Image# 13964024424 PAGE 1 / 27

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
American Academy of Ne	eurology BrainPAC		
ADDRESS (number and street)	101 C St NE		
Check if different			
than proviously	Washington		DC 20002 -
2. FEC IDENTIFICATION NUMBER	BER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00435933		S THIS X NEW	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	o 20 (M2) May	Aug 20 (M8) Nov 20 (M8) (Non-Election Year Only)
(a) Quarterly Reports:			20 (M6) Sep 20 (M9) Dec 20 (M ⁻ (Non-Election Year Only)
April 15	Арі	20 (M4) X Jul	20 (M7) Oct 20 (M10) Jan 31 (YE
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12F
October 15 Quarterly Report (Q3)	Report for the:	Convention (120	Special (12S)
January 31 Year-End Report (YE)	Electi		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (308
Termination Report (TER)	Electi	on on	in the State of
5. Covering Period 06	01 2013	through	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
certify that I have examined this F	Report and to the best o	f my knowledge and beli	ef it is true, correct and complete.
Type or Print Name of Treasurer	Mr. Timothy J. Engel		
Signature of Treasurer Mr. Timo	thy J. Engel	[Electronically Fi	led] Date 07 10 / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous	s, or incomplete information	on may subject the person	signing this Report to the penalties of 2 U.S.C. §437g
Office Use Only			FEC FORM 3X Rev. 12/2004

Report Covering the Period:

SUMMARY PAGE

2013

06

To:

30

2013

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)	Page 2
Write or Type Committee Name	
American Academy of Neurology BrainPAC	

01

06

From:

COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 127133.00 January 1, 2013 (b) Cash on Hand at 120423.00 Beginning of Reporting Period..... 174539.00 16449.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 136872.00 301672.00 6(a) and 6(c) for Column B)..... 30500.00 195300.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 106372.00 106372.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

	COLUMN A	COLUMN B				
I. Receipts	Total This Period	Calendar Year-to-Date				
ntributions (other than loans) From:	·					
Individuals/Persons Other						
Than Political Committees		405000.00				
(i) Itemized (use Schedule A)	9229.00	125633.00				
///	2000.00	42006.00				
	, 2220.00	43906.00				
· ·	11449.00	169539.00				
2.1100 TT(a)(1) and (11)	7					
Political Party Committees	0.00	0.00				
Other Political Committees						
(such as PACs)	0.00	0.00				
Total Contributions (add Lines						
	44440.00	160520.00				
	11449.00	169539.00				
		0.00				
ty Committees	0.00	0.00				
Loans Received	0.00	0.00				
Loans Heceived	7					
an Ponayments Received	0.00	0.00				
	7	0.00				
·	0.00	0.00				
	7					
	5000.00	5000.00				
er Federal Receipts	7					
	0.00	0.00				
nsfers from Non-Federal and Levin Funds	7					
(from Schedule H3)	0.00	0.00				
_						
Levin Funds (from Schedule H5)	0.00	0.00				
Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Fordered Charge	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	30500.00	195000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Scriedule F)	7 7	0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
man r ontical committees	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	300.00
(add 2.1100 20(a), (b), and (0),		7 7
Other Disbursements	0.00	0.00
		7 7
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7 7
(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
Total Dishuraamanta (add Lines 21/a) 22		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30500.00	405000.00
20, 27, 20, 20, 21, 20(u), 28 dilu 30(c))	30300.00	195300.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	30500.00	195300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11449.00	169539.00
I. Total Contribution Refunds (from Line 28(d))	0.00	300.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11449.00	169239.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

F	OR	LINE	NU	MBER	:	PAGE	6	OF	27
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce M. Cotugno Date of Receipt Mailing Address 104 Springbrooke Dr 06 2013 City State Zip Code Transaction ID: 36135596 PΑ Venetai 15367 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Adult Neurology Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mitchell F. Brin Date of Receipt Mailing Address 30 San Antonio 06 09 2013 City State Zip Code Transaction ID: 36137899 CA Newport Beach 92660-9115 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Allergan Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial)

c. Dr. Orly Avitzur Date of Receipt Mailing Address 815 Old Sleepy Hollow Rd Extension 2013 06 12 City Zip Code State Transaction ID: 36146126 NY Briarcliff 10510-2543 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	Ξ	Ξ	,	Ξ	Ξ	7	Ξ	15	00.0	0	
TOTAL This Period (last page this line number only)		_	7	Ξ	_	7	_	_	Ţ.	_	

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

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		13		14		15		16	6	17

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

/ / monoan / loadomy of Nouron		
Full Name (Last, First, Middle Initial) A. Dr. Erich W. Garland		Date of Receipt
Mailing Address 3920 Washington Pkwy		06 07 2013
City Idaho Falls	State Zip Code ID 83404-7596	Transaction ID : 36146441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Idaho Falls Neurology	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley		Date of Receipt
Mailing Address 2890 Burlington St	Charles 7in Code	06 17 2013
City Ann Arbor	State Zip Code MI 48105-1435	Transaction ID : 36165159 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Dr. Charles W. Brock		Date of Receipt
Mailing Address 18002 Wynthorne Dr		06 17 2013
City Tampa	State Zip Code FL 33647-3191	Transaction ID : 36165163 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer University of Florida	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	725.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 8 OF

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EMIZED RECEIPTS	Use separate schedule(s) for each category of the	`	ck only	y or	ne)			
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ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a	, , , ,					_		3

NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 2013 City State Zip Code Transaction ID: 36165168 OH 44087 Twinsburg Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Name of Employer Occupation Physician Children's Hospital and Med. Center of Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Tara Cook Date of Receipt Mailing Address 70 Birch Hill Drive 06 2013 17 Zip Code City State **Transaction ID: 36165175** Joint Base Elmendorf-Rich ΑK 99505 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation United States Air Force Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David A. Evans Date of Receipt Mailing Address 715 Kessler Woods Trail 17 2013 06 City State Zip Code **Transaction ID: 36165177** TX **Dallas** 75208 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation COO **Texas Neurology** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	PAGE	: 9 OF	•
Use separate schedule(s)	(check only	/ one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

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	nd Statements may not be sold or used by any per g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue		Date of Receipt
Walling Address 9233 NW 2011 Avenue		06 17 2013
City	State Zip Code	Transaction ID: 36165181
Gainesville	FL 32606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	_
Univ. of FL Dept. of Neurology	Behavioral Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) 3. Dr. William S. Gilmer Mailing Address 2323 Dunstan Rd		Date of Receipt
Mailing Address 2323 Dunstan Rd		06 17 _ 2013 _
City	State Zip Code	Transaction ID : 36165183
Houston	TX 77005-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Self	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones		Date of Receipt
Mailing Address PO Box 603253		06 17 2013
City Providence	State Zip Code RI 02906	Transaction ID : 36165187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	N)	419.00
TOTAL This Paried (last need this line arms	phor only)	
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FOR LINE NUMBER: PAGE 10 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz Date of Receipt Mailing Address 78 Lac Kine Drive 2013 City Zip Code State Transaction ID: 36165190 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Rochester Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Brett M. Kissela Date of Receipt Mailing Address 9878 Zig Zag Road 06 2013 17 City State Zip Code **Transaction ID: 36165192** OH Cincinnati 45252 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Cincinnati, Dept of Neuro Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 2013 06 17 City State Zip Code Transaction ID: 36165194 IL Chicago 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Constantine Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr 2013 City Zip Code State Transaction ID: 36165200 85258-2254 Scottsdale ΑZ Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 06 2013 17 City State Zip Code Transaction ID: 36165204 NJ Tenafly 07670 Amount of Each Receipt this Period FEC ID number of contributing 415.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2490.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 2013 06 17 City State Zip Code Transaction ID: 36165208 AL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Physician AL Neurology and Sleep Medicine, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1265.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi Date of Receipt Mailing Address 1240 West Valencia Mesa Drive 2013 City Zip Code State Transaction ID: 36165211 CA Fullerton 92833 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Inland Neurologic Consultants Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Awais Riaz Date of Receipt Mailing Address 4454-A Kelmscott Lane 06 2013 17 City State Zip Code Transaction ID: 36165235 UT Salt Lake City 84124-2580 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ. of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jeremy M. Shefner Date of Receipt Mailing Address 7994 Everglades Dr 17 2013 06 City Zip Code State Transaction ID: 36165302 NY Manlius 13104-8501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation SUNY Upstate Medical University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 575.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Alan G. Stein Mailing Address 1301 Punchbowl St City Honolulu FEC ID number of contributing federal political committee. Name of Employer The Queen's Medical Center Receipt For: Primary General Other (specify)	State Zip Code HI 96813-2402 C Occupation Neurologist Aggregate Year-to-Date ▼	Date of Receipt 06 17 2013 Transaction ID: 36165307 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Dr. Bradford Lynn Talcott Mailing Address 5636 Veil Dr City Ammon FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code ID 83406-8387 C Occupation Neurologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar Mailing Address 201 Fairmount Terrace City Fairfield FEC ID number of contributing federal political committee. Name of Employer Associated Neurologists of So. Ct. Receipt For: Primary General Other (specify)	State Zip Code CT 06825 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	Statements may not be sold or used by any pe he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. John R. Wilson Mailing Address 928 Mapleton Ave City Oak Park FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code IL 60302 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 06 24 2013 Transaction ID: 36182875 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Gregory D. Anselmi Mailing Address 100 Highland Ave City Montclair FEC ID number of contributing federal political committee. Name of Employer Hudson Neurosciences PC Receipt For: Primary General Other (specify)	State Zip Code NJ 07042 C Occupation Neurologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 28 2013 Transaction ID: 36196791 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan Mailing Address PO Box 6059 1617 Sylvester St SW City Olympia FEC ID number of contributing federal political committee. Name of Employer Madigan Army Medical Center / Self Receipt For: Primary General Other (specify)	State Zip Code WA 98501-2228 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 28 2013 Transaction ID: 36196797 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).	····	1500.00
TOTAL This Period (last page this line number	er only)	7

	FOF	R LINE	NU	IMBER	:	PAGE	15 OF	:	27
Use separate schedule(s)	(che	ck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any personal personal personal and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Charles C. Flippen II Mailing Address 11319 Isleta Street		Date of Receipt
Cit.	Charles 7' O '	06 28 2013
City Los Angeles	State Zip Code CA 90049	Transaction ID : 36196801
	30049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
County of LA/ UCLA	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. David R. Greeley		Date of Receipt
Mailing Address 507 S Washington St Ste 101		06 28 2013
City	State Zip Code	Transaction ID : 36196803
Spokane	WA 99204-2604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Northwest Neurological	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. John W. Henson		Date of Receipt
Mailing Address 9420 SE 54th Street		06 28 2013
City	State Zip Code	Transaction ID: 36196807
Mercer Island	WA 98040-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Swedish Neuroscience Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 2013 28 City Zip Code State Transaction ID: 36196809 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Edgar J. Kenton III Date of Receipt Mailing Address 2 Clearview Dr 06 28 2013 City State Zip Code Transaction ID: 36196818 PA Danville 17821 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Geisinger Health system Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bibhuti Mishra Date of Receipt Mailing Address 5801 Potomac Ave NW 06 28 2013 City Zip Code State Transaction ID: 36196820 DC Washington 20016-2517 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. Name of Employer Occupation Inova Fairfax Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 1275.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF

TEMIZED RECEIPTS	for each cate	te schedule(s) tegory of the mmary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurole	ogy BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Gregory T. Pupillo Mailing Address 225 9th Street S, City La Crosse FEC ID number of contributing federal political committee. Name of Employer Franciscan-Skemp Healthcare Receipt For: Primary General Other (specify)	State Zip Code WI 54601-414 C Occupation Physician Aggregate Year-to-Date ▼		Date of Receipt 06 28 2013 Transaction ID: 36196822 Amount of Each Receipt this Period 45.00
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd City Union FEC ID number of contributing federal political committee. Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify)	State Zip Code ME 04862-462 C Occupation Physician Aggregate Year-to-Date ▼		Date of Receipt 06 28 2013 Transaction ID: 36196828 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Sarah Song Mailing Address 2045 W. Concord Place, #4 City Chicago FEC ID number of contributing federal political committee. Name of Employer Rush Receipt For: Primary General Other (specify)	State Zip Code IL 60647 C Occupation Neurologist Aggregate Year-to-Date ▼	400.00	Date of Receipt 06
SUBTOTAL of Receipts This Page (optional)			295.00
TOTAL This Period (last page this line numb	er only)	·····	

FOR LINE NUMBER: PAGE 18 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Date of Receipt Mailing Address 11 Bellwether Way Suite 210 2013 28 City Zip Code State Transaction ID: 36196832 98229-2574 WA Bellingham Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 9229.00 TOTAL This Period (last page this line number only).....

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	ny information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
	American Academy of Neurolog	y BrainP	AC										
Α.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus			Date o	f Receipt								
	Mailing Address PO Box 586			06	07		2013	Υ					
	City	State	Zip Code		saction ID :		2010						
	Helena	MT	59624	Amoun	t of Each R	eceipt this	Period						
	FEC ID number of contributing federal political committee.	C co	0328211		-		5000.	00					
	Name of Employer	Occupation	1										
	Receipt For: 2014	Aggregate	Year-to-Date ▼										
	Primary General	7.99.094.0			Refund of contributions made on 12/12/2011,								
	Other (specify) ▼		5000.00	6/12/20	12, 2/19/201	3							
В.	Full Name (Last, First, Middle Initial)			Date o	f Receipt								
	Mailing Address			M = M		/ Y = `	Y	Y					
	City	State	Zip Code										
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	Name of Employer	Occupation	1										
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	Primary General	199.194.11											
	Other (specify) ▼		<u></u>										
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	FEC ID number of contributing federal political committee.	С		L	-								
	Name of Employer	Occupation	1										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify) ▼		7										
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	:	PAGE 20 OF 27
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam						
\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Academy of Neurology B	srainPA(С				
_	Full Name (Last, First, Middle Initial)						
Α.	Steve Israel For Congress Commit	tee			Date o	f Disburse	
	Mailing Address PO Box 1400				06	0	5 _ 2013 _
	City	State	Zip Code		Trans	action ID	: 36126349
	Melville	NY	11747		ITAIIS	saction ib	. 30120349
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period
	Candidate Name			Category/			2500.00
	Rep. Steve J. Israel			Type		7	2300.00
	Senate	nent For: Primary Other (spe	General		Campai	ign Contrik	oution
	State: NY District: 03						
_	Full Name (Last, First, Middle Initial)						
В.	Guthrie For Congress				Date o	f Disburse	
	Mailing Address PO Box 9639				06	0	2013
	Bowling Green	State KY	Zip Code 42102		Trans	saction ID	: 36126350
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period
	Candidate Name			Category/			4000.00
	Rep. S. Brett Guthrie			Type		- 7	1000.00
	Senate	nent For: Primary Other (spe	General		Campa	ign Contril	oution
_	Full Name (Last, First, Middle Initial)				5 .		
Ċ.	Pompeo For Congress Inc					f Disburse	
	Mailing Address PO Box 780146				06	0	5 2013
		State KS	Zip Code		Trans	saction ID	: 36126351
	Wichita Purpose of Disbursement Campaign Contribution	NS .	67212				
	, ,			011	Amoun	t of Each	Disbursement this Period
	Candidate Name			Category/			1000.00
	Rep. Mike Pompeo Office Sought:	nent For:	204.4	Туре		7	7
	Senate President	Primary Other (spe	General		Campai	ign Contrik	pution
	State: KS District: 04						
s	UBTOTAL of Disbursements This Page (optional)			······•		,	4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 27
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	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Friends Of Sam Johnson			Date of Disbursement
Mailing Address P.O. Box 860096			06 05 2013
City	State Zip Code		Transaction ID : 36126352
Plano	TX 75086		Transaction id . 30120332
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Sam Robert Johnson		Type	1000.00
Senate President	sement For: 2014 Primary General Other (specify) ▼		Campaign Contribution
State: TX District: 03			
Full Name (Last, First, Middle Initial)			
B. Rogers For Congress			Date of Disbursement
Mailing Address PO Box 581			06 05 2013
City Brighton Purpose of Disbursement	State Zip Code MI 48116		Transaction ID : 36126353
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2002.00
Rep. Michael J. Rogers		Type	2000.00
	sement For: 2014 ✓ Primary General Other (specify) ▼		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Vern Buchanan For Congress			Date of Disbursement
Mailing Address P. O. Box 48928			06 05 2013
City	State Zip Code FL 34230		Transaction ID: 36126354
Sarasota Purpose of Disbursement	FL 34230		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Vern Buchanan		Type	1000.00
Senate President	sement For: 2014 Primary General Other (specify) ▼		Campaign Contribution
State: FL District: 16			
SUBTOTAL of Disbursements This Page (optional)	······	4000.00
TOTAL This Period (last page this line number or	nly)		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 22 OF 27	7
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
A : (27		0b
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NAME OF COMMITTEE (In Full)				_
American Academy of Neurology B	BrainPAC			
Full Name (Last, First, Middle Initial)				_
A. Dave Camp For Congress			Date of Disbursement	
Mailing Address 5915 Eastman Avenue Suite 100			06 05 2013	
,	State Zip Code		Transaction ID : 36126927	
Midland Purpose of Disbursement	MI 48640		Transaction is . 60126527	
Void - Dave Camp For Congress		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	-2500.00	L
Rep. David Lee Camp Office Sought: House Disbursen	nent For: 2014	Туре		
Senate President	Primary General Other (specify) ▼		Void - Dave Camp For Congress	
State: MI District: 04				
Full Name (Last, First, Middle Initial)			Data of Dishara annual	
B. Roskam For Congress Committee			Date of Disbursement	
Mailing Address P. O. Box 713			06 13 2013	
Wheaton	State Zip Code IL 60187		Transaction ID: 36146352	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	4000.00	ī
Rep. Peter Roskam		Type	1000.00	J.
	nent For: 2014 Primary General Other (specify)		Campaign Contribution	
Full Name (Last, First, Middle Initial)				_
C. Tom Reed For Congress			Date of Disbursement	
Mailing Address PO Box 450			06 13 2013	
,	State Zip Code NY 14564		Transaction ID: 36146353	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	Amount of Each Disbursement this Period	ï
Rep. Tom Reed		Type	1000.00	
Senate President	nent For: 2014 Primary General Other (specify)		Campaign Contribution	
State: NY District: 23				_
SUBTOTAL of Disbursements This Page (optional)		·····•	-500.00	
TOTAL This Period (last page this line number only)		·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 23 OF 27
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NAME OF COMMITTEE (In Full)			
American Academy of Neurology	BrainPAC		
/ Full Name (Last, First, Middle Initial)		1	
_			Date of Disbursement
A. David Scott For Congress			M M / D D / Y Y Y Y
Mailing Address P.O. Box 960821			06 13 2013
City	State Zip Code		Transaction ID : 36146354
Riverdale	GA 30296		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this I choo
Rep. David Albert Scott		Category/ Type	1000.00
•	ement For: 2014	1,700	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		Campaign Contribution
President	Other (specify) ▼		
State: GA District: 13	-		
Full Name (Last, First, Middle Initial)			
B. Duckworth For Congress			Date of Disbursement
Marker Address Book			M M / D D / Y Y Y Y
Mailing Address PO Box 59568			06 18 2013
City	State Zip Code		- ,, ,- ,-,
Schaumburg	IL 60159		Transaction ID: 36167840
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Tammy Duckworth Office Sought: House Disburse	ement For: 2014	Туре	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		Compaign Contribution
President	Other (specify)		Campaign Contribution
State: IL District: 08	J (1 3) ▼		
Full Name (Last, First, Middle Initial)			
C. Lynn Jenkins For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1441			06 18 2013
City	State Zip Code		
City Topeka	State Zip Code KS 66601		Transaction ID: 36167841
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Lynn Jenkins		Type	1000.00
	ement For: 2014		
Senate President	Primary General		Campaign Contribution
	Other (specify) ▼		
State: KS District: 02			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 27
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NAME OF COMMITTEE (In Full)	540		
ig/ American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Nancy Pelosi For Congress			Date of Disbursement
Mailing Address 700 toth Ourset No.			M M / D D / Y Y Y Y
Mailing Address 700 13th Street, Nw Suite 600			06 18 2013
	State Zip Code		
Washington	DC 20005		Transaction ID: 36167843
Purpose of Disbursement Campaign Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Nancy Pelosi		Category/ Type	2500.00
	ment For: 2014	Туре	
Senate	Primary General		Campaign Contribution
President	Other (specify) ▼		, ,
State: CA District: 12			
Full Name (Last, First, Middle Initial)			5
3. Welch For Congress			Date of Disbursement
Mailing Address PO Box 1682			06 18 2013
Maining Address FO Box 1002			2010
•	State Zip Code		Transaction ID : 36167845
Burlington Purpose of Disbursement	VT 05402		11411546461112 1 66161616
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Peter Welch		Category/ Type	1000.00
	nent For: 2014		
Senate	Primary General		Campaign Contribution
President	Other (specify) ▼		
State: VT District: 00			
Full Name (Last, First, Middle Initial) C. Castor For Congress			Date of Disbursement
Castor For Congress			M M / D D / Y Y Y Y
Mailing Address 301 W Platt Street, #385			06 18 2013
•	State Zip Code FL 33606		Transaction ID: 36167847
Tampa Purpose of Disbursement	33000		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Katherine Castor		Type	1000.00
	ment For: 2014		
Senate President	Other (anality) General		Campaign Contribution
State: FL District: 14	Other (specify) ▼		
Santa 12 Biotion 14			
SUBTOTAL of Disbursements This Page (optional)			4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 25 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Stivers For Congress			Date of Disbursement
Mailing Address 4679 Winterset Drive			06 18 2013
,	State Zip Code		Transaction ID : 36167848
Columbus	OH 43220		1141154041011115 . 00107040
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Steve Stivers Office Sought: House Disburse	mont For: 0044	Туре	333333
Senate President	ment For: 2014 Primary General Other (specify)		Campaign Contribution
State: OH District: 15			
Full Name (Last, First, Middle Initial)			Data of Dishurasment
B. Perlmutter For Congress			Date of Disbursement
Mailing Address 3440 Youngfield Street #264			06 18 2013
Wheat Ridge	State Zip Code CO 80033		Transaction ID: 36167850
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Edwin Perlmutter		Type	3000.00
	ment For: 2014 Primary ☐ General Other (specify) ▼		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Friends Of Erik Paulsen			Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center Drive			06 18 2013
	State Zip Code		
Eden Prairie	MN 55344		Transaction ID: 36167851
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Erik P. Paulsen		Type	2500.00
Office Sought: House Senate President State: MN District: 03	ment For: 2014 Primary General Other (specify)		Campaign Contribution
The state of the s			
SUBTOTAL of Disbursements This Page (optional)		······	9500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE N	JUMBER: PAGE 26 OF 27	7
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	Detailed Summary Page	21b	22 🗙 23 24 25 26	
		27		0b
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NAME OF COMMITTEE (In Full)				
American Academy of Neurology B	rainPAC			
Full Name (Last, First, Middle Initial)				
Mhitfield For Congress Committee			Date of Disbursement	
Mailing Address P.O. Box 391			06 25 2013	
City	state Zip Code		Transaction ID - 26494205	_
Hopkinsville	KY 42241		Transaction ID: 36184385	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	1
Rep. Edward Whitfield		Туре	1000.00	ı,
Senate President	nent For: 2014 Primary General Other (specify)		Campaign Contribution	
State: KY District: 01				
Full Name (Last, First, Middle Initial)			Data of Diskumanusus	
B. Tim Murphy For Congress			Date of Disbursement	
Mailing Address PO Box 24551			06 25 2013	
Pttsburgh	State Zip Code PA 15234		Transaction ID: 36184387	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	1
Rep. Tim F. Murphy Office Sought:	ant Fam. 2011	Туре	1000.00	J.
Senate	nent For: 2014 Primary General Other (specify)		Campaign Contribution	
Full Name (Last, First, Middle Initial)				
C. Blumenauer For Congress			Date of Disbursement	
Mailing Address 830 Ne Holladay, #105			06 25 2013	
•	State Zip Code OR 97232		Transaction ID : 36184388	
Purpose of Disbursement Campaign Contribution	0.202	011		
Candidate Name			Amount of Each Disbursement this Period	
Rep. Earl Blumenauer		Category/ Type	2500.00	ı
	nent For: 2014			
	Primary General Other (specify) ▼		Campaign Contribution	
- 30				_
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00	ļ
TOTAL This Period (last page this line number only).				

TEMIZED DISBURSEMENTS Use separate schedule(s for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or use for commercial purposes, other than using the name and address of any politic NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House Disbursement For: 2014 Primary General Primary General Other (specify) ▼ State: TX District:	21b 27 used by any person	22 X 23 24 25 2 28a 28b 28c 29 3 3 con for the purpose of soliciting contributions
Any information copied from such Reports and Statements may not be sold or user for commercial purposes, other than using the name and address of any politic NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House Disbursement For: 2014 X Senate President Other (specify) Primary General Other (specify)	used by any persitical committee to	28a 28b 28c 29 3 Son for the purpose of soliciting contributions of solicit contributions from such committee. Date of Disbursement M M M / 25 / 2013 Transaction ID: 36185409 Amount of Each Disbursement this Period
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House President President President Disbursement For: 2014 Primary General Other (specify)	011 Category/	Date of Disbursement M M / 25 / 2013 Transaction ID : 36185409 Amount of Each Disbursement this Period
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House Disbursement For: 2014 Senate President Other (specify) Other (specify)	011 Category/	Date of Disbursement M M M / 25 / 2013 Transaction ID : 36185409 Amount of Each Disbursement this Period
American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House Disbursement For: 2014 X Senate President Disbursement For: 2014 Other (specify) Other (specify)	Category/	Transaction ID: 36185409 Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc Mailing Address PO Box 13026 City State Zip Code Austin TX 78711 Purpose of Disbursement Campaign Contribution Candidate Name Sen. John Cornyn Office Sought: House Disbursement For: 2014 X Senate President President Other (specify) Other (specify)	Category/	Transaction ID: 36185409 Amount of Each Disbursement this Period
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