Disbursement	LA 70009	1000.00
Campaign Contribution		011
Candidate Name Rep. William Cassidy, MD	'	Category/ Type
9 7	ement For: 2010	Campaign Contribution
Senate President	Primary X General Other (specify) ▼	
State: LA District: 06		
Full Name (Last, First, Middle Initial)		Transaction ID: 32316174
Giffords For Congress		Date of Disbursement
Mailing Address PO Box 12886		0 9 M / D 2 D / Y 2 0 1 0 Y
City Tucson	State Zip Code AZ 85732	Amount of Each Disbursement this Per
Purpose of Disbursement	, <u> </u>	1000.00
Campaign contribution Candidate Name		011 Category/
Rep. Gabrielle Giffords		Туре
Office Sought: X House Disburs	ement For: 2010 Primary X General	Campaign contribution
President	Other (specify)	
State: AZ District: 08		
Full Name (Last, First, Middle Initial) Friends For Harry Reid		Transaction ID: 32316176 Date of Disbursement
		0 9 2 2 2 2 2 0 1 0
Mailing Address P.O. Box 19163		09 22 2010
City Las Vegas	State Zip Code NV 89132	Amount of Each Disbursement this Per
Purpose of Disbursement		1500.00
Campaign contribution Candidate Name		011
Sen. Harry Reid	'	Category/ Type
	ement For: 2010	Campaign contribution
X Senate President	Primary X General Other (specify) ▼	
State: NV District:	Other (specify)	
L		
SUBTOTAL of Disbursements This Page (optional)		3500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_		PAGE 44 / 48
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 X 23 24 28a 28b 28	
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NAME OF COMMITTEE (In Full) American Academy of Neurology Professi			olicit contributions from suc	in committee
Full Name (Last, First, Middle Initial)			Transaction ID: 323	19652
Stabenow For Us Senate			Date of Disbursement	
Mailing Address P.O. Box 4945			09 / 23 /	y y y y y y
City East Lansing	State Zip Code MI 48826		Amount of Each Disbui	
Purpose of Disbursement Campaign contribution		011		1000.00
Candidate Name Sen. Debbie Stabenow		Category/ Type		
X Senate President	ement For: 2012 Primary X General Other (specify)		Campaign contributi	on
State: MI District: Full Name (Last, First, Middle Initial)			- "	4000
Mccollum For Congress			Transaction ID: 323 Date of Disbursement	
Mailing Address P.O. Box 14131			09 / 23	y y y y y y
City St. Paul	State Zip Code MN 55114		Amount of Each Disbu	rsement this Period
Purpose of Disbursement Campaign contribution		011		1000.00
Candidate Name Rep. Betty McCollum		Category/ Type		
Office Sought: X House Senate President State: MN District: 04	ement For: 2010 Primary X General Other (specify)		Campaign contributi	on
Full Name (Last, First, Middle Initial) The Freedom Project			Transaction ID: 323 Date of Disbursement	19692
Mailing Address 631-B Pennsylvania Ave	nue, SE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2010
City Washington	State Zip Code DC 20003		Amount of Each Disbu	rsement this Period
Purpose of Disbursement Campaign contribution		011		2500.00
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		Campaign contributi	on
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>		4500.00
TOTAL This Period (last page this line number only)			

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1		demy of Neurology	y Professio	nal Assoc	ciation BrainP	AC								
	•	First, Middle Initial)							Trans	saction	ID: 32	23214	50	
F _	Perlmutter For	Congress							М	of Disb	ursemer	nt / Y	ΥΥΥ	Y
N	Mailing Address	3440 Youngfie #264	ld Street						0.9		24	L	ž 0 1	0
	City Wheat Ridge			State CO	Zip Code 80033				Amou	unt of E	ach Dist	oursem	ent this	Perio
_	Purpose of Disbu	rsement			00000			_				. ;	3500.0	0
C	Campaign contrib						011							
	Candidate Name Rep. Edwin Pe	rlmutter					atego Type	-						
C	Office Sought:	χ House	Disburse	ment For:	2010				Cami	oaian a	contribu	ıtion		
		Senate President		Primary Other (spe	X General					- a.g (
S	State: CO	District: 07		Julei (SPE	oony) ▼									
F	Full Name (Last,	First, Middle Initial)							Trans	saction	ID: 32	23327	52	
H	Hoeven For Se	enate									ursemer	nt		
٨	Mailing Address	PO Box 15114							0 ^M 9	M /	^D 2 7	/ Y	žoť	0
	City Arlington			State VA	Zip Code 22215				Amou	unt of E	ach Dist	oursem	ent this	Perio
F	Purpose of Disbu Campaign contrib						011		L.			·	5000.0	0
C	Candidate Name Mr. John Hoev					Ca	atego Type	ory/						
(Office Sought:	House	Disburse	ment For:	2010		, , pc			!	. ما اسلمام			
		x Senate		Primary	X General				Cam	baigh (contribu	ulion		
٤	State: VA	President District:		Other (spe	ecify) 🔻									
	, ,	First, Middle Initial)									ID: 32		03	
r	Pete Stark He-	Election Committe	ee							of Disb	ursemer	nt / 🔻	Y Y	Υ
N	Mailing Address	P.O. Box 8331							0 ^M 9		^D 2 8	Ĺ	ž 0 1	0
	City Fremont			State CA	Zip Code 94537				Amo	unt of E	ach Disk	oursem	ent this	Perio
P	Purpose of Disbu			<u> </u>	J-507			_				2	2500.0	0
_	Campaign contrib Candidate Name	pution					011 atego							
	Rep. Fortney F	eter Stark					Type	-						
C	Office Sought:	X House Senate	Disburse	ment For:	2010 X General				Cam	oaign (contribu	ution		
٤	State: CA	President District: 13		Other (spe	ecity) 🔻									
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	UEDOFE E	3 (FEC Form	3X)	Use sepa	arate schedule(s)		E NUMBI	ER:	L	PAGE	46 / 4	18
ITE	EMIZED DIS	SBURSEMEN	ITS	for each	category of the Summary Page	(check or 21b 27	1ly one) 22 28a	X 23 28k	24		25 29	П
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1	NAME OF COMM	-					JOHOIC GOIT					
	Full Name (Last, I Andy Harris Fo	First, Middle Initial)						saction I		46500)	
1	Mailing Address	PO Box 1527					0 ^M 9	M / [29	Y	0 1 0	Y
	City Annapolis			State MD	Zip Code 21404		Amo	unt of Ea	ch Disbu			-
(Purpose of Disbu Campaign Contrib					011				10	00.00	_
1	Candidate Name Mr. Andrew Ha		Diahuraa	ment For:	2010	ategory/ Type						
	Office Sought: State: MD	X House Senate President District: 01	Disburse	Primary Other (spe	X General		Cam	paign C	ontribut	ion		
F		First, Middle Initial)						saction I		46505	j	
_	Mailing Address	PO Box 3176					0 ^M 9			Y	0 1 0	Y
	City Long Branch			State NJ	Zip Code 07740		Amo	unt of Ea	ch Disbu	rsemer	t this P	'eric
(Purpose of Disbu Campaign Contrik Candidate Name Rep. Frank Pal	oution				011 ategory/				10	00.00	
(Office Sought: State: NJ	X House Senate President District: 06	Disburse	ment For: Primary Other (spe	2010 X General ecify)	Туре	Cam	paign C	ontribut	ion		
		First, Middle Initial) chultz For Congre	ss					saction I of Disbu		46514	-	
ľ	Mailing Address	1071 Twin Bra	nch Ln				0 9	M / [29	Y 2	0 1 0	Υ
	City W eston			State FL	Zip Code 33326		Amo	unt of Ea	ch Disbu			_
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F	Rep. Debbie W	asserman-Schult				ategory/ Type						
	Office Sought: State: FL	X House Senate President District: 20	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼		Cam	paign C	ontribut	ion		
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology Profes	sional Association BrainP	AC	
Full Name (Last, First, Middle Initial)			Transaction ID: 32347192
Russ Carnahan In Congress Committee			Date of Disbursement 0 9 2 9 2 0 1 0
Mailing Address 7000 Chippewa St			09 29 2010
City St Louis	State Zip Code MO 63123		Amount of Each Disbursement this Period
Purpose of Disbursement	100 00120		1000.00
Campaign contribution		011	
Candidate Name Rep. Russ Carnahan		Category/ Type	
	rsement For: 2010	1	Campaign contribution
Senate President	Primary X General Other (specify) ▼		
State: MO District: 03			
Full Name (Last, First, Middle Initial)			Transaction ID: 32347488
Richard Burr Committee; The			Date of Disbursement
Mailing Address Post Office Box 5928			09 7 29 7 2010
City Winston-Salem	State Zip Code NC 27113		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution		011	1000.00
Candidate Name Sen. Richard M. Burr		Category/ Type	
Office Sought: House Disbu	rsement For: 2010 Primary X General		Campaign Contribution
President State: NC District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial) Committee for the Preservation of Capit	aliam		Transaction ID: 32347491
·	ali5111		Date of Disbursement 0 9 2 9 2 0 1 0
Mailing Address P.O. Box 65314			09 29 2010
City Washington	State Zip Code DC 20035		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	500.00
Leadership PAC Candidate Name		011 Category/ Type	
Office Sought: House Disbu	rsement For: Primary General Other (specify)	1 "	Leadership PAC
Precident			
State: President State: District:	- (apaciny) V		
			2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for each category of the Detailed Summary Page (check only 21b 21b 21b 21b 21c)	X 22 23 24 25 26 28 28a 28b 28c 29 30b for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology Profession	nal Association BrainPAC	
Full Name (Last, First, Middle Initial) AANPA Soft Dollar Account Mailing Address 1080 Montreal Ave		Transaction ID: 32088328 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7	State Zip Code MN 55116 10 008 Category/ Type	Amount of Each Disbursement this Period 150.00
	* * * * * * * * * * * * * * * * * * * *	Transfer of receipt reported on line 17A on 7/27/2-010

SUBTOTAL of Disbursements This Page (optional)	>	150.00
TOTAL This Period (last page this line number only)		150.00