

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 10 20 2010 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Timothy J. Engel
Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 10 20 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120622.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	112165.00									
(c) Total Receipts (from Line 19)	8279.00	151854.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120444.00	272476.62								
7. Total Disbursements (from Line 31)	2000.00	155032.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118444.00	117444.00								
9. Debts and Obligations owed TO 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5539.00	100813.00
(ii) Unitemized	2740.00	45944.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8279.00	146757.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8279.00	146757.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	5097.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8279.00	151854.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8279.00	151854.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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	650.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	149500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	435.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	435.00
29. Other Disbursements.....	0.00	4447.62
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	155032.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	155032.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8279.00	146757.00
34. Total Contribution Refunds (from Line 28(d))	0.00	435.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8279.00	146322.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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

A.

Full Name (Last, First, Middle Initial)
Dr. Aaron E. Miller

Mailing Address 55 E 86th St Apt 7B

City State Zip Code
New York NY 10028-1059

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

Name of Employer Corrine Goldsmith Dickerson Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 32368702

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 2799 W Grand Blvd
Henry Ford Hospital

City State Zip Code
Detroit MI 48202-2608

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

Name of Employer Henry Ford Hospital
Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 32368927

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4929 Valerie

City State Zip Code
Bellaire TX 77401-5707

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

Name of Employer Baylor College of Medicine
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 32368929

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 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 ▼ 947.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 1 0

Transaction ID: 32368931

Amount of Each Receipt this Period
89.00

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

Mailing Address 525 Lilly Rd NE Ste 210

City State Zip Code
Olympia WA 98506-5101

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

Name of Employer Madigan Army Medical Center / Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 2 / 2 0 1 0

Transaction ID: 32369676

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John E. Robinton

Mailing Address 33 N Fullerton Ave

City State Zip Code
Montclair NJ 07042-3412

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

Name of Employer John E Robinton MD PA
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
 1 0 / 0 3 / 2 0 1 0

Transaction ID: 32374655

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **839.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Marvin H. Rorick

Mailing Address 10550 Montgomery Rd Ste 33

City State Zip Code
Cincinnati OH 45242-4422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Riverhills Healthcare Corp 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 / 05 / 2010

Transaction ID: 32380872

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan J. Sicotte

Mailing Address 3340 Oak Park Ave Ste 200
Suite 200

City State Zip Code
Berwyn IL 60402-3483

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Neurologic Care Associates, PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 07 / 2010

Transaction ID: 32417810

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Azreena B. Thomas

Mailing Address 7711 Louis Pasteur Dr Ste 914

City State Zip Code
San Antonio TX 78229-3424

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 07 / 2010

Transaction ID: 32420092

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. William G. Preston

Mailing Address 232 Emerald Bay

City State Zip Code
Laguna Beach CA 92651-1267

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Saddleback Valley Neurosc- i. Med. Group Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: 32420736

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 10915 Lakeview Dr

City State Zip Code
Carmel IN 46033-3936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JWM Neurology PC Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: 32422666

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. J Michael Powers

Mailing Address 7510 N 1st St

City State Zip Code
Phoenix AZ 85020-4001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Affiliated Neurologists Ltd Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: 32422672

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Eric S. Englestein

Mailing Address 7 Louis Dr

City State Zip Code
Budd Lake NJ 07828-1434

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

Name of Employer: Neuro Specialist of Morris-Sussex, PA Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 11 / 2010
Transaction ID: 32422674
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary L. Stanton

Mailing Address 131 Old Road To 9 Acre Cor Ste 600

City State Zip Code
Concord MA 01742-4191

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

Name of Employer: Emerson Hospital Occupation: Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: 32431827
 Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ► **5539.00**

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard Burr Committee; The

Transaction ID: 32377112
Date of Disbursement

Mailing Address Post Office Box 5928

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

City Winston-Salem State NC Zip Code 27113

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement
Void - Richard Burr Committee; The

011

Category/
Type

Candidate Name
Sen. Richard M. Burr

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

Void - Richard Burr Committee; The

B.

Full Name (Last, First, Middle Initial)
Paul Broun Committee

Transaction ID: 32378476
Date of Disbursement

Mailing Address P.O. Box 1512

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

City Athens State GA Zip Code 30601

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Rep. Paul C. Broun

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: GA District: 10

Campaign Contribution

C.

Full Name (Last, First, Middle Initial)
Friends Of Schumer

Transaction ID: 32382364
Date of Disbursement

Mailing Address 509 Madison Ave Suite 1902

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

City New York State NY Zip Code 10022

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Sen. Charles E. Schumer

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

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

State: MN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 32382366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)