

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="116379.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53145.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35632.84"/>	<input type="text" value="281618.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88778.24"/>	<input type="text" value="397997.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="316219.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81778.24"/>	<input type="text" value="81778.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20464.84	189196.56
(ii) Unitemized	15168.00	86421.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35632.84	275618.24
(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)	35632.84	275618.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35632.84	281618.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35632.84	281618.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	314350.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	1869.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	1869.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	316219.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	316219.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35632.84	275618.24
34. Total Contribution Refunds (from Line 28(d))	500.00	1869.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35132.84	273749.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
<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

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) A. Dr. Jesse W. Mindel		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 Transaction ID : 37603569
Mailing Address 949 Adin Trl		Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43235-1787
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio State University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William J. Hamilton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014 Transaction ID : 37611109
Mailing Address 7100 Carson Lane		Amount of Each Receipt this Period 250.00
City Spanish Fort	State AL	Zip Code 36527-7043
FEC ID number of contributing federal political committee. C		
Name of Employer Volunteer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel C. Potts		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014 Transaction ID : 37611136
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C		
Name of Employer VA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Benjamin M. Frishberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5145 Seagrove Ct
 City San Diego State CA Zip Code 92130-3208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Neurology Center Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 16 / 2014**
Transaction ID : 37611521
 Amount of Each Receipt this Period **100.00**

B. Dr. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 20 / 2014**
Transaction ID : 37611846
 Amount of Each Receipt this Period **45.00**

C. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St Ste 1106
 City Chicago State IL Zip Code 60612-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1670.00**

Date of Receipt **10 / 20 / 2014**
Transaction ID : 37611939
 Amount of Each Receipt this Period **334.00**

SUBTOTAL of Receipts This Page (optional)..... **479.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 9420 SE 54th Street

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neuroscience Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : 37612072

Amount of Each Receipt this Period
 50.00

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

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : 37612073

Amount of Each Receipt this Period
 415.00

c. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 842.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : 37623394

Amount of Each Receipt this Period
 82.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 547.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 4732 Lost Creek Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014
Transaction ID : 37623395

Amount of Each Receipt this Period
100.00

B. Dr. Joseph S. Kass
Full Name (Last, First, Middle Initial)
Mailing Address 4903 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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

Name of Employer Baylor College of Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014
Transaction ID : 37623397

Amount of Each Receipt this Period
50.00

C. Dr. Niranjan N. Jani
Full Name (Last, First, Middle Initial)
Mailing Address 10485 Owen Brown Rd

City Columbia	State MD	Zip Code 21044-3835
------------------	-------------	------------------------

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

Name of Employer Dr. Jani Associates, LLC	Occupation Neurologist/Psychiatrist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014
Transaction ID : 37628924

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Salvatore DiMauro
Full Name (Last, First, Middle Initial)
Mailing Address 2727 Palisade Avenue, Apt. 15-H

City Bronx	State NY	Zip Code 10463-1025
---------------	-------------	------------------------

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

Name of Employer Columbia University Medical Center (CU)	Occupation Clinical Scientist
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

Transaction ID : 37629273

Amount of Each Receipt this Period

400.00

B. Dr. Amy E. Sanders
Full Name (Last, First, Middle Initial)
Mailing Address 4588 Cascades Drive

City Manlius	State NY	Zip Code 13104-2369
-----------------	-------------	------------------------

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

Name of Employer Mmc Medical Center	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2014

Transaction ID : 37631010

Amount of Each Receipt this Period

50.00

C. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)
Mailing Address 1199 Sennebec Rd

City Union	State ME	Zip Code 04862-4628
---------------	-------------	------------------------

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

Name of Employer Penobscot Bay Medical Center	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2014

Transaction ID : 37631011

Amount of Each Receipt this Period

200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : 37631012

Amount of Each Receipt this Period
 56.00

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

Mailing Address 1125 E 27th Avenue

City Spokane State WA Zip Code 99203-3348

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

Name of Employer Northwest Neurological Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : 37631013

Amount of Each Receipt this Period
 50.00

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

Mailing Address 292 Riverford Way

City Lawrenceville State GA Zip Code 30043-6416

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

Name of Employer Emory Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : 37631014

Amount of Each Receipt this Period
 112.00

SUBTOTAL of Receipts This Page (optional).....▶	218.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **885.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2014

Transaction ID : 37631016

Amount of Each Receipt this Period

85.00

B. Dr. Alireza Minagar
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City	State	Zip Code
Shreveport	LA	71115-4606

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

Name of Employer	Occupation
LA State University Health Sciences Ct	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **392.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2014

Transaction ID : 37631030

Amount of Each Receipt this Period

56.00

C. Dr. Sarasvani Jayaram
Full Name (Last, First, Middle Initial)

Mailing Address 182 Rockwood Place

City	State	Zip Code
Englewood	NJ	07631-5028

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

Name of Employer	Occupation
Jayaram Medical PC	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : 37631975

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....▶	291.00
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 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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 ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : 37631984

Amount of Each Receipt this Period
840.00

B. Dr. Steven J. Cavalier
Full Name (Last, First, Middle Initial)

Mailing Address 3726 Ridgetop Dr

City Baton Rouge State LA Zip Code 70809-2637

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

Name of Employer Baton Rouge Clinic, AMC Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 37632341

Amount of Each Receipt this Period
167.00

C. Dr. Kenneth J. Villa
Full Name (Last, First, Middle Initial)

Mailing Address 4056 Saint James Pl

City San Diego State CA Zip Code 92103-1630

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

Name of Employer SHARP San Diego Health Care Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1002.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 37632342

Amount of Each Receipt this Period
334.00

SUBTOTAL of Receipts This Page (optional).....▶	585.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Jeremy M. Shefner		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014 Transaction ID : 37632444
Mailing Address 240 West Thomas Road		Amount of Each Receipt this Period 125.00
City Phoenix	State AZ	Zip Code 85013-4407
FEC ID number of contributing federal political committee. C		
Name of Employer Barrow Neurological Institute	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Murtaza Amir		Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2014 Transaction ID : 37632458
Mailing Address 920 Bishop Walsh Road		Amount of Each Receipt this Period 1000.00
City Cumberland	State MD	Zip Code 21502-1806
FEC ID number of contributing federal political committee. C		
Name of Employer Janjua MD Neurology PA	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles W. Brock		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 Transaction ID : 37633673
Mailing Address 17307 San Aringo Pl		Amount of Each Receipt this Period 250.00
City Lutz	State FL	Zip Code 33548-4820
FEC ID number of contributing federal political committee. C		
Name of Employer University of Florida	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Sunil Cherry
Full Name (Last, First, Middle Initial)

Mailing Address 455 Augusta Dr

City Lufkin State TX Zip Code 75901-7407

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

Name of Employer Neurodiagnostic Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2014

Transaction ID : 37636530

Amount of Each Receipt this Period 500.00

B. Dr. Gregory S. Ferriss
Full Name (Last, First, Middle Initial)

Mailing Address 4429 Clara St Ste 600

City New Orleans State LA Zip Code 70115-6951

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

Name of Employer Retired Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 30 / 2014

Transaction ID : 37636706

Amount of Each Receipt this Period 510.00

C. Dr. Lynne P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 800 Washington St, #245

City Boston State MA Zip Code 02111-1552

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

Name of Employer Tufts Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2014

Transaction ID : 37636719

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2510.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. John M. Hannam
Full Name (Last, First, Middle Initial)

Mailing Address 17030 Lakeside Hills Plz Ste 202

City Omaha	State NE	Zip Code 68130-2396
---------------	-------------	------------------------

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

Name of Employer Omaha Neurological Clinic, Inc.	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2014

Transaction ID : 37637333

Amount of Each Receipt this Period
500.00

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

Mailing Address 553 N. Mobile Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	01	/	2014

Transaction ID : 37637351

Amount of Each Receipt this Period
25.00

C. Dr. Nicholas Elwood Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 2207 E Camino Way

City Salt Lake City	State UT	Zip Code 84121-4908
------------------------	-------------	------------------------

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

Name of Employer Univ. of Utah	Occupation Neurologist
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	02	/	2014

Transaction ID : 37637365

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Steven J. Holtz
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland	State CA	Zip Code 94611-1950
-----------------	-------------	------------------------

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

Name of Employer John Muir Physical Ntwk	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

Transaction ID : 37637387

Amount of Each Receipt this Period
100.00

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

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
-----------------------	-------------	------------------------

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

Name of Employer Wake Forest	Occupation Neurologist
---------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

Transaction ID : 37637388

Amount of Each Receipt this Period
75.00

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

Mailing Address 3444 Lake St

City Evanston	State IL	Zip Code 60203-1935
------------------	-------------	------------------------

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

Name of Employer RUMC	Occupation RUMC Neurologist
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

Transaction ID : 37637389

Amount of Each Receipt this Period
57.50

SUBTOTAL of Receipts This Page (optional).....▶	232.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) A. Dr. Venka Veerappan		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2014
Mailing Address 11610, Costa Linda Ave		Transaction ID : 37637535
City Las Vegas	State NV	Zip Code 89138-7526
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Desert Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry W. Epperson		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2014
Mailing Address 1722 Pine St Ste 700		Transaction ID : 37637536
City Montgomery	State AL	Zip Code 36106-1125
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Neurology Consultants of Montgomery	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence E. Green		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2014
Mailing Address 16060 Idaho Center Blvd		Transaction ID : 37637541
City Nampa	State ID	Zip Code 83687-5010
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	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. James Wang
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Waling
 City Memphis State TN Zip Code 38117-2435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri-State Neurology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : 37637547
 Amount of Each Receipt this Period
250.00

B. Dr. James M. Tucci
 Full Name (Last, First, Middle Initial)
 Mailing Address 2750 East Beltline NE
 City Grand Rapids State MI Zip Code 49525-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : 37637552
 Amount of Each Receipt this Period
250.00

C. Dr. Richard Alexan-Shirabad
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10719
 City Bakersfield State CA Zip Code 93389-0719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : 37637567
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Hershey State PA Zip Code 17033-0859

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

Name of Employer Penn State Hershey Med Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 05 / 2014**

Transaction ID : 37664541

Amount of Each Receipt this Period **100.00**

B. Dr. Anil K. Dhuna
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Gnahn Street

City Burlington State IA Zip Code 52601-4416

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

Name of Employer Burlington Neurology & Sleep Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 05 / 2014**

Transaction ID : 37664542

Amount of Each Receipt this Period **100.00**

C. Dr. Linda A. Hershey
Full Name (Last, First, Middle Initial)

Mailing Address 3116 Ash Grove Rd

City Edmond State OK Zip Code 73003-1044

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

Name of Employer VAMC & U at Buffalo Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 06 / 2014**

Transaction ID : 37665035

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: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Terrence L. Cascino
Full Name (Last, First, Middle Initial)
Mailing Address 2931 Stone Park Dr NE
City Rochester State MN Zip Code 55906-7722
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 11 / 10 / 2014
Transaction ID : 37665883
Amount of Each Receipt this Period 50.00

B. Dr. Laurence J. Kinsella
Full Name (Last, First, Middle Initial)
Mailing Address 235 Rosemont Ave
City St. Louis State MO Zip Code 63104-2412
FEC ID number of contributing federal political committee. **C**
Name of Employer SSM Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 11 / 2014
Transaction ID : 37667009
Amount of Each Receipt this Period 25.00

c. Dr. Steven Schadendorf
Full Name (Last, First, Middle Initial)
Mailing Address 400 Taylor Blvd #301
City Pleasant Hill State CA Zip Code 94523-2160
FEC ID number of contributing federal political committee. **C**
Name of Employer Neurology Medical Group of Diablo Vall Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 37668248
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... **175.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Katharine W. Heatwole
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 Alfriends Trail
 City Virginia Beach State VA Zip Code 23455-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ocean Psychiatric Group, PC Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : 37668249
 Amount of Each Receipt this Period **100.00**

B. Dr. James C. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Physicians, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : 37668317
 Amount of Each Receipt this Period **100.00**

C. Dr. Manmohan Nayyar
 Full Name (Last, First, Middle Initial)
 Mailing Address 15007 Pamlico Rd
 City Apple Valley State CA Zip Code 92307-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : 37671457
 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: (check only one)	PAGE 24 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. Dr. Amie L. Hiller		Date of Receipt 11 / 15 / 2014 Transaction ID : 37671612
Mailing Address 3846 SE Alder St		Amount of Each Receipt this Period 200.00
City Portland	State OR	Zip Code 97214-3226
FEC ID number of contributing federal political committee. C		
Name of Employer Portland VA / OHSO	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael R. Yochelson		Date of Receipt 11 / 15 / 2014 Transaction ID : 37671614
Mailing Address 3919 Commander Drive		Amount of Each Receipt this Period 83.34
City Hyattsville	State MD	Zip Code 20782-1025
FEC ID number of contributing federal political committee. C		
Name of Employer MedStar National Rehabilitation Hospit	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) C. Dr. Bruce H. Cohen		Date of Receipt 11 / 15 / 2014 Transaction ID : 37671615
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 185.00
City Twinsburg	State OH	Zip Code 44087-3808
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

SUBTOTAL of Receipts This Page (optional).....▶	288.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 3356 Miro Place

City Dallas State TX Zip Code 75204-7526

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

Name of Employer Texas Neurology Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 15 / 2014
Transaction ID : 37671616

Amount of Each Receipt this Period 100.00

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

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 15 / 2014
Transaction ID : 37671617

Amount of Each Receipt this Period 85.00

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4565.00

Date of Receipt 11 / 15 / 2014
Transaction ID : 37671618

Amount of Each Receipt this Period 415.00

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 26 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 2890 Burlington St

City State Zip Code
 Ann Arbor MI 48105-1435

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

Name of Employer Occupation
 Henry Ford Hospital Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 11 / 15 / 2014
Transaction ID : 37671619

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr. Sylvia Anagnos

Mailing Address 11150 Fisk Rd

City State Zip Code
 Clinton MI 49236-9622

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

Name of Employer Occupation
 Allegiance Neurology Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 11 / 15 / 2014
Transaction ID : 37679668

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Dr. Fred E. Aubert Jr.

Mailing Address 308 Arbor Glen

City State Zip Code
 Niceville FL 32578-1362

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

Name of Employer Occupation
 White-Wilson Medical Center Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 11 / 15 / 2014
Transaction ID : 37679670

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: (check only one)	PAGE 27 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Timothy A. Pedley
Full Name (Last, First, Middle Initial)

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580-3926

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

Name of Employer Columbia University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 37680821

Amount of Each Receipt this Period
100.00

B. Dr. John Y. Choi
Full Name (Last, First, Middle Initial)

Mailing Address 125 Medical Cir Ste A

City Winchester State VA Zip Code 22601-3322

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

Name of Employer Winchester Neurological Consultants Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : 37680999

Amount of Each Receipt this Period
1000.00

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

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer VA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : 37681009

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 28 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago	State IL	Zip Code 60612-3845
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1837.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 37681904

Amount of Each Receipt this Period
167.00

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

Mailing Address 9420 SE 54th St

City Mercer Island	State WA	Zip Code 98040-5121
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 37684165

Amount of Each Receipt this Period
415.00

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

Mailing Address 9420 SE 54th Street

City Mercer Island	State WA	Zip Code 98040-5121
-----------------------	-------------	------------------------

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

Name of Employer Swedish Neuroscience Institute	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 37684166

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	632.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 550 Redmond Rd NW

City Rome State GA Zip Code 30165-1416

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

Name of Employer Harbin Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **11 / 20 / 2014**

Transaction ID : 37684409

Amount of Each Receipt this Period **500.00**

B. Dr. Madelyn E. Olson
Full Name (Last, First, Middle Initial)

Mailing Address 1612 NW 9th St

City Cape Coral State FL Zip Code 33993-5911

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : 37685092

Amount of Each Receipt this Period **100.00**

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

Mailing Address Fat Pony Farm
63705 Deschutes Market Road

City Bend State OR Zip Code 97701-8817

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

Name of Employer North Pacific Epilepsy Research Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : 37685095

Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 660 Charles E Young Dr S

City Los Angeles	State CA	Zip Code 90095-8347
---------------------	-------------	------------------------

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

Name of Employer UCLA School of Medicine	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	13	/	2014

Transaction ID : 37685096

Amount of Each Receipt this Period
1000.00

B. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer Rush	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	23	/	2014

Transaction ID : 37685174

Amount of Each Receipt this Period
82.00

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

Mailing Address 4732 Lost Creek Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	23	/	2014

Transaction ID : 37685175

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	1182.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Gary J. Harpold
Full Name (Last, First, Middle Initial)

Mailing Address 5757 Club Lane

City Roanoke State VA Zip Code 24018-1029

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

Name of Employer VA Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 37685274

Amount of Each Receipt this Period
 100.00

B. Dr. Bradley J. Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 1310 Rodeo Rd

City Arcadia State CA Zip Code 91006-2322

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

Name of Employer Magan Medical Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2014

Transaction ID : 37685282

Amount of Each Receipt this Period
 200.00

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

Mailing Address 201 Fairmount Terrace

City Fairfield State CT Zip Code 06825-1758

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : 37689639

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 32 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Jesus F. Lovera

Mailing Address 5121 Cleveland Pl

City State Zip Code
Metairie LA 70003-1056

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

Name of Employer Occupation
LSU Healthcare Network NEU/NSG Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : 37740615

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	20464.84

**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

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)

A. Friends For Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : 37611890

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : 37611893

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : 37666919

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff2014

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2014

Transaction ID : 3766920

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1574

City State Zip Code
Gig Harbor WA 98335

Purpose of Disbursement
Void - People For Derek Kilmer

011

Category/
Type

Candidate Name

Rep. Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 12 / 2014

Transaction ID : 37668244

Amount of Each Disbursement this Period

-1000.00

Void - People For Derek Kilmer

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4000.00

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

6500.00

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

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)

A. Dr. Jesus F. Lovera

Mailing Address 5121 Cleveland PI

City Metairie State LA Zip Code 70003-1056

Purpose of Disbursement
Refund of contribution on 9/12/2014.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 37611841

Amount of Each Disbursement this Period

Refund of contribution on 9/12/2014.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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