FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use Or	ly
1. NAME OF COMMITTEE (in fu		C MAILING LABEL PE OR PRINT 🕊	Example:If typing over the lines	, type		
	of Neurology Prof	essional Association Brair				
ADDRESS (number and	street)	M St. NW				<u> </u>
Check if differ than previously reported. (ACC	ent Luwas	hington			20005	
2. FEC IDENTIFICAT	ION NUMBER		<b>L</b>	STAT	E A ZIPO	CODE 🔺
C00435933		3. IS TI REP		NEW N) <b>OR</b>	AMENDED (A)	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Ports: Report(Q1) Report(Q2) S Report(Q3) Report(YE) lid-Year on-election	Monthly Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election c (d) 30-Day Post -Election Report for the: Election c	(M3) (M4) Primary (12P Convention ( n General (30C	12C)	Runoff (30R)	Special (30S)
5. Covering Period       07       01       2008       through       09       30       2008         I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.         Type or Print Name of Treasurer       Mr. Timothy J. Engel         Signature of Treasurer         Electronically Filed by         Mr. Timothy J. Engel         Date       10       13       2008						
NOTE : Submission of f	alse, erroneous, or	incomplete information m	ay subject the perso	on signing this Rep	ort to the penalties of 2	U.S.C 437g.
Office Use Only					FEC FC (Rev. 12	

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## SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Nrite or Type Committee Name American Academy of Neurology Prof	essional Association BrainPAC	
F		0 7 0 1 2 0 0 8 To	b. D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		34121.00
	(b) Cash on Hand at Begining of Reporting Period	87459.00	
	(c) Total Receipts (from Line 19)	4750.00	83588.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92209.00	117709.00
7.	Total Disbursements (from Line 31)	23100.00	48600.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	69109.00	69109.00
9.	Debts and Obligations owed <b>TO</b>		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

FE6AN026

#### Image# 28933448434

**DETAILED SUMMARY PAGE** OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC 0<sup>D</sup>1 <sup>м</sup> м 0 9 3<sup>D</sup>0 <sup>м</sup> 7 D 2008 D 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 74994.00 3500.00 (i) Itemized (use Schedule A) ..... 1250.00 8594.00 (ii) Unitemized ..... (iii) TOTAL (add 4750.00 83588.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 4750.00 83588.00 Totals to Line 33, page 5) ..... ► 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received .....

4750.00

	Loan Repayments Received Offsets To Operating Expenditures	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal candidates and Other	0.00
	Political Committees	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00
18.	Transfers from Non-Federal and Levin Funds	
	(a) Non-Federal Account (from Schedule H3)	0.00
	(b) Levin Funds (from Schedule H5)	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4750.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

			0.00
			0.00
			0.00

	83588.00	

83588.00

0.00

0.00

0.00

0.00

Image# 28933448435

### **DETAILED SUMMARY PAGE**

1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	Total This Period	Calendar Year-to-Date
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating		
Expenditures (c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b)) 🕨	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	23000.00	48500.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
	0.00	0.00
7. Loans Made 3. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	100.00	100.00
(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)) <b>&gt;</b>	100.00	100.00
9. Other Disbursements	0.00	0.00
<ul> <li>Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> </ul>		
(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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23100.00	48600.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	23100.00	48600.00

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# DETAILED SUMMARY PAGE

	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)	4750.00	83588.00
34.	Total Contribution Refunds (from Line 28(d))	100.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4650.00	83488.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form	<b>3X)</b> Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 16 (check only one)
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Report or for commercial purposes, other than us	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	y Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Srinivasa Potluri		Date of Receipt
Mailing Address 24 Squirrel Dr		07 / D D / Y Y Y Y 2008
City	State Zip Code	Transaction ID: 28260268
Skillman	NJ 08558-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lawrenceville Neurology	Occupation Physician	
Center , PA Receipt For:	Aggregate Year-to-Date V	1
Primary General	250.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels		Date of Receipt
Mailing Address 2541 NE 35th S	treet	07 / <sup>D</sup> D / Y Y Y Y 28 2008
City	State Zip Code	Transaction ID: 28311628
Lighthouse Point	FL 33064-8156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Awais Riaz		Date of Receipt
Mailing Address 4454-A Kelmsco	ott Lane	M M / D D / Y Y Y Y 08 15 2008
City	State Zip Code	Transaction ID: 28413228
Salt Lake City	UT 84124-2580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ. of Utah	Occupation Neurologist	
Receipt For:	Aggregate Year-to-Date V	7
Primary     General       Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (opt	ional)	750.00
	<b>•</b>	
TOTAL This Period (last page this line i	number only)	

Any information copied from such Reports and Statements may not be so or for commercial purposes, other than using the name and address of an         NAME OF COMMITTEE (In Full)         American Academy of Neurology Professional Association         Full Name (Last, First, Middle Initial)         Dr. Maureen A. Callaghan         Mailing Address         PO Box 6059         City       State         Zip C         Olympia       WA 9850         FEC ID number of contributing federal political committee.         Name of Employer       Occupation         The Middleton Fndn. / Oly-       Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)         Dr. William S. Gilmer       Dr. William S. Gilmer	by political committee to solicit contributions from such committee.         BrainPAC         Date of Receipt         0 9       0 8       2 0 0 8         Code       Transaction ID: 28518618         07-6059       Amount of Each Receipt this Period
American Academy of Neurology Professional Association         Full Name (Last, First, Middle Initial)         Dr. Maureen A. Callaghan         Mailing Address       PO Box 6059         City       State       Zip C         Olympia       WA 9850         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         The Middleton Fndn. / Oly-       Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)	Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8 Transaction ID: 28518618 Amount of Each Receipt this Period 500.00
Dr. Maureen A. Callaghan         Mailing Address       PO Box 6059         City       State       Zip C         Olympia       WA       9850         FEC ID number of contributing federal political committee.       C         Name of Employer The Middleton Fndn. / Oly- mpia Neurolog       Occupation Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)	M M M       Ø 9       Ø 0 8       Y Y Y Y         0 9       Ø 8       2 0 0 8         Transaction ID: 28518618       Amount of Each Receipt this Period         0 ate ▼       0
City       State       Zip C         Olympia       WA       9850         FEC ID number of contributing federal political committee.       C         Name of Employer The Middleton Fndn. / Olympia Neurolog       Occupation Physician         Receipt For:       Aggregate Year-to-D         Other (specify) ▼       Full Name (Last, First, Middle Initial)	0 9     0 8     2 0 0 8       Code     Transaction ID: 28518618       07-6059     Amount of Each Receipt this Period       0ate ▼
Olympia       WA       9850         FEC ID number of contributing federal political committee.       C         Name of Employer The Middleton Fndn. / Olympia Neurolog       Occupation Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.       C         Name of Employer The Middleton Fndn. / Oly-mpia Neurolog       Occupation Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)	500.00
federal political committee.       Occupation         Name of Employer       Occupation         The Middleton Fndn. / Oly-       Physician         Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)	
The Middletón Fndn. / Oly- mpia Neurolog     Physician       Receipt For:     Aggregate Year-to-D       Primary     General       Other (specify) ▼       Full Name (Last, First, Middle Initial)	
Receipt For:       Aggregate Year-to-D         Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00
	Date of Receipt
Mailing Address 2323 Dunstan Road	M         M         /         D         D         /         Y
City State Zip C	Code Transaction ID: 28520176
Houston TX 7700	05-2613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of EmployerOccupationPark Plaza Hospital andPhysicianMedical CenterPhysician	
Receipt For: Aggregate Year-to-D Primary General	Date 🔻
Other (specify)	1000.00
Full Name (Last, First, Middle Initial) Dr. John Booss	Date of Receipt
Mailing Address 88 Lacey Road	M M / D D / Y Y Y Y 09 10 2008
City State Zip C	
	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer VA Medical Center Virology LaboratorieOccupation Physician	
Receipt For: Aggregate Year-to-D Primary General	Date 🔻
Other (specify) ▼	250.00
SUBTOTAL of Receipts This Page (optional)	
	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 8 / 16           (check only one)         X           X         11a         11b         11c         12           13         14         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 Professional Association BrainPAC				

Α.

Full Name (Last, First, Middle Initial) Dr. Mark A. Kozinn		Date of Receipt
Mailing Address 3537 Knollwood Dr NW	1	M M / D D / Y Y Y Y 09 24 2008
City	State Zip Code	Transaction ID: 28642867
Atlanta	GA 30305-1021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Atlanta Neurological Inst- itute	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	►	1000.00
TOTAL This Period (last page this line number only)	►	3500.00

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	City State Zip Code Amou Chicago IL 60644								unt of	f Each	Disb	urse	-						
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SCHEDULE B (FEC Form 3X)	Use separate schee				R LINE	ENUMBER: PAGE 10/16										
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or for commercial purposes, other than using the nam	e and address of any p	olitical co	mn	nitte	e to sol	icit contr	ibuti	ons fro	om s	such c	omn	nittee				
American Academy of Neurology Profession	onal Association Br	rainPAC														
Full Name (Last, First, Middle Initial) Mary Bono Mack Committee							of Di	sburse	eme							
Mailing Address PO Box 3370						<sup>м</sup> 7	M	<sup>D</sup> 2	22	/	ž	0 ð 8	Y			
City Palm Springs	State Zip Code CA 92263	9				Amou	nt of	Each	Dis	burse	-		-			
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for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Academy of Neurology Professio Full Name (Last, First, Middle Initial) Collins For Senator Mailing Address PO Box 1096 City Bangor Purpose of Disbursement Campaign Contribution Candidate Name Sen. Susan M. Collins Office Sought: House Disburse	e and addres	zip Code 04402 2008		011 atego	ee to so	Trans Date o 0 7 Amou	actic	ons fro on ID: sburso f Each	om su : 283 ement 3 0	3155	65 200	e ) 8 s Perio
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X Senate	Primary	X General				Camp	aigi	n C				
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Full Name (Last, First, Middle Initial) Gingrey For Congress								sburs	ement	3155		v
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Marietta	State GA	Zip Code 30060				Amou	nt of	Each	Disbu	irsem	nent this	
Purpose of Disbursement Campaign Contribution Candidate Name		L.					1000.	00				
Rep. Phil Gingrey, M.D.				atego Type								
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Nathan Deal For Congress							of Di	sburs	ement	Y	ź o č	Y
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,	State GA	Zip Code 30503				Amou	nt of	Each	Disbu	irsen	nent this	
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Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress			Transaction II Date of Disbur	<b>D:</b> 28525120 sement										
Mailing Address P.O. Box 9336			09 <sup>M</sup> / <sup>D</sup>	10 <sup>/</sup> 2008 <sup>/</sup>										
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