

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Neurology Professional Association BrainPAC

ADDRESS (number and street) 509b 2nd St. NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 10 07 2010

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120622.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	138573.00									
(c) Total Receipts (from Line 19) .....	39742.00	143575.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	178315.00	264197.62								
7. Total Disbursements (from Line 31) .....	66150.00	153032.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	112165.00	111165.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

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
11. 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) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39592.00	138478.00
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.) .....	150.00	5097.62
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 Transfer (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)) .....	39742.00	143575.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39742.00	143575.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	150.00	650.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	147500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	435.00
(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	435.00
29. Other Disbursements.....	0.00	4447.62
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	66150.00	153032.62
32. Total Federal Disbursements (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

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

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

FOR LINE NUMBER: PAGE 6 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

**Transaction ID:** 31962948

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stuart G. Mendelson

Mailing Address 13 Oxford Rd.

City State Zip Code  
North Caldwell NJ 07006-7146

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** 32038042

Amount of Each Receipt this Period  
300.00

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

Mailing Address 100 Rice Mine Loop Road  
Suite 301

City State Zip Code  
Tuscaloosa AL 35406-1822

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

Name of Employer Occupation  
AL Neurology and Sleep Me-  
dicine, P.C. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** 32038056

Amount of Each Receipt this Period  
100.00

**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 7 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code  
Houston TX 77004-7589

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 MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 32038062

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

FEC ID number of contributing federal political committee. C

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 32038065

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Charleston, IV

Mailing Address 1222 Arch St. #101

City State Zip Code  
Philadelphia PA 19107-2826

FEC ID number of contributing federal political committee. C

Name of Employer Jefferson Headache Center Occupation Fellow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 32038073

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 15 / 2010

Transaction ID: 32038081

Amount of Each Receipt this Period 85.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Bennett L. Lavenstein

Mailing Address 4210 Rosemary Street

City Chevy Chase State MD Zip Code 20815-5218

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

Name of Employer Childrens National Med Ctr Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2010

Transaction ID: 32068212

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Glenn D. Graham

Mailing Address 337 Whiteoaks Dr NE

City Albuquerque State NM Zip Code 87122-1410

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

Name of Employer VA Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2010

Transaction ID: 32070075

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1085.00

**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 9 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 553 N. Mobile Street

City State Zip Code  
Fairhope AL 36608-1199

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 23 / 2010

**Transaction ID:** 32070308

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Simon J. Farrow

Mailing Address 1804 Piccolo Way

City State Zip Code  
Las Vegas NV 89146-3029

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

Name of Employer Occupation  
Simon Farrow Neurology Neurologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2010

**Transaction ID:** 32075701

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert S. Gould

Mailing Address 340 Dardanelli Ln Ste 22A

City State Zip Code  
Los Gatos CA 95032-1418

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

Name of Employer Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2010

**Transaction ID:** 32075746

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 10 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial) Dr. Leonard Sahn		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 29355 Northwestern Hwy, Suite 100		Transaction ID: 32075754
City Southfield	State MI	Zip Code 48034-1065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Michael C. Graeber		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 971 Lakeland Dr Ste 560		Transaction ID: 32075952
City Jackson	State MS	Zip Code 39216-4607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muscle & Nerve, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 1199 Sennebec Rd		Transaction ID: 32076487
City Union	State ME	Zip Code 04862-4628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Penobscot Bay Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 48  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 4008 Muskogee Ave		Transaction ID: 32076490
City Des Moines	State IA	Zip Code 50312-4627
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
Mailing Address 935 Richmond Rd		Transaction ID: 32077979
City Cleveland	State OH	Zip Code 44124-1063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Case Western Res University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Joseph Kass		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
Mailing Address 4929 Valerie		Transaction ID: 32087998
City Bellaire	State TX	Zip Code 77401-5707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Baylor College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 610 E. Palisade Avenue

City State Zip Code  
Englewood Cliffs NJ 07632-1801

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

Transaction ID: 32089200

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kathryn A. Coughlin-Kelley

Mailing Address 7804 Fairview Rd # 312

City State Zip Code  
Charlotte NC 28226-4998

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

Name of Employer Not Employed Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

Transaction ID: 32104307

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 7319 Holly Court

City State Zip Code  
River Forest IL 60305-1915

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

Transaction ID: 32117833

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 13 / 48

(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 Professional Association BrainPAC

**A.**

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

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code  
Houston TX 77004-7589

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 / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32157337

Amount of Each Receipt this Period

100.00

**B.**

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32157343

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Charleston, IV

Mailing Address 1222 Arch St. #101

City State Zip Code  
Philadelphia PA 19107-2826

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

Name of Employer Jefferson Headache Center Occupation Fellow

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32157346

Amount of Each Receipt this Period

100.00

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

300.00

**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 14 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 32157349

Amount of Each Receipt this Period 85.00

**B.**

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

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36608-1199

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 32157397

Amount of Each Receipt this Period 100.00

**C.**

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

Mailing Address 100 Rice Mine Loop Road Suite 301

City Tuscaloosa State AL Zip Code 35406-1822

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 32157402

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 285.00

**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 15 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jason A. Schwartz

Mailing Address 5333 McAuley Dr Rm 3003

City Ypsilanti State MI Zip Code 48197-1097

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

Name of Employer Ann Arbor Neurology Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 32158780

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Susan L. Hickenbottom

Mailing Address 309 Virginia Ave

City Ann Arbor State MI Zip Code 48103-4133

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

Name of Employer Ann Arbor Neurology Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 32158787

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael L. Goldstein

Mailing Address 2720 Shadybrook Lane

City Salt Lake City State UT Zip Code 84121-1539

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

Name of Employer Western Neurological Associates, P.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 32174046

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 48  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. John David Hixson

Mailing Address 1224 3rd Ave

City San Francisco State CA Zip Code 94122-2705

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

Name of Employer UCSF Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2010

Transaction ID: 32190036

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 75 Kings Highway Cutoff

City Fairfield State CT Zip Code 06824-5340

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2010

Transaction ID: 32190065

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Rita M. Richardson

Mailing Address 1000 S. Columbia Road

City Grand Forks State ND Zip Code 58201-4049

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 08 / 23 / 2010

Transaction ID: 32190334

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: PAGE 17 / 48

(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Douglas S. Stuart

Mailing Address 708 Collier Commons Cir NW

City State Zip Code  
Atlanta GA 30318-1736

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

Name of Employer Occupation  
Peachtree Neurological Cl- Neurologist  
inic

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: 32190345

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Richard L. Pantera, Jr.

Mailing Address 623 W Willow Ave

City State Zip Code  
Visalia CA 93291-6101

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

Name of Employer Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: 32190827

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jonathan L. Carter

Mailing Address 13400 E Shea Blvd  
Mayo Clinic Scottsdale

City State Zip Code  
Scottsdale AZ 85259-5404

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

Name of Employer Occupation  
Mayo Clinic Neurologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: 32190829

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: PAGE 18 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian N. Kirschner

Mailing Address 29946 Mayfair Drive

City Farmington Hills State MI Zip Code 48331-2152

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

Name of Employer Millennium Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2010

**Transaction ID: 32194843**

Amount of Each Receipt this Period 500.00

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

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 ▼ 800.00

Date of Receipt 08 / 30 / 2010

**Transaction ID: 32210693**

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Todd J. Janus

Mailing Address 4008 Muskogee Ave

City Des Moines State IA Zip Code 50312-4627

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

Name of Employer Iowa Health Physicians Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 08 / 30 / 2010

**Transaction ID: 32210696**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 19 / 48  
(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 Professional Association BrainPAC

**A.**

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

Mailing Address 525 Lilly Rd NE Ste 210

City Olympia State WA Zip Code 98506-5101

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 ▼ 500.00

Date of Receipt 09 / 01 / 2010

Transaction ID: 32223958

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.00

Date of Receipt 09 / 01 / 2010

Transaction ID: 32223960

Amount of Each Receipt this Period 89.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Barkley

Mailing Address 2799 W Grand Blvd Henry Ford Hospital

City Detroit State MI Zip Code 48202-2608

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 ▼ 250.00

Date of Receipt 09 / 01 / 2010

Transaction ID: 32223964

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 589.00

**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 20 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** 32223968

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Dominic Fee

Mailing Address 1224 Litchfield Lane

City State Zip Code  
Lexington KY 40513-1794

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

Name of Employer Occupation  
Univ of Kentucky Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** 32223977

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Judy S. Fine-Edelstein

Mailing Address 27 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2121

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** 32224470

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 48  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Marcus C. Rice

Mailing Address 6161 Kempsville Cir Ste 315

City Norfolk State VA Zip Code 23502-3932

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

Name of Employer Neuroconsultants of Tidewater  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: 32240910

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Steven Demeter

Mailing Address 4849 Rancho Grande

City Del Mar State CA Zip Code 92014-4241

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

Name of Employer Medlink Corporation  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: 32242023

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jeffrey B. English

Mailing Address 3200 Downwood Cir NW Ste 550

City Atlanta State GA Zip Code 30327-1624

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

Name of Employer Piedmont Hospital  
Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

Transaction ID: 32269869

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: PAGE 22 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. David T. Greco

Mailing Address 17 W Ridge Rd

City State Zip Code  
New Fairfield CT 06812-4904

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

Name of Employer Associated Neurologists, LP Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 32272192

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Drasko Simovic

Mailing Address 50 Prospect St Rm 404  
EMG Laboratory

City State Zip Code  
Lawrence MA 01841-2838

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

Name of Employer Tufts University School of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 32276996

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Donald S. Gervais, Jr.

Mailing Address 8120 Main St Ste 400

City State Zip Code  
Houma LA 70360-3403

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

Name of Employer Southeast Neuroscience Center of Excel Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 32277698

Amount of Each Receipt this Period  
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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Benjamin M. Frishberg

Mailing Address 5145 Seagrove Ct

City State Zip Code  
San Diego CA 92130-3208

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

Name of Employer Occupation  
The Neurology Center Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID: 32279753**

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code  
Houston TX 77004-7589

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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID: 32281029**

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

Name of Employer Occupation  
Cleveland Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID: 32281820**

Amount of Each Receipt this Period  
100.00

**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 24 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Charleston, IV

Mailing Address 1222 Arch St. #101

City Philadelphia State PA Zip Code 19107-2826

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

Name of Employer Jefferson Headache Center Occupation Fellow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282033

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36608-1199

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282035

Amount of Each Receipt this Period 100.00

**C.**

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

Mailing Address 100 Rice Mine Loop Road Suite 301

City Tuscaloosa State AL Zip Code 35406-1822

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282038

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 25 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 858.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282046

Amount of Each Receipt this Period 89.00

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

Mailing Address Dept of Neurology  
601 Elmwood Ave Box 673

City Rochester State NY Zip Code 14642-0001

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

Name of Employer University of Rochester Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282054

Amount of Each Receipt this Period 250.00

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

Mailing Address 7994 Everglades Drive

City Manlius State NY Zip Code 13104-8501

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

Name of Employer SUNY Upstate Medical University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 15 / 2010

Transaction ID: 32282057

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 589.00

**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 26 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. James M. Gilchrist

Mailing Address 586 Old Westport Rd

City State Zip Code  
North Dartmouth MA 02747-2383

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

Name of Employer Occupation  
Neurology Foundation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 32282063

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address 212 Bay Spring Ave

City State Zip Code  
Barrington RI 02806-1332

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 32282068

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. P. David Charles

Mailing Address 6509 Edinburgh Drive

City State Zip Code  
Nashville TN 37221-3707

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

Name of Employer Occupation  
Vanderbilt Univ Dept of Neuro Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** 32319732

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 27 / 48  
(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 Professional Association BrainPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Sanjeevi C. Tivakaran

Mailing Address 2400 Hospital Dr Ste 310

City State Zip Code  
Bossier City LA 71111-2387

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

Name of Employer Occupation  
WK Bossier Health Ctr Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2010

**Transaction ID:** 32322885

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 11100 Euclid Ave  
Department of Neurology

City State Zip Code  
Cleveland OH 44106-1716

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

Name of Employer Occupation  
Case Western Reserve University Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2010

**Transaction ID:** 32322887

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1199 Sennebec Rd

City State Zip Code  
Union ME 04862-4628

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

Name of Employer Occupation  
Penobscot Bay Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** 32334903

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 28 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Todd J. Janus

Mailing Address 4008 Muskogee Ave

City State Zip Code  
Des Moines IA 50312-4627

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

Name of Employer Occupation  
Iowa Health Physicians Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 868.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 32334909

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lily Jung Henson

Mailing Address 9420 SE 54th St.

City State Zip Code  
Mercer Island WA 98040-5121

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

Name of Employer Occupation  
Swedish Neurosci. Institute, Swedish H Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 32350442

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark S. Corazza

Mailing Address 2431 Castillo St

City State Zip Code  
Santa Barbara CA 93105-4301

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 32351033

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 48	
	(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"/> 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 Professional Association BrainPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert B. Daroff		Date of Receipt																					
	Mailing Address 11100 Euclid Ave Department of Neurology		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		3	0		2	0	1	0														
	City Cleveland State OH Zip Code 44106-1716		<b>Transaction ID:</b> 32351090																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																					
Name of Employer Case Western Reserve University Occupation Neurologist																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26723.00

**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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Republican Main Street PAC	Transaction ID: 31962876 Date of Disbursement 07 / 01 / 2010
	Mailing Address 325 7th Street, NW Suite 610	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement Caucus PAC Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Caucus PAC Contribution
	State: District:	

B.	Full Name (Last, First, Middle Initial) Georgians For Isakson	Transaction ID: 32014675 Date of Disbursement 07 / 14 / 2010
	Mailing Address Post Office Box 250116	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 30325	
	Purpose of Disbursement Campaign Contribution	011 Category/ Type
	Candidate Name Sen. Johnny Isakson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution
	State: GA District:	

C.	Full Name (Last, First, Middle Initial) People For Patty Murray	Transaction ID: 32014678 Date of Disbursement 07 / 14 / 2010
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement Campaign Contribution	011 Category/ Type
	Candidate Name Sen. Patty Murray	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution
	State: WA District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)  
Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Mr. Michael Bennet

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: CO District:

Transaction ID: 32055926  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)  
Friends Of Jim Clyburn

Mailing Address PO Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Rep. James E. Clyburn

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: SC District: 06

Transaction ID: 32055929  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

C.

Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement

Candidate Name  
Rep. Michael Avery Ross

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: AR District: 04

Transaction ID: 32055930  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Paul D. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32058535 <b>Date of Disbursement</b> 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Sam Johnson</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Samuel Robert Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32058537 <b>Date of Disbursement</b> 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32059442 <b>Date of Disbursement</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32059510 <b>Date of Disbursement</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32059511 <b>Date of Disbursement</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32059515 <b>Date of Disbursement</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 17</p>	<p><b>Transaction ID:</b> 32059516</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address P.O. Box 661 PO Box 5458</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 19</p>	<p><b>Transaction ID:</b> 32059517</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p>	<p><b>Transaction ID:</b> 32059520</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

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

5000.00

**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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32075752 <b>Date of Disbursement</b> 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32076474 <b>Date of Disbursement</b> 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32190718 <b>Date of Disbursement</b> 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

**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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32190719</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kirk For Senate</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Mark Steven Kirk</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32190830</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) People For Patty Murray</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32210075</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

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

2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32225396</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32225746</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32235970</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

**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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32247909 <b>Date of Disbursement:</b> 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Victory Now</p> <p>Mailing Address 10605 Concord Street, Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32277125 <b>Date of Disbursement:</b> 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street Second Floor, Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32277679 <b>Date of Disbursement:</b> 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Void - Wyden For Senate</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32283512 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p> <p>Void - Wyden For Senate</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32283513 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32283519 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

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

1500.00

**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 Professional Association BrainPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ERIC PAC	<b>Transaction ID:</b> 32283520	
	Mailing Address 209 Pennsylvania Ave. SE	Date of Disbursement 09 / 15 / 2010	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Leadership PAC contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Leadership PAC contribution	

<b>B.</b>	Full Name (Last, First, Middle Initial) Benishek For Congress	<b>Transaction ID:</b> 32283525	
	Mailing Address 802 Pentoga Trail	Date of Disbursement 09 / 15 / 2010	
	City Crystal Falls State MI Zip Code 49920	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Campaign Contribution Candidate Name Mr. Daniel Benishek Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Campaign Contribution	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michaud For Congress	<b>Transaction ID:</b> 32311150	
	Mailing Address 213 Lisbon St	Date of Disbursement 09 / 21 / 2010	
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement campaign contribution Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type campaign contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Sangisetty For Congress, Llc	Transaction ID: 32311152 Date of Disbursement 09 / 21 / 2010
	Mailing Address PO Box 7051	Amount of Each Disbursement this Period 500.00
	City Houma State LA Zip Code 70361	
	Purpose of Disbursement Campaign Contribution Candidate Name Mr. Ravi Sangisetty Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 32311154 Date of Disbursement 09 / 21 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

C.	Full Name (Last, First, Middle Initial) Continuing a Majority PAC	Transaction ID: 32311158 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2501 Wisconsin Ave. NW #304	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Leadership PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 Professional Association BrainPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32311167</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Denny Heck For Congress</p> <p>Mailing Address PO Box 235</p> <p>City Olympia State WA Zip Code 98507</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Mr. Dennis Heck</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32311182</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316172</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

**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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Bill Cassidy For Congress	Transaction ID: 32316173 Date of Disbursement 09 / 22 / 2010
	Mailing Address 8550 United Plaza Blvd. Suite 1001	Amount of Each Disbursement this Period 1000.00
	City Baton Rouge State LA Zip Code 70809	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. William Cassidy, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: 32316174 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO Box 12886	Amount of Each Disbursement this Period 1000.00
	City Tucson State AZ Zip Code 85732	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign contribution

C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 32316176 Date of Disbursement 09 / 22 / 2010
	Mailing Address P.O. Box 19163	Amount of Each Disbursement this Period 1500.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Stabenow For Us Senate	Transaction ID: 32319652 Date of Disbursement 09 / 23 / 2010
	Mailing Address P.O. Box 4945	Amount of Each Disbursement this Period 1000.00
	City East Lansing State MI Zip Code 48826	
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Debbie Stabenow	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign contribution

B.	Full Name (Last, First, Middle Initial) Mccollum For Congress	Transaction ID: 32319690 Date of Disbursement 09 / 23 / 2010
	Mailing Address P.O. Box 14131	Amount of Each Disbursement this Period 1000.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Betty McCollum	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign contribution

C.	Full Name (Last, First, Middle Initial) The Freedom Project	Transaction ID: 32319692 Date of Disbursement 09 / 23 / 2010
	Mailing Address 631-B Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Campaign contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 Professional Association BrainPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p>	<p>Transaction ID: 32321450</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Campaign contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District:</p>	<p>Transaction ID: 32332762</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Campaign contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Fortney Peter Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p>	<p>Transaction ID: 32337803</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Campaign contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 Professional Association BrainPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Andy Harris For Congress <hr/> Mailing Address PO Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Mr. Andrew Harris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32346500 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Campaign Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32346505 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Campaign Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City Weston State FL Zip Code 33326 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rep. Debbie Wasserman-Schultz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32346514 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Campaign Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 Professional Association BrainPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Russ Carnahan In Congress Committee Mailing Address 7000 Chippewa St City St Louis State MO Zip Code 63123 Purpose of Disbursement Campaign contribution Candidate Name Rep. Russ Carnahan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32347192 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00 Campaign contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee; The Mailing Address Post Office Box 5928 City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement Campaign Contribution Candidate Name Sen. Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32347488 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism Mailing Address P.O. Box 65314 City Washington State DC Zip Code 20035 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32347491 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 500.00 Leadership PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6600.00

**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)

PAGE 48 / 48

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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 Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

AANPA Soft Dollar Account

Mailing Address 1080 Montreal Ave

City State Zip Code  
Saint Paul MN 55116

Purpose of Disbursement  
Transfer of receipt reported on line 17A on 7/27/2010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 32088328

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Transfer of receipt reported on line 17A on 7/27/2010

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

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